Background

Marion Doran is a Volunteer Therapist at Marie Curie Hospice, Belfast. For this case study, Marion extended her commitment to volunteering twice a week. Her patient has been given the pseudonym, Katrina Wright, to protect patient identity. Publication of this case study was fully authorized by Marie Curie and complies with current data protection legislation.

Patient History

Katrina Wright was a 53 year-old palliative care patient at the end stage of her illness. She was from Eastern Europe originally and had lived in Northern Ireland for 8 years. Katrina had two sons, both living in Northern Ireland, one of whom lived with her. Prior to her terminal illness Katrina had worked as a housekeeper in a hotel.

Katrina was first diagnosed with cervical cancer in 2011 and required a radical hysterectomy. She was offered chemotherapy but declined this treatment. In February 2013 she presented with a recurrence of the cancer that had now metastasized to her liver, pelvic wall and left buttock. Bilateral nephrostomy tubes were inserted. Katrina received radiotherapy between August and October 2013. In November 2013, she was admitted to hospital with abdominal pain and vomiting and transferred to the hospice in the following month.

From medical/nursing notes Katrina appeared to be a very spiritual person who accepted her illness. She told the doctor during her admission consultation that she was not afraid of dying. Katrina said that her on-going concerns were not only for herself but also for her sons and family.
Admission and Treatments

Initial Assessment

A medical assessment on admission is essential because the patient may be too weak, due to fatigue, to go through such a consultation again. This MDT core assessment is a basis for any following consultations - patient data includes admission and present medical condition, contact details, next of kin, age, past treatments, and current palliative care.

Prior to giving any treatments, Marion always liaised with nursing staff regarding her patient’s present condition and carried out her own assessment by observation and touch. This was important because the physical and emotional state of a patient with advanced cancer can change very quickly from day to day and hour to hour.

Treatment Process

In each case, Marion’s approach involved initial consultation and observations, giving treatments in line with a treatment plan, gathering feedback from Katrina and self-evaluation of the treatment outcomes.

Treatment Plan

Katrina would receive a combined treatment of modified Reflexology using Aromatherapy oils and the HEARTS Process.

All her treatments would aim to promote her comfort and relaxation. The steps to treat Katrina each time would be:

1. prepare Katrina for treatment
2. give modified reflexology and leg massage using a blend of aromatherapy oils
3. extend her treatment using creams and oils
4. complete with a gentle stroke down massage over a fleece for her warmth and comfort
5. offer a drink of water
6. complete Katrina’s patient notes.

Treatment Products

The blend of aromatherapy oils consisted of Grapeseed Carrier Oil, Sandalwood, and Sweet Orange essential oils at 1%.

This mix of oils was as per hospice policy and meets the recommendations of the National Guideline for the Use of Complementary Therapy in Supportive and Palliative Care 2002.

Katrina’s treatment was extended using Calendula cream and Sandalwood and Sweet Orange essential oils at 1%.

These specific elements were chosen because:

- Grapeseed carrier oil is suitable for all skin types, it absorbs quickly leaving skin feeling satiny soft
- Sandalwood has anti-inflammatory, anti-fungal and anti-depressive properties
- Sandalwood has a calming effect on agitation and gives a feeling of overall well-being
- Sandalwood promotes stillness and unity, and is also a good tonic for the skin
- Sweet Orange is anti-infective, and is a calming digestive stimulant that helps promote a positive attitude.

Patient Preparation

Katrina received six treatments at the hospice. Prior to each treatment Marion:

- assessed Katrina’s legs by both sight and touch
- observed her general skin condition, discolouration, and signs of oedema
- used gentle pressure to assess muscle tone and any difference in warmth in legs and feet area
- assessed the calves of legs for signs of deep venous thrombosis (DVT)
- cleansed the feet with warm wipes impregnated with Tea Tree essential oil.
Treatment 1

Initial Consultation

“I first read Katrina’s medical notes to obtain her diagnosis and prognosis, also her medical history including treatments, surgery and current treatment plan. It was important to know if she was experiencing any distressing symptoms such as nausea, vomiting or fatigue.

My aim was to provide myself with information on any physical areas that needed to be avoided and any contra-indications to treatments.

For holistic care it was important to gain knowledge of her family background and support systems. I liaised with nursing staff prior to meeting Katrina to check that she was well enough to receive a therapy treatment. At this stage she was still mobile and was able to walk to and from the bathroom independently.

The Nurse Therapist introduced me to Katrina. We explained the Complementary Therapy Service including my role as a volunteer therapist. I explained that the aim of the treatment would be to induce relaxation and promote comfort. Katrina was offered a choice of treatments. Her body language showed enthusiasm and she immediately agreed to have therapy.

Katrina gave verbal consent for her treatments and in partnership we decided which treatments were appropriate. Following this consultation I proceeded to carry out my own assessment as in the treatment plan.

Observations

I observed that Katrina was pale in colour, emaciated, weak and fatigued with no muscle tone and extremely dry skin. Although she appeared very ill Katrina gave the impression she was a psychologically strong person. She was also a very private person; nursing staff confirmed this impression.”

The Therapies

“After entering Katrina’s room I washed my hands thoroughly and dried as per infection control policy. I placed a pillow covered by a towel under the calves of Katrina’s legs. The head of the bed was raised slightly to ensure her complete comfort and she said she was.

To reduce the effects of the clinical surroundings and create a peaceful ambiance I closed the blinds and played relaxing music. I washed Katrina’s feet with a warm cloth and a few drops of Tea Tree oil, then dried her feet.

I invited Katrina to close her eyes and take three slow, deep breaths to start relaxing and focus on her treatment. I gave modified reflexology combined with the HEARTS Process using aromatherapy with blended essential oils. I then massaged Katrina’s lower legs and kneecaps using a very gentle medium of 1-2. Katrina’s feet were then washed and dried, and treatment was extended using Calendula cream applied to her feet and another short foot and leg massage.

Treatment finished with gentle stroke down to both sides of Katrina’s body. Katrina was left sleeping to music. I then washed my hands thoroughly before leaving the room. The total hands on treatment lasted 45 minutes. After 10 minutes I returned to the room to see how Katrina was feeling, and to clean and tidy the room. Katrina was offered a drink of water.

Feedback and Evaluation

Katrina closed her eyes and relaxed quickly and deeply into her treatment with slow, steady breathing throughout. She was sleeping when her treatment finished and appeared comfortable and relaxed. Katrina said her therapy was “Fab-u-lous”.

Katrina spoke little English but we connected at a deeper level. Her body language showed she was anticipating her treatment. I felt we had a mutual understanding. She valued her treatment and relaxed immediately as if not wanting to waste a moment of it. I felt that the treatment went very well and that the aim of comfort and relaxation was achieved.”
Treatment 2

“I received the handover report on Katrina’s condition from the Nurse Therapist.

Observations
Katrina looked much brighter today and smiled and nodded ‘yes’ when I asked if she would like to receive another treatment. Katrina said she was looking forward to it.

The Therapies
As before, I assessed Katrina. There were no contra-indications and I gave a combined treatment of Reflexology using Aromatherapy Oils and HEARTS Process in line with the treatment plan. Once again, the medium used throughout treatment was an average 1-2.

Katrina again relaxed quickly and looked deeply relaxed throughout. She appeared comfortable and her breathing was slow and steady. Katrina was still sleeping when I left the room.

Feedback and Evaluation
When asked how the treatment was for her, she said she felt fully relaxed and had enjoyed it.

On this occasion, I decided to continue the same treatment as before to build trust and to connect with my patient. Katrina appeared to have benefitted greatly from her first treatment. I felt she really needed therapy treatments.

Although we spoke only a few words to each other, Katrina was very relaxed and comfortable with me. I felt it was good for her to have continuity of care by seeing the same therapist for treatments.”

Treatment 3

“I received the handover report on Katrina’s condition from the Nurse Therapist.

Observations
Today there was an obvious change. Katrina looked very weak and her colour was much paler than on my previous visit. When she saw me she smiled and instinctively knew what I was about to ask. I was about to offer her a treatment and she said “yes yes” before I could speak.

The Therapies
As before, on assessment there were no contra-indications and I gave therapies in line with the treatment plan.

My patient again relaxed very quickly and looked comfortable and peaceful throughout her treatment. Katrina’s breathing was deep and slow and she was sleeping when I left the room.

Feedback and Evaluation
Katrina was awake when I returned. I asked if she had enjoyed the treatment and how she was feeling. She replied “Fabulous, I always enjoy”. She said she always looks forward to them as she had worked very hard all her life as a housekeeper and she was now very tired.

Katrina loved her treatments. She asked me if I would come back again, to which I replied “yes” and she thanked me. Before I left the room I played the music for her again. Katrina clapped happily, closed her eyes again to listen to it, and was peaceful.

I decided to continue with the original treatment plan and not alter it in any way as it was achieving a good outcome every time. I felt that due to the language differences she would be secure in this and come to know treatments best by receiving them.

She was so happy to see me when I called to offer her a treatment. Katrina was communicating more with me and we had established a friendly rapport. I felt good because I could visibly see the relaxation and comfort my treatments were giving and I was receiving positive feedback from Katrina post treatments.
Reflections and Benefits

Marion’s six treatments were completed for her case study but she intended to provide as many treatments as Katrina wanted for as long as she wished to have them.

Marion felt very privileged to have been allowed to spend time with Katrina. Marion was so happy to know that through complementary therapy treatments she had helped Katrina to relax and, by doing so, had made Katrina more comfortable when she needed it most.

Katrina’s doctors had commented that members of the hospice complementary therapy team were able to reach Katrina in ways they could not.

Marion Doran was mentored throughout this study by:

Janet Leitch
Nurse Therapist
Marie Curie Hospice

Treatment 4

“As before, I received a handover report from the Nurse Therapist.

Observations

The Nurse Therapist reported today that Katrina had not had a good day yesterday. She had been catheterized to maintain the integrity of her skin and was now very fatigued and bed-bound. The Nurse Therapist was not sure if Katrina would be well enough for a treatment but suggested I should give Katrina the choice. I knocked at the door and opened it to ask if she would like a treatment. Katrina nodded to indicate “yes” – she was smiling.

Katrina looked very tired and weak today. She explained to me what had happened the previous day, and that she was very tired, unable to walk, now sleeping most of the time and her body was sore. She prayed to God to take her as she had had enough, that this was no life just to lie in bed. I stroked her leg to comfort her and asked if she would like to have extra time today to have her arms and hands massaged along with her feet and legs. Katrina agreed and said “Yes, I love this, can I have two hours please?” then laughed.

The Therapies

As before, on assessment there were no contra-indications and I proceeded in line with the treatment plan with the addition of a hand and arm massage. A medium of 1-2 was used throughout treatment.

The modified reflexology and HEARTS Process lasted 45 minutes, I then moved on to Katrina’s arms and hands. Oil was applied to her arms and cream to her hands before I massaged for a further 30 minutes - 15 minutes each arm. Katrina’s arms were then wrapped in towels to keep her warm and she was covered with the bed covers.

This whole treatment lasted 75 minutes and I completed it with a stroke down. I then left Katrina alone for 10 minutes, returning with a glass of water for her as before.

Feedback and Evaluation

When I arrived Katrina was very pleased to see me and put her hands together and said “Thank God”. She usually lifted her legs to help me when I was placing a pillow under the calves of her legs. But today she was too weak. As usual she relaxed straight away and her breathing was again deep and steady. She looked extremely comfortable and relaxed throughout her treatment and went to sleep.

When I returned Katrina was still in a deep sleep so I quietly tidied the room and restarted the music. Katrina was still sleeping when I left the room.

Katrina’s Death

Katrina had two more treatments and was very settled after her final treatment. Nursing staff felt she looked serene until she died the following morning. Her son was with her. She did not require any further medication.

Katrina was the first palliative care patient to whom I have given complementary therapy treatments. It was a pleasure and a privilege to have known Katrina.”
Further Information and Contacts

If you would like to know more about this case study or how you can help Marie Curie Cancer Care provide more care to more people with a terminal illness, please contact us:

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“We will all die. So we believe that how we live during the final phase of our lives is of universal importance.”
Dr Jane Collins
Chief Executive

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