

Happenings

The Manitoba Palliative Care Research Unit: Collaboration in Action

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The Scottish-born American inventor and educator Alexander Graham Bell asserted that “great discoveries and improvements invariably involve the cooperation of many minds.” He clearly knew something about the importance of collaboration! Palliative care’s greatest strength is its commitment to a rich multidisciplinary model. This can be a liability if one is unable to bring together individuals from the various disciplines into a cohesive research team.

With infrastructure funding from the Canadian Foundation for Innovation, Dr. Harvey Chochinov, who holds a Tier 1 Canada Research Chair in Palliative Care, recently formed a palliative care research laboratory, housed within CancerCare Manitoba’s newly expanded facilities. The Manitoba Palliative Care Research Unit (MPCRU) has a broad mandate to study a wide range of palliative care issues pertaining to both malignant and non-malignant conditions.

The unit houses six workstations, a secretary/reception area, and a common space for multidisciplinary meetings. It is occupied by Dr. Chochinov, a Research Associate (Dr. Susan McClement of the Faculty of Nursing at the University of Manitoba), a full-time palliative care research nurse, a data manager/biostatistical consultant, a post-doctoral fellow, and other trainees and itinerant experts (local and visiting faculty). A local area network of computers has been established for managing highly sensitive data/patient information, data analysis, and software packages. This network enables facets of the research program exploring information and communication technology and their application to end-of-life care. The system ensures that researchers at the MPCRU have optimal information technology to support their work

and will be supported by CancerCare Manitoba's Department of Information Services.

The laboratory also has video-conferencing capacity. This greatly facilitates multi-site collaboration and allows for the training of staff at sites outside of Winnipeg. The equipment will also allow observational studies of patients and their families in palliative care specialty units, non-palliative care hospital settings, hospice settings, long-term care facilities, and home-based care settings.

The laboratory serves other research needs, including the coordination of research studies, cross-disciplinary collaborations on determining appropriate research design and protocol development; the planning and implementation of various data-analytic strategies, preparation of papers, and conference presentations.

Embedded within the World Health Organization definition of palliative care is the fact that psychosocial sources of distress are indivisible from other domains of suffering. There is, however, a dearth of empirical research addressing these issues in patients nearing death. The program of research emanating from the MPCRU will directly contribute to the quality of life for dying patients and their families in a number of tangible ways. First, the MPCRU will examine large cohorts of dying patients, in order to better understand and document the various sources of their suffering. This kind of observational study is critical and will inform practice and policy around end-of-life care. Second, the MPCRU will examine e-health applications as they apply to end-of-life care. The Canadian Virtual Hospice (Chochinov & Stern, 2004), for example, offers an unprecedented opportunity to increase access to various aspects of palliative care for patients, families, and other key stakeholder groups with vested interests in end-of-life care. At the same time, this work will pilot a model of care that may have applications across various areas of health care where needs exceed available resources. Third, the MPCRU will develop and pilot new interventions, targeting various aspects of suffering encountered by the dying and their families. For example, psychotherapeutic applications as they pertain to the dying are currently being piloted, with multinational trials showing promising early results. Fourth, the unit will serve as a provincial hub of research and training activity for health-care professionals from various disciplines with an interest in psychosocial and behavioural issues in end-of-life care. As such, it will increase the capacity of skilled investigators to inform and shape the quality of care being provided to dying patients. Finally, the MPCRU will be engaged in international research initiatives. Such work will ensure that the knowledge upon which evidence-based palliative care is practised in Canada meets international standards.

Reference

Chochinov, H. M., & Stern, A. 2004. Canadian virtual hospice. *Journal of Palliative Care*, 20(1), 5–6. Available online: www.virtualhospice.ca

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