

Jerzy B, GAJEWSKI

Tell us a bit about your professional background

I am a Professor of Urology, Dalhousie University in Halifax, Canada and Director of Functional Urology and Fellowship Program. I graduated from Medical School in Poznan, Poland and pursued my urological training in Poland, Germany and Canada. My main interests are: voiding dysfunction, incontinence, interstitial cystitis, neuromodulation and erectile dysfunction. I was instrumental in establishing one of the two first centres in Canada for Sacral Neuromodulation. I published over 100 papers and book chapters and had over 200 presentations including several standardizations and guidelines documents. I received several research awards from Canadian Urological Association (CUA), Polskie Towarzystwo Urologiczne and American Urological Associations including; CUA, Canadian Academy of Urological Surgeons, Northeastern Section AUA. I was also Treasurer and now Historian of CUA. I am now Trustee and Treasurer of the International Continence Society (ICS) a member of the Steering Committee for 2020 International Consultation on Incontinence.

Why do you want to become a member of Cochrane's Governing Board?

I have vast research knowledge including guidelines, mission statements and systematic standardised reviews. I have experience working with associations and with charitable societies including UK Charity. As a treasurer, I was involved in fundraising and account managing. This is an opportunity to have even greater impact on evidence-based medicine in the world.

What are Cochrane's key opportunities and challenges and what can the Board do to help address them?

The most important, immediate task for the Board is to gain the support of the membership by broader engagement of the membership in decision making and enhance communication. Any controversial issues must be promptly addressed with full transparency. The financial stability is very important. One of the biggest challenges in my opinion is efficient delivery of Cochrane evidence and engagement of research and health care communities in implementing them. We must be also aware of biases, influences and fraud in research when producing evidence.