

2022 NACTSPC Conference: End of Life Care Supporting End of Life with Holistic Therapies

An Overview, by Jemima Neale, Vice-Chair.

Ann Carter & Dr Peter Mackereth

National Guidelines Update

Ann and Peter recounted the origins of the previous National Guidelines which were commissioned 20 years ago. At the time, there was a tremendous surge and interest for complementary therapies with provision of funding and interest from organisations such as the House of Lords and the Foundation for Integrated Health, among others.

The passage of time has brought about a need to revisit clinical governance, and to address issues around patient neglect. There has been rapid change, with online resources now more widely available. Compassion is more widely discussed yet resources are more finite. There is more evidence based research out there now, yet funding is still scarce to further the evidence base.

Ann and Peter were a part of the original writing and remember the availability of many printed resources, patient records, sample policies, professional organisations; many of which now no longer exist.

The updated Guidelines are currently at 40,000 words and are split into sections which include: introductions, clinical governance, policies and procedures, research, end of life and appendices containing tables of resources. There are anonymous case histories and questions posed for reflection at the end of each chapter. As each therapy is so different, the guidelines do not read as a protocol and some modalities will not be included. Sections discuss the mainstream touch therapies and energy therapies. Ideally this document is being written with longevity in mind so will explore the principles of therapy provision without supplying a rigid protocol.

In practice, the Guidelines cannot be fixed and unchanging as progress happens in real-time. There has been discussion with the Committee around having an online depository which would be available to NACTSPC members and which would contain sample policies. Most organisations have a fixed period in which policies are reviewed so this would ensure an up to date library of resources. This feature would potentially involve obtaining permissions from organisations to allow their documents to be made available to others.

The Guidelines are potentially going to be made available as an online document, with some printed copies made available.

Dr Peter Mackereth

End of Life Care – Being a Resilient and Resourceful Therapist

Peter drew our focus to end of life (EOL) and introduced us to the idea of liminality; moving across a threshold into the next place. As therapists, we watch people go across this threshold all the time in EOL but we cannot step beyond with them, we are a companion albeit for a short time. Peter

discussed the power of a single session, our one time to get it right; this may be the only time we have this contact and can do this intervention. Coming back to an empty bed as a therapist, or your patient is no longer on your list can trigger us to think about them and our connection with that person. How do we as therapists remain resilient (idea of being able to rebound)? How do we survive as a therapist/service when our surroundings are in constant change? Empathy is the essence of what we do. How do we self-care, how do we look after each other, what are our resources? The idea of loss and how that changes us can be a place of uncertainty, both personally and in our professional practice. Guided imagery sometimes uses the metaphor of floating down the stream and then out into the ocean – is the ocean death?

Peter discussed using metaphors for the journey through life to death and the challenges faced including personal, familial and professional that can arise at EOL. Peter gave the reminder to seek out resources for ourselves as therapists; peer support, networks, supervision, Schwartz rounds and suggested the idea of stacking resources to create synergy.

Peter shared a thoughtful quote from Rothschild, 'Empathy is the glue which joins all the parts of the therapeutic relationship together' before encouraging the group to engage in a practical exercise: waking the lung meridian followed by Peter's Pandiculation (self-care technique) which was thoroughly enjoyed by all.

Ann Carter

The HEARTS Process – Combining Touch and Relaxation Skills

Ann posed a series of thought provoking questions: How can you help people at EOL? What can be done with the minimum of physical effort on the part of both giver & receiver? What is the focus of attention for engaging the parasympathetic nervous system to release oxytocin, endorphins, serotonin and reduce cortisol. What can we do to maximise the uses of the senses to create a resourceful therapeutic experience? How can we assist the receiver to engage with the experience, to create helpful memories/use their imagination, as well as to let go/park intrusive thoughts?

HEARTS is a therapeutic approach which is a subtle blend of sensory components and processes. **H**ands-on, **E**mpathy, **A**romas, **R**elaxation, **T**extures, **S**ound.

The aim of HEARTS is to easily enable patients to achieve relaxation, or at least a rapid state of calm. Ann discussed the 'Library of Strokes': The stroke-down, finger brushing, adapted palming, therapeutic holding and breeze strokes. These are skilfully used alongside the sound of the human voice (auditory sense), touch (kinaesthetic), aromas (olfactory), and evoked aromatic memories.

In being empathic the therapist seeks to understand the patient's distress from the individual's experiences. Ann demonstrated how empathy can be offered with our hands by working with the patients using textures in a resourceful way.

HEARTS could help with creating resourceful and memorable moments, assisting carers with resilience in adjusting to bereavement and loss. Ann shared a poignant quote, 'At the end of the day People will forget what you said. People will forget what you did, but, people will never forget how you made them feel', Maya Angelou (2014).

James Armstrong

Communication at the End of Life

Jim recounted some of his experiences during his time as Chaplain at Northern Ireland Hospice and touched on the differences we all face in life, and the challenges and questions we pose at the end. He talked about the different ways in which people show others that they care, and how showing love for one another (maybe family, friends or those we meet in our roles) can impact us all. Jim shared the poem, 'Seventh Friend' by cancer survivor Linda Mae Richardson, which is a reminder that showing we are present and have care for another is sometimes all that is needed for that person to feel seen. Jim's wealth of experience gave a great insight into the importance of communicating with our patients and each other, and the impact this can have on those around us.

Kallika Bruce

End of Life Care: Yoga and Mindfulness. An interactive Workshop

Kallika talked about the origins of yoga and the encompassing 8 limbs of the traditional practice. Adaptations and considerations needed for offering yoga sessions towards end of life and the basis for incorporating adapted yoga into clinical settings were discussed. The group were then encouraged to take part in a short adapted seated yoga session, where participants were able to experience a varied selection of movements to help relaxation and were guided through a mindfulness exercise which instilled a sense of calm and grounding. This was an eagerly anticipated practical element of the session and brought a thoroughly enjoyable day to a close.