Developing a model for complementary therapy for patients with cancer

An initiative offers complementary therapies to patients with cancer using a model of integrated care

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This article outlines an initiative to offer complementary therapy to patients with cancer, describing how the service was set up and funded, and the model of care. It also highlights some findings from research evidence.

INTRODUCTION
The fact that nearly half the UK population will use complementary therapies suggests they should be brought within the NHS where they can be regulated and monitored. Many NHS centres offer such therapies, often on a voluntary basis. White (1998) found that 70% of oncology departments in England and Wales offered one or more.

University College Hospital (UCH) has developed a model of integrated care. A complementary therapy team operates within the oncology, haematology, radiotherapy and head and neck departments treating patients, relatives and staff.

LAUNCHING THE SERVICE
The service was initiated after a patient requested therapy. Funds were provided to appoint a counsellor then an aromatherapist.

The first reiki healer approached the ward manager and was appointed initially on a voluntary trial basis. After one month, take-up and response on the ward were evaluated and feedback was overwhelmingly positive. A charitable trust initially provided funds for one reiki therapist and this was later taken over by the trust, making this practitioner the first UK healer paid by the NHS.

During the next 10 years the service steadily expanded in response to patient demand. The team now consists of 13 part-time therapists and offers aromatherapy, massage, reflexology, reiki healing and counselling.

INTEGRATED CARE
The service aims to provide a model of integrated care, as advocated by The Prince’s Foundation for Integrated Health (2009): ‘An integrated approach means bringing together mainstream medical science with the best of other traditions.’ The term ‘complementary and alternative medicine’ is not necessarily helpful to those seeking to create such a service in the NHS. Clarity of meaning is extremely important.

The service offers a choice of therapies, with psychological and physical benefits, alongside medical or surgical interventions. Therapies are not offered as an ‘alternative’ to medical care and it is not suggested they have a curative effect. This model focuses on physical, emotional and spiritual needs.

THE SERVICE IN PRACTICE
Following diagnosis and/or admission, patients are made aware of the service and information is displayed in each ward.

IMPLICATIONS FOR PRACTICE
- A lack of evidence may be given as the reason why the NHS should not provide complementary therapies. However, the following studies show their benefit.
- Weze et al (2003) showed that healing by gentle touch led to improvements in psychological and physical functioning in patients with cancer.
- In a study on bone-marrow transplant patients, Smith et al (2003) found significantly lower scores for central nervous system or neurological complications for those receiving massage therapy compared with controls. They concluded that massage may be effective in altering psychological and neurological complications linked to chemotherapy during transplant.
- Kowalski (2002) found that lavender therapy slightly decreased pulse and blood pressure, lowered scores in pain, anxiety and depression and improved well-being.
BACKGROUND

- Patients are increasingly aware of complementary therapies and many seek out treatments such as reflexology, aromatherapy and reiki healing.
- Bishop (2007) reported that 46% of the UK population can be expected to use one or more complementary or alternative therapies in their lifetime.
- Since much evaluation of the benefits of these therapies for patients with cancer is based on anecdotal evidence and self-assessment, it is difficult to create a robust service in an NHS setting, run according to appropriate protocols.

Therapists explain the therapies on offer and give patients a leaflet with details of the therapy and what to expect. Treatments and counselling for inpatients take place at the bedside. Outpatients can receive treatments in a therapy room in the day-care unit.

Patients can access treatments in several ways. The complementary therapy team has a written referral system but most referrals are received by telephone from nursing staff, relatives, other therapists or patients. The service is designed to respond immediately to patients’ daily needs. Thus therapists do not put emphasis on making appointments in advance; instead they arrive on the ward and liaise with nursing staff and patients to offer treatments.

With the remit of using complementary therapy to support the whole family, treatments are also available to relatives. We have adapted a small room as a patient quiet room and therapy room. Treatments for relatives take place here, and this aspect of the service is well used.

After discharge, patients are entitled to four treatments of any therapy as outpatients. We also offer this to relatives, who can also return for treatments after a patient has died. Ideally, the team would like to offer patients at least two treatments per week. However, demand consistently exceeds supply and this is not always possible.

Treatments can be used in acute situations. Anxious patients can have a treatment before or during a medical procedure to help them relax. Needle-phobic patients can benefit enormously from a treatment before or during a procedure such as cannulation or bone-marrow aspiration. Reiki healing is often used in this way in the paediatric unit. In acute situations, patients experience integrated care as they receive medical treatment and complementary care simultaneously.

BENEFITS FOR CANCER PATIENTS

Patients facing a diagnosis of cancer and its treatment can experience extreme anxiety, stress, depression, fear and uncertainty. Complementary therapy can help address psychological and emotional difficulties.

One oncology patient said: ‘Healing provides me with a relaxing escape from the stresses and strains of chemotherapy. The treatment helps with my nausea and leaves me feeling considerably less tired. I would recommend healing to anyone undergoing any form of stressful treatment.’

Weze et al (2003) reported that ‘of considerable benefit to patients with cancer is a reduction in fear… improvements in anxiety/depression ratings are also particularly important due to the adverse influence of these conditions on a number of symptoms associated with cancer and its medical treatment’. In this study’s self-assessed outcomes, stress was rated as the most severe symptom and was reduced following healing. Panic and fear were also reduced. Coping ability and relaxation increased and sleep patterns improved.

Physical symptoms and side-effects of drug treatments can be eased following complementary therapy. Symptoms such as nausea, vomiting, headache, diarrhoea, constipation, lethargy and insomnia can be reduced. Aromatherapy, the use of essential oils, is used to alleviate such symptoms. In addition to aromatherapy massage, where a patient receives a body massage using essential oils blended to address their needs, the complementary therapy team has pioneered the use of aromastones and aromasticks (see www.aromacaring.co.uk).

The use of such devices allows patients to experience the effects of aromatherapy after the therapist has left. It allows nursing staff to access and administer oil blends without an aromatherapist.

The complementary therapy team is evaluating the effectiveness of aromasticks. A randomised controlled trial of the benefits of reiki healing on patients undergoing chemotherapy is planned.

We audit the service by analysing levels of use and surveying patient satisfaction.

FUNDING AND MANAGING THE SERVICE

The complementary therapy team is supported and funded by charities, and the trust funds one therapist and the team manager. Cancer Care and the Leukaemia and Lymphoma Unit Charity, founded and run by the trust, provide funding for set hours of aromatherapy/massage, reflexology and reiki healing. Other funding comes from the Teenage Cancer Trust, Yes to Life and the Sam Buxton Sunflower Healing Trust.

The trust employs the therapists and charities donate to the trust to pay salaries. Policies and protocols ensure the same high standards for complementary care as for medical and nursing care.

Therapists are part of the multidisciplinary team and attend nurses’ handover and team meetings. They must record treatments in patients’ notes. The complementary therapy team keeps more detailed records.

Our department welcomes the complementary therapy measures in the National Cancer Peer Review Programme. Most of the criteria are already met at UCH. Examples are that therapists practise according to policies and procedures and have appropriate qualifications.

REFERENCES


