

Profile of a Researcher: Christine Moffatt

Collaboration and communication together as a community



Christine Moffatt is a nurse by background and an international nursing professor in the UK. She is also a clinician and spends her time mainly running a research centre in the UK but also in Denmark and France. She is currently the Chair of the International Lymphoedema Framework.

Q What prompted your interest in lymphedema research?

A My passion for this type of research grew out of my clinical practice at St. George's Hospital in London with Peter Mortimer where I headed up an integrated leg ulcer service. In the late 1990s we faced so many challenges in the UK from lack of services so I switched my research area to include lymphedema and in fact developed with this team the term "chronic oedema" in our first epidemiology study. Patients are my passion and quite frankly the reason why I get up each day. Care must improve, and I want to be useful in achieving this in some small way. The first study I undertook in London has been a pivotal one as people have realised so many different types of patients are affected.

Q What do you see as priorities for lymphedema research internationally?

A The priorities are of course many and are driven in part by the clinical and academic background we all come from. I am immersed in a background of using mixed methods research and can happily enjoy many different research approaches. I am sure though that the main priority is to show the size and impact of the problem which the ILF has started to do through the LIMPRINT study. We need better evidence

about what treatments work and a way to demonstrate this through outcome measures. We also must always stay focused on the needs of patients who live with this condition and face many challenges. Therefore, research must also address this. I want to challenge many of the dogmas and myths that underpin lymphedema care and this can only be done through rigorous research. There will, however, be many areas that cannot be easily researched and we need to stay open to the importance of collaboration and communication together as a community. One of the most amazing experiences for me has been leading

which together we can achieve so much more than working alone.

Q How has the focus of your research shifted over time?

A My research approach has definitely moved from more classical public health and medical research to psychosocial research. One of the most precious research studies I undertook recently was during the international lymphoedema childrens' camp in Turin (ILF). This research used research methods that I had not used before, including picture art with young children and photography as well as talking with

One of the most amazing experiences for me has been leading studies involving many countries and sites and the passion in which people come together.

studies involving many countries and sites and the passion in which people come together to look at a problem and try to solve it, often with very little money.

Q What impact do you hope your research will have?

A My dream would be that care is paid for adequately in each country and that all patients have access to the correct treatment they require at the point of need. I long to see a change in the way we view the condition which often focuses on the need for intensive treatment rather than empowering and helping patients to stay stable and well.

Q What motivates you as a researcher?

A Patients motivate me completely and they also teach me about what is important. My colleagues and students also play a massive role and the way in

parents in three different languages. What was so powerful about this research was the way the parents shared with us their stories and how the research itself was beneficial for them providing an opportunity to talk in ways they had not before.

Q What are the implications of your research for people living with lymphedema?

A I hope that my research will enable health agencies to stop hiding under the belief that lymphedema is a rare problem and that there is an ethical imperative to improve practice. We are already seeing changes in reimbursement of treatment, but we have a long struggle ahead I am sure. I hope my research will lead to a better evidence base for all aspects of treatment and lead to innovations in practice. Most of all I hope to inspire young researchers to move into this area. They are the leaders of the future. 