



FOLLOWING NORMA GILL'S FOOTSTEPS

SEGUINDO OS PASSOS DE NORMA GILL

SIGUIENDO LOS PASOS DE NORMA GILL

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In June, we are privileged to honor Norma N. Gill-Thompson by remembering her accomplishments. This lady, as a young woman, at a time of few technological resources when compared to today, was affected by ulcerative colitis that resulted in a surgery with the making of a terminal ileostomy.

Like so many other people who experience this situation, she could have let herself get carried away by the difficulties, compromising her way of life, but instead, she saw an opportunity to not only improve her own condition, like that of many other people with ostomies. Enforcing said “necessity is the mother of invention”¹. The concern with living with an ostomy motivated her to gather elements so that care could be effective and adequate to the demands of a person with an ostomy.

Working together with the surgeon Rupert B. Turnbull Jr., the physician who operated it, he actively participated in the rehabilitation process of people with ostomies and fistulas, and contributed to the development of more effective and efficient collecting equipment, which certainly led to the important improving the quality of life of these people. At the base of the care elaborated by Norma N. Gill-Thompson are the necessary requirements for its accomplishment, namely: clinical competence, educational ability, scientific interest and patient protection. Likewise, she created the foundations for education in the area, at first, of patients and families, and later of professionals, especially nurses, thus developing the stomatherapy specialty.¹.

As interest in the care of people with ostomy has increased around the world, Norma has moved efforts to bring together international representatives, in order to create a corporate identity for those concerned with the rehabilitation of people with ostomies, sharing knowledge and discussions about the progress of specialty and education programs. Thus, the World Council of Enterostomal Therapy (WCET) was created², and in 1980 defined that stomatherapy is an exclusive specialty of nurses.

She worked tirelessly to spread the idea that all people with an ostomy, regardless of where they live, can be cared for by a stomatherapist nurse, in order to guarantee them a full life.

It is impossible, in an editorial, to describe the extent of this woman's achievements in favor of the specialty and, especially, of people with ostomies. Many still have to argue

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that the challenges it faces no longer exist or are not the same. In fact, social development with the unequal distribution of income, disordered territorial occupation, the epidemiological transition and the difficulty in accessing health services, impose new challenges on stomal therapy nurses. We live in a country where statistics are inefficient and, therefore, we still do not know the exact number of people with ostomy in Brazil. Likewise, it is known that many patients with temporary ileostomies and colostomies have difficulty accessing reversal surgeries.

Many people with ostomies have problems, including for basic care, and possible complications can occur, such as peristomal skin irritation and difficulties related to the use and access to collecting equipment³, and this is important when it is associated with the quantity and type of equipment provided, by law, to people with ostomy and the low purchasing power of the affected population, in addition to the often precarious housing conditions, including the lack of basic sanitation and the distance from primary health care services.

No one ever said that following pioneer Norma Gill's footsteps would be an easy task! And this is what reflects the magnitude of our specialty as specialist professionals, since we are also prepared to identify the different needs of each stage of life of the people we care for, and we can create new opportunities for them to have a productive and full life .

When facing challenges, we must remain alert and continue, like Norma, attesting our clinical competence through scientific knowledge, using educational strategies, including through information technology, which allows us to reach places that often cannot be physically achieved. We cannot let ourselves be put down by difficulties, but before that, we analyze them, seeking knowledge or even creating evidence to improve clinical practice, and, in addition to all this, it is more than necessary that we be together with people with ostomies, in the search for their rights and thus contributing to the implementation of changes in care models and public policies.

In this struggle, we are not alone, we have at our service the *Associação Brasileira de Estomaterapia: estomias, feridas e incontinências* (Brazilian Association of Stomatherapy: ostomies, wounds and incontinence) SOBEST, which, as an arm of WCET, brings us together, empowers/updates us, directs and distinguishes us.

May we remember on June 26th, where we came from, lighting the flame in honor of this memorable woman and asking ourselves: are we making a difference in the lives of people who demand specialized care in stomatherapy? Are we following Norma Gill's footsteps?

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