

Bridging the gap



Statistics show a significant number of people will develop cancer at some point during their life.¹ As a complementary therapist, it is possible that some of your clients will have received treatment for cancer in the past or currently be diagnosed with cancer. The journey through cancer treatment can be complex and your clients may be at different stages – some may be newly diagnosed and having active treatment whereas others may be receiving palliative care.*

Approximately one in three cancer patients seek complementary therapies at some point during their cancer journey, either through services in hospitals, charities, hospices or private practice.² Most commonly used therapies for people with cancer include aromatherapy, massage, reflexology and increasingly healing/reiki. Within this article we use the term complementary therapies in relation to these therapies only.

Understanding conventional medicine

Working with people with cancer or with cancer survivors can be very rewarding but at the same time a little daunting if you are newly qualified or have not worked with this client group before.

Understanding the biomedical practice and treatment regimes for people with cancer can greatly enhance your complementary therapy practice and there are vast amounts of research literature available on the types of biomedical treatment for cancer. However, to many complementary therapists who do not have a scientific background this literature can be difficult to access and tricky

Liz Hawkins and Marie Polley discuss some of the main principles of supporting clients with cancer using complementary therapies

to understand. Yet, as the complementary therapy professions develop, the issues of professionalism and evidence-based clinical decisions are now more important than ever.

The best place to start accessing information about conventional medical treatment, including clinical effects and side effects, and to draw upon a growing body of research evidence to support your therapy work would be the websites of Cancer Research UK and Macmillan Cancer Care. Some cancer care centres, such as Penny Brohn Cancer Care and Breast Cancer Haven, also have evidence to support their approaches available on their websites. The PubMed search engine is ideal for sourcing research literature and any available published articles on complementary therapies. This knowledge of conventional treatment regimes and research literature can then be used to help you select the most effective treatment strategies and to adapt your therapy practice accordingly.

The therapeutic relationship

Clients with cancer are very vulnerable and, from a practitioner's perspective, you want to engender feelings of security, trust, respect, dignity and empathy with your clients. From a client's perspective, a therapist who understands the expected clinical effects and side effects of their condition and hospital treatment creates a level of trust that can further deepen the therapeutic relationship.

The client may share some of their deepest fears and concerns regarding their cancer diagnosis and likely outcome, and it is important that they feel empathy, compassion and support and not as though they are shocking their therapist. A well-managed, supportive and empathetic response can then lead to further disclosure of information that may enhance the choice of complementary therapy treatment, or enhance the clinical decision around its application.

The key stages in the cancer journey for patients, including diagnosis, treatment, survivorship, palliative care and end of life care, all come with particular anxieties, fears, concerns and needs. A person who is newly diagnosed with cancer may feel as if their world has been turned upside down and experience anger, guilt, confusion, fear or loss of control.

An increasing number of cancer survivors are also seeking complementary therapies to assist in managing the after-effects of cancer treatments.³ For a person who has already received chemotherapy and radiotherapy and has been given the first all-clear, they may feel relief but also an underlying fear and anxiety that the cancer could return, as well as wanting to get back to 'full health'.

The person receiving end of life care may have been through the diagnosis and all-clear stages only to discover that the cancer has returned and is no longer curable, or they may have gone straight from newly diagnosed to end of life care.

The challenge can be immense for the complementary therapist dealing with the

anxiety, fear, concern, anger, guilt, loss of control or depression that may – or may not – be verbally expressed by a client. Your role as therapist is one of compassionate listener or witness to their journey, and it is important to understand your limitations, because unless you are a trained counsellor, psychotherapist or psychologist then just listening is probably the most important thing you can do.

Treatment adaptations

Evidence suggests that therapies such as aromatherapy, massage, reflexology and healing may primarily be beneficial to emotional well-being, assist in alleviating some symptoms such as anxiety and pain, and help improve patients' perception of their quality of life.⁵⁻⁷ However, the pressure applied during any touch therapy should remain light and specific lymph drainage techniques avoided. Although the usual contraindications and precautions apply, there may be some treatment adaptations depending on the type of hospital treatment being received,⁸ including:

- **The tumour site and secondary tumour site (if applicable) should be avoided.**

For a client undergoing radiotherapy, you would have to be particularly careful about the area of the body that you massage, carefully avoiding the area directly over the tumour site and the entry and exit wound



of the radiotherapy. The skin around the entry and exit site can become inflamed, painful and sensitive, and current advice is to keep this area dry and free from any products during radiotherapy. Similarly, with reflexology, light touch is used avoiding the corresponding reflex area to the tumour site.

- **Be cautious of side effects.**

Chemotherapy causes very different side effects to radiotherapy and when treating a client receiving chemotherapy, you would need to be aware of side effects such as

nausea. Although your first instinct may be to use an essential oil such as peppermint or ginger to help alleviate the nausea, we need to be mindful of the powerful association between smell and memory. We would want to minimise the risk of the client remembering feeling nauseous from chemotherapy every time they later smelled ginger or peppermint.

Therapists should be guided by how the client feels; some may experience very few side effects and welcome therapy intervention whereas others may be too unwell and experiencing severe side effects. If you work in a hospital that uses therapies alongside medical treatments, you will probably receive guidance as part of a wider team, whereas in private practice it would be prudent to check with both the client and the GP or consultant prior to the course of therapy.

- **A maximum one per cent essential oil blend used.**

If using essential oils in a therapy treatment, standard UK best practice is to reduce the amount in a blend to one per cent. Current thinking suggests at this dilution, the absorption of essential oils via the skin into the bloodstream would be minimal, if not negligible. Therefore, any action of the essential oil is more likely to be psychological via olfaction.

Self-care strategies for the therapist

One of the biggest challenges faced by those working in this field is the potential emotional toll; listening to client's stories or seeing a client ravaged by disease can be very upsetting and shocking, yet we are expected to be able to care, listen, support and provide therapy treatments simultaneously. We may be reminded of our own experience of cancer with family or friends and seeing clients at the end of their life may make us question our life, mortality and spiritual beliefs.

Building relationships with other healthcare professionals

Communication extends beyond the client to building relationships with other professionals in their wider healthcare team. In a hospital or hospice, you will most likely be integrated into a wider medical team, and if you work with a cancer charity,



relationships will probably be established with the scientific/clinical advisory board.

However, for private practitioners it is good practice to write to the client's oncologist to detail the complementary therapy and treatment strategy you will be providing.** Many clients do not tell their oncologists about any complementary therapy treatment they are receiving for fear of the oncologist's – and associated medical professionals' – possible reaction.⁴ If an oncologist is not immediately supportive of complementary therapies they may be erring on the side of caution if they are not up to date on the research evidence for complementary therapies. The oncologist may,

however, have seen the negative effects of what happens when their patients receive therapies inappropriately. If you are able to confidently discuss your therapeutic approaches and the research evidence base behind your decisions, this will

gradually help to gain the confidence and support of the medical staff.

Use appropriate, professional language when describing the technicalities of complementary therapy treatments, as this is one of the most effective ways of communicating with medical staff and bridging the gap between complementary therapies and conventional medicine. Ensure a two-way process of communication between yourself and the oncology team through verbal communication with nurses, medics and practitioners. Consider leaving treatment records in the hospital with details of therapy treatment given and response, which the medical staff can read.

Evidence shows a high level of compassion fatigue in healthcare professions,⁹ which can result from caring too much without sufficient support. The symptoms are similar to chronic stress and it can affect our ability to function in everyday life.

A coping strategy that healthcare professionals sometimes adopt is to remain emotionally detached from clients, however, it has been suggested that this can still lead to stress and emotional exhaustion.⁹ One of the biggest factors in a client's perception of good care is the therapeutic relationship, accounting for at least 30 per cent of the beneficial effect from therapy, whereas the techniques used account for approximately 15 per cent.¹⁰ Although it is important that complementary therapists have compassion for and empathy with their clients, to listen, be present and hold the therapeutic space, it is vital to implement self-care strategies to prevent compassion fatigue.

Simple strategies such as regular exercise, being in nature, spending time with friends and family, pursuing and maintaining interests outside of work are all important.

If you work in a hospital or hospice, there is often formal support or regular supervision, but other useful techniques can include elements of reflective practice such as journaling, using a critical friend and peer supervision groups. These can be formal, as in the workplace, or more informal such as getting together with other therapists.^{***} Journaling is useful as it enables you to record what has happened or what you have experienced, make sense of the experience through exploration, then identify what you have learned in terms of your practice and yourself. Sharing your experiences with a critical friend or peer group has the added benefit of an objective view and learning from others' experiences.

Another strategy gaining popularity is mindfulness meditation, which means to be present and aware in relation to our own self. Through a combination of breathing, body scanning and meditation we gain self-awareness, becoming more still, compassionate and centred. Mindful therapists are thought to be less stressed with greater job satisfaction and lower levels of compassion fatigue, and consequently develop better and more effective therapeutic relationships. In short, if we truly care for ourselves we are in a better position to care for others.

Although working in this field may seem like a minefield, having the right level of knowledge and practical skills will allow better interaction with clients and other healthcare practitioners. An understanding of the cancer journey and the evidence base that supports your complementary therapies will enable you to offer safe, appropriate care, while self-care strategies will enhance both your own well-being and treatments you offer.



* *Palliative care means that active treatment is no longer appropriate, and treatment and care is focused on symptom management from a holistic perspective to maintain quality of life.*

***The FHT Code of Ethics states that consent must be obtained from the client's oncologist before treatment.*

*** *To read an article on supervision by Dr Peter Mackereth and Anita Mehrez from the Christie Hospital, visit www.fht.org.uk/kt/supervision*

About the authors



Liz Hawkins, RGN/RMN, BA, MA, principal lecturer, is a nurse, complementary therapist, psychotherapist and reiki master.

Liz has extensive experience of providing complementary therapies to cancer patients in hospitals and hospices, contributing to national guidelines and policy. She is interested in healthcare professional support through the use of mindfulness practice.



Dr Marie Polley, senior lecturer, has a PhD in molecular carcinogenesis and is a reiki master and practitioner.

Her research has focused on patients' perception of the benefits of complementary therapies in cancer support.

● *A range of CPD courses specifically tailored to complementary therapists is available from the University of Westminster. www.westminster.ac.uk/courses/professional-and-short/complementary-medicines*

FHT comment: It is recommended that FHT members working in the field of cancer care undertake additional training.

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Marie will be providing a lecture on Complementary Therapies in Palliative Care at the FHT 50th Training Congress and Exhibition on Saturday 7 July, 2pm-3.15pm.