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EAPC Researcher Awards 2016 – reflections on winning

This year the European Association for Palliative Care (EAPC) redesigned its Researcher Awards, formerly known as the Early Researcher Awards and now comprising three categories: Early Researcher, Clinical Impact and Post Doc. They were presented in June at the 9th EAPC World Research Congress in Dublin to Martin Loučka, Kirsten Wentlandt and Bridget Candy. Here the winners reflect on their careers so far, and tell us how they feel about receiving this recognition by the international palliative care community



Early Researcher Award Do not be afraid to choose the risky path!

Martin Loučka, Director, Center for Palliative Care, Prague, Czech Republic

am honoured to have received this year's **EAPC Early Researcher Award and would** like to share with you what has influenced my professional life so far and what has helped me to get to this exciting moment in my career.

My background is in psychology with a strong focus on palliative care. In 2007, I started a two-year training in paediatric palliative care in a Slovakian children's hospice, The Flicker, which resulted in both undergraduate and master's degree dissertations. I was strongly influenced by existential psychotherapy and authors such as Rollo May and Irvin Yalom.

After graduating, I looked for the best way to get involved in the hospice movement in my own country and, paradoxically, the most promising option was to move abroad to learn from countries

Dates for your diary

- Applications for the 2017 Researche Awards will close on 16th October
- The Awards will be presented at the 15th EAPC **World Congress** in Madrid, Spain 18–20th May 2017

For more info, visit: 2017.org/157.html where palliative care was more developed. I was lucky to be chosen as one of 12 early-stage researchers working on the EURO IMPACT project, which linked some of the best palliative care research institutions in the world. As part of our PhD, we underwent extensive research training in different countries, which helped me to appreciate the variety of approaches to palliative care research. I am grateful for this experience, and my first recommendation to young researchers is: get international work experience if possible.

Many people have supported and inspired me, including my professors on the EURO IMPACT project, Luc Deliens, Bregje Onwuteaka-Philipsen, Irene Higginson, Lieve van den Block, Stein Kaasa, Augusto Caraceni and Joachim Cohen. All have been important for my thinking about research and palliative care and I truly appreciate their investment in me. But the two people who had the biggest impact on my development were my PhD supervisors, Sheila Payne and Sarah Brearley. Both are super-busy academics with huge responsibilities, yet they always made me feel as if I was their only PhD student. Without their support over the past five years I would not be where I am today, and I hope to emulate their example in my own supervisory work with my students. I'm indebted to all these inspiring leaders, and my second recommendation is: find the best supervisor possible. Get to know the best people in your field and listen to all of them carefully.

The next key moment in my career came when I was thinking about where to go after my PhD at Lancaster University. The decision to return to the Czech Republic was hard: there is a very limited research infrastructure and academic life is not easy from a financial and personal growth perspective. Yet, at the same time, I could see how much research would help the development of palliative care in my country. Eventually, I found colleagues,

mentors and donors who supported the idea of an independent research organisation focusing on palliative care. Thanks to them, in 2014, we established the Center for Palliative Care¹ in Prague, which I have led ever since.

You can see some examples of our public education work online,^{2,3} and I am grateful for the support that has allowed us to achieve so much so quickly. The Early Researcher Award is a huge motivation for me personally and for our team, and proof that good work can be done even with limited resources. I believe that it will help us to extend the impact of our work even further.

So the last learning point I want to share is: do not be afraid to choose the risky path!

References

- 1. http://paliativnicentrum.cz (last accessed 22/07/2016)
- 2. allswell.info (last accessed 22/07/2016) 3. thinkaboutdeath.org (last accessed 22/07/2016)



Clinical Impact Researcher Award What did I learn from my research in neurosciences that prepared me for my career in palliative care?

Kirsten Wentlandt, Staff Physician and Assistant Professor, University of Toronto, Canada

n February this year I found out I was to receive one of the EAPC Researcher Awards. I was very honoured to be considered worthy of such an award, but to say I was surprised by their choice in the title for my lecture would be an understatement. The scientific committee

requested a lecture on what I had learned in my PhD, specifically in my research in physiology and neurosciences, that prepared me for my career in palliative care. This was a surprise, as I never considered how my four years locked away in a forgotten hallway of the hospital had taught me so much of what I intuitively do now.

My PhD was focused on the role of gap junctions in propagating seizure activity in mice. It was a blur of tweaking electrophysiological rigs, making gels for western blots, and sitting in the dark with a high-powered microscope. Mice and scientists were my counterparts. Today my life is a blur of patient care, organising lectures, running to meetings and trying to get my children to school on time. I am a staff physician providing care to patients and an assistant professor at the University of Toronto, and I hold several administrative roles focused on improving palliative care services in local and provincial arenas. Patients, clinicians, students, administrators, and my family are my counterparts. My research now focuses on barriers and improving access to palliative care, working to define quality and understand patient satisfaction. I am trying to work outside of the box, attempting to look at inequities and alternative models of care to support the provision of care to the non-cancer palliative population. This work is far removed from brain slices, evoked potentials, pluripotent stem cells and protein bands. The only obvious similarity is that I still hang out with crazy scientists.

Most colleagues believe I wasted a lot of time spending years working on a PhD in neurosciences and then having to cross the divide between basic and clinical sciences. It is easy to see the differences, but there are similarities as well: discovering the nature of people, learning how to ask questions and seek answers, and adjusting to life's successes and failures are lessons well learned in any field. Preparing for my lecture, I realised how gap junctions, western blots, crazy scientists, mice and microscopes taught me how to navigate the healthcare system, clinical research, relationships with colleagues and peers, medications and innovative solutions for patients. Doing basic science research - or working at the bench side taught me a lot about working at the bedside.

I am incredibly grateful to all those who have helped me along my journey, in particular Peter Carlen and Camilla Zimmermann – aka crazy scientists – two inspiring, enthusiastic researchers who continually search for answers to their questions, competing for dwindling funding when the rest of world puts their questions to Google. I could not do what I do without the generous

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support of my colleagues at University Health Network. I also thank my family and friends, as they are crucial in balancing just the right amount of craziness to be successful in the world of palliative care research and clinical care



Post-Doc Researcher AwardSetting a research agenda: from nursing to Cochrane

Bridget Candy, Researcher, Marie Curie Palliative Care Research Department, Division of Psychiatry, University College London, UK

y research career started because as a nurse, I want to know I was using the best care approach. The research I now do in palliative care never provides definitive answers, instead it often identifies knowledge gaps and, in doing so, sets new research agendas.

When I started as a researcher I recognised quite quickly the potential of systematic reviewing. It provides clear messages about the reliable evidence available on a given topic. I first undertook systematic reviews in mental health, where, working with Stephen Stansfeld, one of our reviews – on work environment and mental health – has been cited over a 1,000 times!

For the past nine years I have worked at the Marie Curie Palliative Care Research Department at University College London (UCL), where I lead on systematic reviews. On several occasions colleagues have asked me whether I find my work boring, as I am not doing new research. I have two

>>> EAPC Blog

These testimonies have been published in slightly different form on the EAPC Blog and are reproduced here with permission.

Read more from former winners on the EAPC Blog at: www.eapcnet. wordpress.com answers ready: while I am looking at what may already be known, I am seeking to make more of this knowledge; and I still haven't perfected how I undertake a systematic review.

I see my research in several ways. One way is in seeking to answer the question of what the current evidence is on the effect and safety of a drug treatment (for example, for delirium¹) or a complex intervention (for example, for sexual dysfunction following cancer treatment²).

Another way is in making more of the method of systematic reviewing, including exploring how to add the patients' voice. This can help us understand why some interventions work and others don't. I started this investigation in my doctorate³ and, in 2014, was invited to present on it at the Cochrane Colloquium in India. My take-home message from the Cochrane Colloquium in 2015 was that unpublished (and thus not included) trial data can have a potential distortion on the conclusions generated in a systematic review. I am currently testing approaches to overcome this problem.

I am proud and honoured to have received the 2016 Post-Doc Researcher Award. This would not have been possible without the support of others – in particular of Louise Jones, ex-head of the UCL Marie Curie Palliative Care Research Department, and Paddy Stone, its current head. This Award is also a mark of international recognition of the contribution of systematic reviews in palliative care. I was initially daunted at the prospect of presenting at an EAPC plenary, and of co-chairing a scientific session. I hope my enthusiasm for palliative care research, including its methods, shone through

References

- 1. Candy B, Jackson KC, Jones L *et al.* Drug therapy for delirium in terminally ill adult patients. *Cochrane Database Syst Rev* 2012; **11:** CD004770.
- 2. Candy B, Jones L, Vickerstaff V, Tookman A, King M. Interventions for sexual dysfunction following treatments for cancer in women. *Cochrane Database Syst Rev* 2016; **2:** CD005540.
- 3. Candy B. The contribution of qualitative evidence to our understanding of the effectiveness of complex interventions. PhD thesis, University College London. 2014.

EAPC Researcher Awards

The Researcher Awards (former known as the Early Researcher Awards), created by the EAPC in 2009, aim to recognise the work of scientists and clinicians who have made an outstanding contribution to research and clinical practice in palliative care, as well as to highlight the individual's career and their future potential.

For more info, see:

- www.eapcnet.eu/Corporate/Events/ EAPCResearcherAwards.aspx
- https://eapcnet.wordpress.com/category/ education-and-training/eapc-congresses/eapcearly-researcher-awards