

USE OF COMPLEMENTARY THERAPIES IN HOSPICE AND PALLIATIVE CARE*

ALISON VANDERGRIFT, MSW, RMT

Visiting Nurse Association of Central Connecticut, Inc.

ABSTRACT

As society has become increasingly inquisitive about complementary therapies, various sectors of the medical community have begun to incorporate complementary therapies into their practice, studying their impact on client health and effectiveness in treating specific symptoms. This article describes the design and initial findings from a 1-year review of the implementation of massage and *Reiki* therapies on patients in a small hospice and palliative care program in central Connecticut. Over the course of 1 year, 114 massage sessions were provided to 52 different patients, all of which included *Reiki*. After completion of these sessions, patients were evaluated for changes in symptoms such as pain reduction, ease in breathing, stress/anxiety reduction, and increased relaxation, with the results being predominantly beneficial.

BACKGROUND

Hospice and palliative care utilize a team-oriented approach individualized for each patient's needs and wishes. Expert medical care, pain management, and

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emotional/spiritual support are all used to enhance quality of life (NHPCO, 2010, 2012). “Symptoms are complex, often multiple, and increase in severity and frequency as the disease progresses, not treating them adequately will significantly impair a patient’s quality of life and increase the family’s suffering” (Higginson & Constantini, 2002). Reducing distressing symptoms can be accomplished in a variety of different ways including integrating complementary therapies into the plan of care.

According to the *American Massage Therapy Association* (2011), 73% of massage therapists indicate receiving referrals from healthcare providers, over 16% of American adults had discussed massage therapy with their doctors or healthcare providers, and of those 16%, 31% of these providers strongly recommended massage therapy. Recent research (American Massage Therapy Association, 2011) has shown the effectiveness of massage for the following conditions: cancer-related fatigue and pain, low back pain, osteoarthritis of the knee, post-operative pain, lowering blood pressure, and reducing headache frequency. In 2007, according to the American Hospital Association (as cited by the Center for Reiki Research, 2012) 15% of hospitals offered *Reiki* as part of hospital services. According to Dressin and Singh’s study (as cited by the Center for Reiki Research, 2009), *Reiki* has been shown to significantly reduce pain, depression, and state anxiety.

OBJECTIVES

The primary objective of this study was to utilize *S.M.A.R.T.* goals to develop a complementary therapy program with this vision statement in mind: complementary therapy modalities will be available to the hospice and palliative care program’s patients. The 1-year expectation was that interested staff would be professionally trained in integrating massage, *Reiki*, and music therapy into a patient’s plan of care as accepted.

A complementary therapies committee was placed to research local agencies’ implementation of complementary therapy programs and development of policies and procedures. Within 3 to 9 months, the committee oversaw the development of policies and procedures, the training of nurses in *Reiki* and the provision of *Reiki*, and massage services to patients. Within 9 to 12 months, it was expected that the committee would be able to begin evaluating patient, family, and staff responses to these services, modify and improve provision of services, and explore additional financial support for the expansion and continuation of therapies.

METHODS

The planning committee was developed and examined the benefits of utilizing complementary therapies such as massage, *Reiki*, and music therapy, and also

determined how best to incorporate these services into an existing hospice and palliative care program. Colleagues in the palliative care field were contacted to assist in researching the development of a complementary therapies program and construction of the appropriate policies and procedures. Ongoing funding was advocated for and secured through an endowment fund from a private will.

One nurse, a certified massage therapist, agreed to provide massages to patients after working hours. Five nurses expressed interest in participating in the *Reiki* training. A *Reiki* teacher was hired and the nurses completed the *Reiki* levels I and II trainings. It was expected that the nurses would provide *Reiki* to interested patients during home visits. Music modalities to be used with patients were also explored. CDs and CD players were purchased. The home health aides (HHA's) were trained to utilize music therapeutically with patients. Policies and procedures were developed to ensure proper utilization of these services.

After *Reiki* training was complete and attempts were made to provide services, feedback from the nurses revealed that these services were not being offered or provided due to time constraints. HHAs were also not utilizing music while providing care as they disliked the weight of the CD player and were not carrying it into their patient's homes.

A massage therapist also trained in *Reiki* was hired to provide these services to patients. As a result, patients were offered these complementary therapies on admission to the hospice/palliative care program and those who accepted received them. The massage therapist/*Reiki* practitioner evaluated the patient's condition and changes in symptoms at the end of each session and documented these results. These results were tallied and evaluated for efficacy of services. Toward the end of this 1-year review, a donation from a local charity was also received and earmarked to be used to assist in funding this program.

RESULTS

For 1 year, 114 massage sessions were provided to 52 different patients, all of which received *Reiki* as well. Staff reported that most experienced beneficial changes in symptoms by the end of a session: 99% exhibited a reduction in stress/anxiety, 92% experienced easier breathing, 76% exhibited a reduction in pain, 98% enjoyed the session, 92% experienced deep relaxation, 4% felt a slight sensitivity, 43% fell asleep during the session, 97% felt peacefulness, and 0% experienced an emotional release or discomfort (see Figure 1).

Some of the comments from patients who have received these services include: "The deep relaxation is better than a sleeping pill"; "I like *Reiki*. It eases my breathing. I also like my feet massaged"; "My left upper back is painless now"; "The massage was wonderful. I enjoyed everything"; and "It feels like I died and went to heaven."

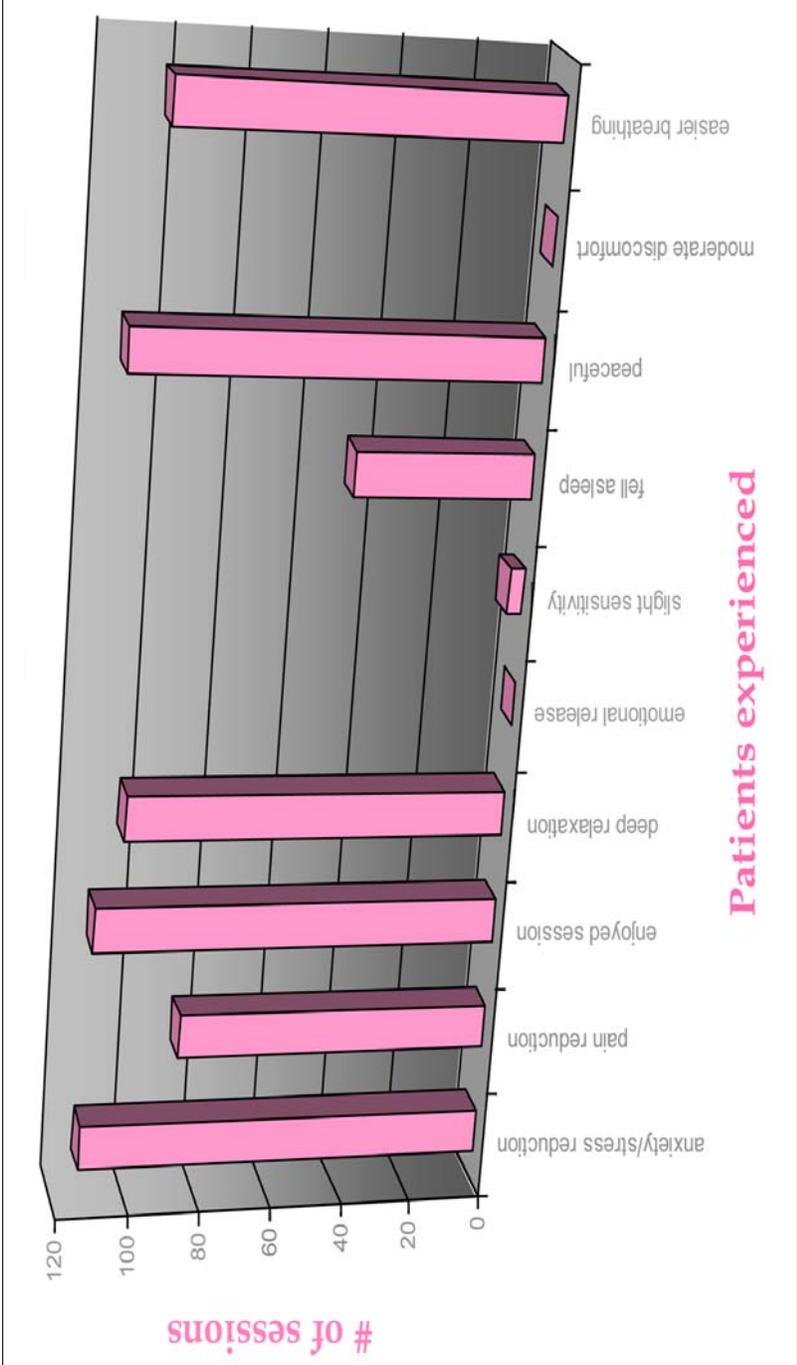


Figure 1. Results from massage/reiki sessions.

DISCUSSION

Complementary therapies contribute a positive component to the palliative experience of a chronically/terminally ill patient. Most of the symptom management accomplished within this particular hospice program, prior to this project, was accomplished through medication. As a result of research on this topic, several complementary therapy components were contemplated as alternative options, to be utilized in meeting the needs of our patients and enhance quality of life. Use of these techniques assists in improving quality of life by allowing the body to relax and let go of stress. It is evident from the results of this study that the patients who used these therapies appeared to experience beneficial effects.

Staff members continue to offer complementary therapies and provide them as accepted. Funding from the endowment fund from a private will, will continue to allow for a permanent provision of complementary therapies, and additional funding options will continue to be explored. The committee will also attempt to review different ways in which music can be incorporated into this work.

IMPLICATIONS FOR PRACTICE

Further work needs to be completed in examining outcome measures of using complementary therapies, in addition to or in place of medications, in reducing unwanted symptoms. It would be important to investigate complementary therapies' effects on patients' overall well-being as well as its fiscal impact.

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Direct reprint requests to:

Alison Vandergrift
296 Highland Ave.
Waterbury, CT 06708
e-mail: avandergrift@vnahealthcare.org

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