

Caritas Research

Issue#7 Fall 2006

Palliative care addresses our concern for the terminally ill, as recorded in this issue. Constant research has resulted in progressive changes that contribute to enhanced patient comfort care.

*Dr. Fred MacDonald
Medical Director, Caritas Research Centre*

Edmonton: Palliative care powerhouse

While Edmonton's system of regional palliative care is now serving as a model for many national and international programs, its "heart" remains close to home. The vision of easily accessible, specialized care for dying patients has its roots in the palliative care programs established by Caritas at the Edmonton General and the Misericordia hospitals in the 1980s. These initiatives developed a core of expertise, clinical experience, educational programs and research that provided the foundation for the regional program, which was developed in 1995.

"I don't think the regional program would ever have developed to the extent it has if Caritas hadn't been its original home," says Dr. Robin Fainsinger, Clinical Director of the Edmonton Regional Palliative Care Program.

"Our program is unique because it is integrated across the entire region. It's not offered in isolation in only one hospital or in only one part of the city, as palliative care is in so many other places. Patients can access support from the palliative care program – 24 hours a day, seven days a week – whether they are in their homes, hospice or hospital."

The results are impressive – the program provides palliative care support to about 90 per cent of terminal cancer patients in the region. Most other programs in Canada can offer access to only about 20 per cent of patients. Calgary has adopted a similar model, and the Edmonton program hosts a constant stream of international visitors who come to learn about setting up a regional program.



*Dr. Robin Fainsinger, Clinical Director,
Edmonton Regional Palliative Care Program*

Focus on research

One of the unique features of the program is its emphasis on research, a direction set early on by Dr. Neil MacDonald, former director of the Cross Cancer Institute. With the support of the Alberta Cancer Foundation, he created an endowed chair in palliative medicine. Dr. MacDonald held that chair for eight years. The second chair holder was Dr. Eduardo Bruera, a young doctor from Argentina who was hired by Dr. MacDonald.

“Dr. Bruera felt very strongly that to improve clinical care we needed research data to inform us how to better look after patients,” says Dr. Fainsinger. “This set the stage for palliative care to become an academic division at the University of Alberta. Now palliative care clinicians trained here go on to successful academic careers, not just in Edmonton but across Canada and around the world.”

Dr. Fainsinger notes that research informs and assists palliative care practice in many ways. He points to the results of one research project on hydration at end of life. “For years, the hospice tradition was to not hydrate dying patients. Research done here showed that not only can palliative patients be successfully hydrated, but that subcutaneous hydration also improves quality of life. Another example is the Edmonton-based research on the use of methadone for cancer pain. There's hardly ever an Internet or chat room discussion about a difficult pain syndrome that doesn't mention the option of using methadone.”

A major research project initiated by Dr. Bruera and continued after he left Alberta is the development of the Edmonton Symptom Assessment System (ESAS). This tool is designed to assist in the assessment of nine symptoms common in cancer patients: pain, tiredness, nausea, depression, anxiety, drowsiness, appetite, well being and shortness of breath. The severity at the time of assessment of each symptom is rated from 0 to 10. It is the patient's opinion of the severity of the symptoms that is the “gold standard” for symptom assessment.

The ESAS provides a clinical profile of symptom severity over time and acts as a common language with which to compare clinical results. Although there are many assessment tools around, the beauty of ESAS is its ease of use. The more complex the assessment, the less clinicians and patients are interested in using it. ESAS has been adopted as a benchmark assessment in palliative care programs around the world.

Looking ahead

In the early days of palliative care research in the 1990s, most studies were done by clinicians who had little research training. “And they were able to produce research that helped move things forward,” notes Dr. Fainsinger. “The situation is more complex today – palliative care research has become more sophisticated and clinicians require better research skills.”

As well, palliative care research in Edmonton is attracting people with a formal research background that is not necessarily in the medical sciences. Two examples are Dr. Cheryl Nekolaichuk, who has a PhD in psychology and is a clinical psychologist at the Cross Cancer Institute, and Dr. Konrad Fassbender, who has a PhD in economics and has recently been approved for an appointment in the Division of Palliative Care Medicine.

The involvement of this “new blood” is a positive development for Dr. Vickie Baracos, a University of Alberta professor who is the current holder of the

Alberta Cancer Foundation Chair in Palliative Medicine and research director of the Palliative Care Research Group. She is internationally known for her fundamental research in muscle wasting. Dr. Baracos says Alberta is becoming a hotbed for multidisciplinary research in palliative care. She credits the Alberta Cancer Board with having the foresight to develop a palliative care research initiative in 1999.

“The Cancer Board's initiative was designed to 'up the ante', to get more experts involved. It brought together physicians and researchers in health policy, economics, nursing, psychology, nutrition and more. It spawned pilot projects, working groups and a lot of dynamic interactions.”

The effort has paid off. In 2003, the Canadian Institutes of Health Research (CIHR), the major funding body for medical research in Canada, made a call for research proposals in palliative care. Two groups from Alberta won \$1.5-million New Emerging Team grants from CIHR. One of the groups studies cancer pain; the principal investigators are Dr. Neil Hagen, Tom Baker Cancer Centre in Calgary, Dr. Fainsinger from Edmonton and Dr. Penelope Brasher, Alberta Cancer Board. The other grant went to a University of Alberta group focusing on malnutrition and wasting led by Dr. Baracos.

“We are in the middle of a huge proliferation of research activity in these domains,” says Dr. Baracos. “One of the hallmarks of current research is collaboration, which is not easy to achieve. The way university departments are



Dr. Vickie Baracos, Professor and Alberta Cancer Foundation Chair in Palliative Medicine, Dept. of Oncology, University of Alberta

set up means that people from different disciplines don't usually get together. For example, it's highly unlikely that an expert in human nutrition like myself would collaborate with an oncologist. And yet, probably the worst malnutrition in the world outside of a famine zone is in a cancer hospital. The collaboration is never going to happen unless someone identifies a gap and puts a nickel there. This is what happened in Alberta.”

Dr. Baracos notes that the same commitment has allowed research to continue to flourish in the Edmonton region. “Palliative care patients move all over – sometimes they are at home, or in a hospital, cancer centre or hospice. The Palliative Care Research Group includes researchers who are affiliated with Capital Health, Caritas Health Group, the Alberta Cancer Board and the University of Alberta. We're supported by all these organizations.”

That's not only good for researchers; it's also good for patients. “Interest in participating in research is extraordinarily high among palliative care patients,” adds

Dr. Baracos. “Because of the level of cooperation among organizations, we can now put a menu of studies in front of patients and ask them what they would like to enter. Individual researchers don't have to do this on their own.”

An emphasis on training of young people who want to become palliative care researchers is another unique aspect of the Edmonton region. “We can give them the needed experience – whether they are clinically trained as doctors, nurses or dieticians, or are working on a graduate degree or a postdoctoral fellowship in the sciences. In the last five years, 25 people have received training in palliative care in Edmonton.

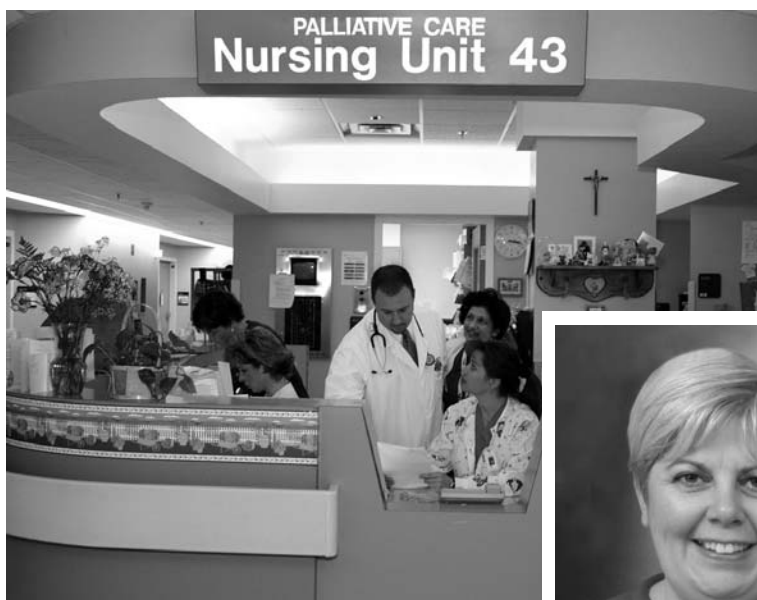
“We have a good track record but there is so much more we need to do, so many blanks that need to be filled in. We've scratched the surface for cancer, but there are many other diseases that we have not even begun to cover. The young researchers we are training today are the ones who will have the ability to answer some of these questions.”

Comfort care to the end

When Karen Macmillan graduated with her diploma in nursing in 1984, she decided to become an oncology nurse – but not for the usual reasons. “I didn't have much oncology experience and, to tell the truth, I was scared of the area. I thought that facing my fear would be a good thing, so I chose to work at the Cross Cancer Institute.”

It turned out that Ms. Macmillan not only enjoyed oncology, she was very good at it. Three years later she was approached to do clinical research in pain and symptom management. “I've been in palliative care every since. It's a niche that suits me.”

Ms. Macmillan is now patient care manager of the Tertiary Palliative Care Unit at the Grey Nuns Hospital. This 16-bed unit serves all of northern Alberta and is for people suffering from very difficult symptoms such as severe pain. “We see only a very small percentage of the palliative care patients in the region,” explains Ms. Macmillan. “We are the intensive care unit of palliative care. As a patient's symptoms improve, he or she will move from the tertiary unit to home or to one of the hospices.”



*Karen Macmillan,
Manager, Tertiary Palliative Care*

In this way, the tertiary palliative care unit is linked to the Regional Palliative Care Program. “Although I don't report directly to the regional program, we all work very

closely together,” adds Ms. Macmillan. “I think this stems from a unity of purpose – to do the best for each patient. The vision of the regional program is 'improving the quality of living and dying' and we all share that vision.”

As with the regional program, research and education are also part of the tertiary unit's mandate. Many studies and clinical trials are conducted at the unit. Family medicine residents spend two weeks on the unit, as well as students from other disciplines such as nursing.

People often ask Ms. Macmillan why she likes palliative care. “There's sometimes a sense of

incomprehension that anyone could actually have a fulfilling career in palliative care. It is different from other disciplines, there's no question about that. To be successful in palliative care, you have to change your focus – it's no longer on cure but on quality of life. Palliative care is all about comfort care. If you focus on comfort, you can make a difference to a person, even at the end of life. And that can be deeply satisfying.”

* Editor's note: Effective November 1, Karen Macmillan is the Director of Palliative, Medicine, Stroke, Geriatrics and Patient Services.

Groundbreaking clinical trial for cancer-related appetite loss

The majority of patients with end-stage cancer experience a loss of appetite. It is one of the hallmarks of cachexia, the physical wasting syndrome characterized by loss of weight, muscle atrophy, fatigue, weakness and anorexia. While considerable research is being conducted on cachexia, up until now no studies have explored the relationship between taste and smell perception and appetite. The first such study has just begun in Edmonton.

The clinical trial is investigating the ability of a certain drug to increase food intake and improve food enjoyment for advanced cancer patients who are experiencing taste and smell abnormalities. The drug is Marinol™, a synthetic version of delta-9-THC, which is the active component in marijuana. Marinol is used to treat nausea associated with cancer chemotherapy and appetite loss associated with weight loss in AIDS. This is the first trial to evaluate Marinol for appetite loss in cancer patients with taste and smell abnormalities.

The project is part of the PhD thesis of Tristin Brisbois, a graduate student at the University of Alberta's Department of Agricultural, Food and Nutritional Science. She chose Marinol because unlike other appetite stimulants which stimulate appetite only, Marinol is thought to intensify the rewarding aspects of food – taste and smell.

“We want to know: Does food become more attractive when a palliative care patient is taking Marinol?” explains Ms. Brisbois. “That's why we're targeting the subgroup of people with taste and smell problems. We want to know if Marinol makes a difference in terms of caloric intake and if it changes the patient's taste and smell



perception, appetite, and food preferences.” The trial is designed for 80 palliative care patients – 60 in Edmonton and 20 in Montreal. The team is recruiting patients at the Cross Cancer Institute, the General hospice, and Unit 43 at the Grey Nuns Hospital.

“This project is an opportunity to apply the principles of sensory science to palliative care,” says Ms. Brisbois. “I never expected my degree to take off in this direction. The collaboration with experts in other fields has made my research very interesting.”

In fact, Ms. Brisbois' PhD research represents groundbreaking collaboration between a sensory scientist (Dr. Wendy Wismer, University of Alberta), a researcher on cancer-associated muscle wasting (Dr. Vickie Baracos, Alberta Cancer Foundation Chair in Palliative Medicine), and a physician (Dr. Ingrid de Kock, a palliative care physician with the Regional Palliative Care Program). Ms. Brisbois is supervised by all three.

“This work is a wonderful example of the benefits of multidisciplinary research,” says Dr. de Kock. “I'm a physician. I'm interested in research that will have practical

results, something that I can apply to my patients. But to answer the questions about appetite loss one has to know about sensory science. This is not my area at all. Tristin and Wendy Wismer have that depth of knowledge. Now we're marrying their knowledge with my clinical expertise. I think we're building bridges here that will enable future interaction.”

The current study* is a pilot project and will be open for 18 months; it would have to be followed up by a larger study involving more patients. But the long time line does not discourage the research team.

“We're all enthusiastic because we see that this research could make a difference one day,” says Dr. de Kock. “Our goal is more accurate indications for this drug and therefore greater benefits for patients. But first we need the evidence.”

* Editor's note: Dr. Sharon Watanabe and Dr. Noush Mirhosseini are also involved in the study.

Complimentary therapies and cancer care

When Dr. Doreen Oneschuk began working in palliative care 10 years ago, she quickly realized that many of her patients were supplementing their conventional treatments with complementary therapies. These included treatments such as acupuncture and natural health products such as herbal preparations.

“While some patients take these therapies with the intent of curing their cancer, they are more frequently used to alleviate troublesome symptoms associated with their cancer or their cancer therapies,” says Dr. Oneschuk. “I was intrigued by what was going on and also concerned by how little information there was about these therapies. Patients would ask me what I thought about a particular complementary therapy. For the most part, I could tell them very little.”

This situation sparked Dr. Oneschuk's research interest in complementary therapies for palliative care. She is a member of a national Complementary Therapy Cancer Research Group and is involved in a number of research projects.

One of these studies is a needs assessment of acupuncture among palliative care patients. It is being



done at the Tertiary Palliative Care Unit at the Grey Nuns Hospital where Dr. Oneschuk is a full-time palliative medicine physician. The study, which is currently underway, is designed to gauge the interest of palliative care patients in acupuncture. It explores their knowledge and expectations of acupuncture, previous experience, and concerns with the therapy.

Dr. Oneschuk has trained in acupuncture in both Edmonton and China. She notes: “Acupuncture is not a

panacea but recent studies have shown some value in terms of strengthening the immune system, relaxation and pain control.”

Another study led by Dr. Oneschuk is an online cross-Canada survey of palliative care inpatient programs, hospice, and outpatient programs to determine what complementary therapy services are available in these settings. It is the first study to look at this issue in Canada. The survey asked healthcare providers about the frequency and types of complementary therapies, who provides the services, available funding, and barriers to

providing the services. The survey is complete and the results are being prepared for publication.

“There are huge opportunities for research in this area because there is still so much we don't know about complementary therapies,” says Dr. Oneschuk. “There are potentially serious consequences of using a therapy without scientific evidence of benefit and safety. There are also possible interactions with other treatments. But the reality is that patients are using these therapies, and physicians and other health care professionals need to know more about them. There's a vacuum here and only research can provide the answers to fill it.”

A better handle on cancer pain

Consider two hypothetical patients – both 65-year-old men with lung cancer with metastases in the bone.

Patient A has localized pain in his right arm that doesn't get worse when he moves. He has been married for 30 years and has two grown children. He has no history of alcohol or drug abuse. He thinks clearly and reports problems clearly. He takes the occasional Tylenol 3 for pain and reports that he is managing reasonably well.

Patient B has burning pain radiating down his right leg and can't move without severe pain. He has been divorced three times and lives alone in a basement suite downtown. He has a history of alcohol and drug abuse. In the past week, his morphine use has increased from 5 mgs every 4 hours to 100 mgs every 4 hours.

“Although the stage of their cancer is virtually identical, these patients are definitely not the same,” says Dr. Robin Fainsinger, Director of the Edmonton Regional Palliative Care Program. “Yet when we report on these

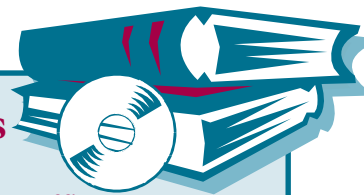
patients, they are considered the same because their cancer stage is the same. It appears to make no sense that one patient can function with Tylenol 3 and the other needs morphine. The Edmonton Classification System for Cancer Pain (ECS-CP) is our attempt to capture the underlying issues.”

The system was first developed in Edmonton in the 1990s. Dr. Fainsinger's team has revamped and improved it. ECS-CP evaluates five discrete features: mechanism of pain, incident pain, psychological distress, addictive behaviour and cognitive function. The system has been tested in Alberta with promising results and is now the subject of an international study.

“ECS-CP responds to a need to work differently to help people with more complicated pain syndromes,” says Dr. Fainsinger. “It's not acceptable to blame a patient because they do not achieve pain control when another patient with the same cancer did fine. It's vital to look at underlying characteristics, which is what our system does.”

Did you know?

Caritas Libraries



Caritas staff and physicians can search many **e-Library** resources from home or office.

HKN (Health Knowledge Network) – journals, medical texts, evidence-based resources and databases such as MEDLINE and CINAHL \

images.MD – over 50,000 medical images

MD Consult – journals, books, clinics, patient handouts, etc.

STAT!Ref – drug and medical books, including Harrison's

ACP Medicine – internal medicine database

Contact Sheila Fynn at Grey Nuns Health Sciences Library @735-7301 or email sfynn@cha.ab.ca for more information and to register.

Accepting the all but impossible: management of anorexia by patients with advanced cancer

Written by Jeremy Shragge

Loss of appetite, or anorexia, is one of the most common symptoms of advanced, metastatic cancer. Indeed, the image of the emaciated patient who is never hungry and refuses to eat despite every inducement is a hallmark of end-stage disease. It is very often one of the most disturbing and indelible memories imprinted on the minds of grieving family members. This sad reality is at least partially due to the dearth of effective therapies currently available.

Although the side-effects of systemic and radiotherapy can contribute to loss of appetite, for patients with advanced malignancies anorexia is typically related to dysfunctions in endogenous appetite, satiety and chemosensory regulatory signals. Some researchers have hypothesised that anorexia may be an evolved, protective mechanism that facilitates rest and convalescence in injured or diseased animals. Unfortunately, for those with an incurable disease it can lead to premature disability, intolerance to life prolonging therapies, social disruption and early death.

Despite their prevalence, the psychosocial consequences of anorexia have been roundly ignored by researchers. However, in the past several years a small number of scholars, almost exclusively nursing scientists, have begun to explore the non-physical aspects of appetite loss in advanced cancer. A study recently completed at the University of Alberta, which was conducted with the cooperation of the Regional Palliative Care Program, Caritas Health Group and the Cross Cancer Institute, is expected to aid clinicians to counsel patients and families suffering from the difficult psychosocial effects of anorexia.

Jeremy Shragge, a former graduate student with the Department of Agricultural, Food and Nutritional Science, conducted the project as the thesis component of his Master of Science Degree. Entitled Psychosocial and Dietary Management of Anorexia by Patients with Advanced Cancer, this study was the first to examine the process by which patients adapted psychologically and socially to loss of appetite and its consequences (these



reactions had been previously described for family members).

Supervised by Drs. Vickie Baracos (Oncology), Karin Olson (Nursing) and Wendy Wismer (AFNS), Jeremy interviewed nine men and women receiving palliative care in the home, hospital or hospice. He spoke with them at length about the alterations in their diet and appetite, with specific focus on the strategies they used to cope with these changes in the context of an incurable disease.

Employing the Grounded Theory method of qualitative research, Jeremy and his committee discovered that patients manage appetite loss by shifting to conscious control, that is, over eating. This basic social psychological process was characterised by the desire to have

the ability to eat, even though harnessing the motivation to maintain an intake of food in the absence of appetite was difficult at best and at times impossible. Without exception, participants accepted that nausea or the anticipation of emesis from forcing food after satiety had set in were impassable barriers to eating. This acknowledgement was the key factor in their broader acceptance of appetite loss regardless of its long term implications (e.g., weakness, starvation and death).

The researchers concluded that advanced cancer patients and their family members/caregivers would be well served by interventions, such as education or counselling, that promoted acceptance of anorexia and other eating changes. They suggested that these would help family members from sabotaging, demeaning or otherwise interfering with the various strategies used by patients to carry on eating what they could.

Jeremy Shragge was funded by a NSERC Post-Graduate Scholarship, and the project was conducted with funds from the CIHR Cachexia New Emerging Teams Grant. The literature review of his will soon be published in Palliative Medicine. Jeremy is currently a medical writer with Chameleon Communications International in London, England.

Is This a Good Quantitative Research Study?

Written by Donna Wilson, RN, PhD, Caritas Nurse Scientist and Full Professor, Faculty of Nursing, University of Alberta

At a recent Caritas research workshop, one participant asked how to tell a good or credible quantitative research study apart from others. This is a great question - as practice and policy changes are often made on the basis of quantitative research findings! Quantitative research is much more common than qualitative research or mixed methods research. Quantitative research studies involve statistical tests to understand the information or the data collected. This information is numeric, with the numbers entered into a computer spreadsheet and analyzed using a computer program. The two most common statistical analysis programs are SPSS and SAS. These programs are expensive and they are upgraded frequently, which is why researchers, such as myself, buy an annual license for around \$75 to access the University of Alberta's copy.

A google search for information on the topic of "quantitative research checklist" resulted in 1,450,000 hits. Thankfully, many of the first 20 hits were repetitive for outlining what to look for when reading an article that reports the findings of a quantitative research study. There appear to be two main criteria for judging if these articles are credible and therefore usable:

1. it is published in a peer-review journal. Some journals publish any article sent to them if there is space in the journal; some of these articles could have inaccurate information. A peer-review journal is one where all potential authors are told that 2 to 4 experts will review their unpublished papers. Each of these content or statistics experts is expected to carefully read the paper and decide if the paper should be: (a) accepted, as it has good science and is well written, (b) rejected, as it has poor or poorly-explained science and/or it is not clearly written, or (c) reviewed again if suggested revisions are made. Peer-review journals usually only publish 10-20% of the articles sent to them.

2. enough information is provided so the reader gets a clear understanding of: (a) the purpose of the study and the significance or need for this study, (b) the information that was analyzed and what statistical tests were used to analyze the data, (c) the findings, and (d) how these findings compare with other research findings or with current clinical practices.

I have three extra criteria, however: (a) is the study useful to me? studies done in other countries may not be relevant for Canadian health care professionals, (b) are the researchers credible in that they are expert practitioners, experienced researchers, and perhaps also multi-disciplinary for a rounded understanding of the topic, and last but not least, (c) are the findings acceptable or are they too good to be true? It is rare, but some published peer-reviewed research is later found to be false, which is why systematic reviews of all of the research studies that have been done on the same topic are important!



Good checklists can be found at:

https://www.asrt.org/Media/Pdf/Quantitative_Checklist.pdf#search=%22quantitative%20research%20checklist%22

http://www.elsevier.com/framework_products/promis_misc/jnebquan.pdf#search=%22quantitative%20research%20checklist%22

<http://www.staff.vu.edu.au/PeterKalmund/html/checklist.htm>

<http://www.sahealthinfo.org/ethics/quantitativecheck.htm>

Missing reference from Dr. Wilson's article in the Spring/Summer Issue:

[Frazier SC.](#) (2005). Health outcomes and polypharmacy in elderly individuals: An integrated literature review. *Journal of Gerontological Nursing*, 31(9), 4-11.u

Caritas Research

The Caritas Research Centre
invites you to attend our 3rd annual

Caritas Research Day

Keynote Address

Dr. Ray V Rajotte, PhD, PEng, FRCPSC, FRSC,
Director, Islet Transplantation Group will present:

Islet Transplantation Program - Past, Present, Future

Guest Presentations

Caritas Research Day will highlight research initiatives taking place in the following areas:

Cardiology
Child Health
COMPRU

Nursing
Orthopedics
Palliative Care

Psychiatry
Respiratory

When/Where

Thursday, January 25, 2007

08:15 am - 3:15 pm

Grey Nuns Community Hospital - Auditorium

Registration begins at 07:45 / Lunch Provided

Registration

Please RSVP by email to caritasresearch@cha.ab.ca or contact the Caritas Research Centre at 735-2274



Research Corner

The Caritas Research Centre offers half day workshops on occasion. On October 17th, Dr. Olive Triska of Triska Research & Consulting Ltd delivered "An Introduction to Designing Practice-Based Research" workshop at the Misericordia Hospital.

On November 9th, Dr. Donna Wilson, Caritas Nurse Scientist is offering a half day Scholarly Writing Workshop for Nurses. This workshop is being delivered at the Grey Nuns Hospital from 1:00 to 4:00pm.

More workshops are being planned so watch for the posters sent to departments and units, and for advertising through Health Notes. News and events are also posted at <http://www.caritas.ab.ca/Home/Research/default.htm>. We are open to hearing your ideas for future workshops — please feel free to contact us at the Centre anytime to discuss.

Caritas Research Day is coming **Thursday, January 25th, 2007**. We are very pleased to announce that Dr. Ray Rajotte, PhD, PEng, FRCPSC, FRSC will deliver the keynote address on "Islet Transplantation Program, Past, Present, Future". Dr. Rajotte is a Professor of Surgery and Medicine; Director, Islet Transplantation Group; Director, Surgical-Medical Research Institute; and Scientific Director, Alberta Diabetes Institute, University of Alberta.

We are pleased that several Principal Investigators have accepted the invitation to discuss their research in the areas of: Cardiology, Child Health, COMPRU, Nursing, Orthopedics, Palliative Care, Psychiatry and Respiratory. Sessions will run concurrently in two rooms at the Grey Nuns Hospital. Program and registration information being sent to all Caritas departments soon.

Mark it on your calendars! Register now: 735-2274 or email caritasresearch@cha.ab.ca

Dr. Nancy Olivieri is a Professor of Pediatrics and Medicine at the University of Toronto. Dr. Olivieri received her undergraduate degree at the University of Toronto in 1975, and her MD at McMaster University in 1978. She received postgraduate training at McMaster, University of Toronto and Harvard University, returning to Canada in 1986 to take up a position as a researcher and clinician in medical and pediatric hematology at the University of Toronto. Dr. Olivieri has focused her research in the fields of thalassemia, sickle cell disease, iron overload, and transfusion medicine, and was elected to the American Society for Clinical Investigation in 1996.

For several years, Dr. Olivieri's struggles with the administrations of Toronto's Hospital for Sick Children and the University of Toronto provoked a public controversy between those who oppose, and those who support, the increasing commercialization of research and of medical care.

As part of the first settlement from the University of Toronto in which she was provided with a years' sabbatical, in 2003, Dr. Olivieri received her Masters of Medical Law and Ethics from the University of London, UK. During that year (and as a result of the experience of the recent years in Toronto) she has developed an interest in the ethics of clinical trials, and an examination of the conflicts-of-interest arising in industry-sponsored research.

We are pleased to announce that on **Monday, February 26, 2007**, Dr. Nancy Olivieri is coming to town. This will be an afternoon presentation at the Grey Nuns Hospital discussing the ethics of clinical trials. You might want to mark it on your schedule now. More information to come as details are confirmed.



The articles in this newsletter were written by Connie Bryson. Connie is an Edmonton-based freelance writer specializing in science, technology and business topics. She is the winner of the 1999 ASTech Excellence in Science and Technology Journalism Prize.

Caritas Research Centre

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