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NETworks

Interview with Kirsten Bell, Ph.D.



Kirsten Bell is a New Investigator for the CIHR Cross Cultural Palliative NET and a Research Associate in the Anthropology Department at the University of British Columbia. She has training in cultural and medical anthropology and has held

academic positions in universities in both Australia and the USA. The following is an excerpt from a recent conversation with her about her current research focusing on cancer survivorship.

PW: *As a New Investigator for the NET, where do you see yourself making the biggest contribution to cross-cultural palliative care research?*

KB: As a medical anthropologist I have dedicated my career to understanding the cultural dimensions of illness and treatment and believe that I have expertise to offer the NET in this area. As my current research focuses on cancer survivorship more broadly, I hope to improve our understanding of the key transitions that cancer patients experience: the transition to life as a 'survivor' following treatment, and to palliative care if cancer recurs and becomes terminal.

PW: *Can you tell us a little bit about the notion of survivorship?*

KB: There are many different definitions of cancer survivorship. The one I am working with focuses on the experiences of cancer patients after they have completed primary cancer treatment. This phase of the cancer trajectory has been relatively under-researched, although we now have good evidence to suggest that the effects of cancer diagnosis and treatment continue well beyond the completion of primary treatment - even if people are successfully 'cured'.

PW: *What is biggest take home message you want decision makers to pay attention to from your survivorship research?*

KB: There are a number of take home messages I promote in my research. For example, while it is crucial to recognize the role of 'culture' in people's understandings and experiences of cancer and survivorship, it is equally important that our own cultural beliefs and biases are explored. I also think it's very important that healthcare professionals do not adhere to an overly rigid and reified model of culture, which assumes that all people from a particular cultural background think and act in a particular way. People's experiences of life after treatment are strongly affected by factors such as gender, class and cultural background, as well as their cancer site and cancer stage. With this broader understanding, we can improve how we deal with cancer survivors across the cancer trajectory.

PW: *What are your biggest accomplishments to date and do you see these being translated into improved clinical practices?*

KB: Within the tenure of my NET position, my biggest accomplishment has been being awarded a CIHR knowledge synthesis grant to conduct a scoping review of the available literature on the delivery of supportive and palliative care to cancer survivors of diverse backgrounds. Given the involvement of a number of decision makers in the project and their integral role in determining the specific research issues and questions we will explore, I am hoping the research from this grant will lead to direct improvements in the delivery of such services to people from culturally diverse backgrounds.

For more information related to Kirsten's research, she can be reached at: kbell@bccancer.bc.ca

Knowledge Translation

How can actors, researchers and others interested in public health share and use knowledge most effectively?

In the last decade, the Canadian health research community has placed an emphasis on the need for research knowledge and evidence by practitioners and policy makers in improving clinical practices.

As we are always seeking to be current in our research and knowledge exchange opportunities, two of the latest English language publications with the medical subject headings of “palliative care” and “culture” published in the last year and available from PUBMED are as follows:

Eisenclas JH. Harding R. Daud ML. Perez M. De Simone GG. Higginson IJ. **Use of the palliative outcome scale in Argentina: a cross-cultural adaptation and validation study.** *Journal of Pain & Symptom Management.* 35(2):188-202, 2008 Feb.

Liben S. Papadatou D. Wolfe J. **Paediatric palliative care: challenges and emerging ideas.** *Lancet.* 371(9615):852-64, 2008 Mar 8.

We want to hear from you

Absence does not make the heart grow fonder – the CIHR Cross Cultural Palliative NET wants to hear from you as much as possible. So, we encourage you to let us know when you have or, better still, are close to publishing the results of research funded by new CIHR Cross Cultural Palliative NET. Please drop us a line at pweaver@bccancer.bc.ca

Did you know?



Sunday, May 4, 2008 to Saturday, May 10, 2008 is National Hospice Palliative Care Week. For more information, contact the Canadian Hospice Palliative Care Association at: <http://www.chpca.net>

Find us on the web:

<http://www.bccancer.bc.ca/RES/ResearchPrograms/NET/default.htm>

Upcoming Events: News you can use!

Canadian Association of Psychosocial Oncology Conference
May 7 – 9, 2008 Halifax Nova Scotia
http://www.capo.ca/eng/2008_conference.asp

British Columbia Hospice Palliative Care Association:
May 22– 25, 2008: Sheraton Guildford Hotel, Surrey
<http://www.hospicebc.org/>

10th World Congress of Psycho-Oncology, International Psychosocial Oncology Society.
9 - 13 June 2008 in Madrid, Spain
<http://www.ipos-society.org/ipos2008/index.asp>

To submit an article, posting, let us know about an upcoming event, or for more information, please contact:

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