

# THE LINK

— NEWSLETTER —



Issue 50

Summer 2017



- Soul Midwives • Lymphoedema, Acupuncture, Moxibustion •
- Where are all the men? • NACTHPC Conference 2017 •
- Our Committee • Poetry • 'M' Technique® Trainers •

# from the editor

Dear Reader,

NACTHPC had a troubled start to the year, as you know and it was unclear if the association would be able to continue. But after an emergency meeting and the confirmation of new committee members it was decided to continue with the association, as it is a much needed source of support, advice and information for those of us who work in this specialised field of Hospices and palliative care.

Everyone on the new committee is settling into their new roles and finding their way around supporting you; the members. Thank you for your continued patience and support as we settle in. The new members will introduce themselves in this issue of *The Link*. Remember, this association is focused on its members and we need your input: if there are any areas we can help with or you can see improvements to be made, please contact us. If you come across interesting research, articles or fancy writing one yourself then please send it into the editor to share with others.

There are a few memberships that still need to be renewed, unit and individuals, so please check your membership is up to date. We would like to take this opportunity to invite you to read about our conference this year, [http://www.nacthpc.org.uk/annual\\_conference.html](http://www.nacthpc.org.uk/annual_conference.html) and support us in attending it in October. This year's title is "**Resilience; Bend, Break or Bounce back: Adapting when faced with Challenges**" a super line up of speakers specialised in this field to provide us with information and an insight, broadening our knowledge in this area. It will be a great chance to network with fellow colleagues from hospices all over the UK. We the committee look forward to meeting you soon.

*Julie Guest – Treasurer*

**Please send all contributions to NACTHPC either by post or by e-mail:**

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## YOUR LINK NEEDS YOU!

**The Link is YOUR newsletter and I need YOUR contributions!**

If you can provide an insight into your therapy; or would like to write an article on complementary therapy; or report on events that have happened in your region; an experience you would like to share or send in some poetry then I need to hear from you.

Please send all contributions to NACTHPC either by post or by e-mail

THANK YOU

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## Letter from the Chair

I would like to extend a warm welcome to all NACTHPC members. I hope you enjoy this 50th edition of *The Link* and apologise for the delay in publication. I would also like to extend a warm welcome and thanks to the new committee members who came forward to enable NACTHPC to continue. There are still a few roles vacant on the committee and we would welcome members to come forward to join us.

Again what we do and its benefits have been highlighted with the recent Charity Commission in England and Wales enquiry into complementary therapy. NACTHPC Committee have agreed to support the FHT response to this, please see related article in this edition.

Resilience is important to all of us in our work and daily lives, so please accept our invitation to join us at Conference on 4th October 2017. We have four very interesting speakers willing to share their knowledge and skills with us and I know it will be a very informative day, The AGM and conference will also give you the opportunity to meet with us, our new committee members and network with other therapists. Keep up all the good work that you do and let us know of any research or articles of interest that we can share with our Members in *The Link*. I look forward to meeting with you all.

*Michele Gordon, Chair*

## West Midlands Regional Group

### Summary of meeting held 22nd March 2017 at St Richards Hospice.

The West Midlands NACTHPC group met Wednesday March 22nd at St Richard's Hospice. There had not been a meeting of this group for over a year. Moo introduced herself as the new West Midlands Coordinator.

There were 12 present, representing 7 hospices in the area. We took time to introduce ourselves and explain a little about our respective places of work. Two other hospices did reply to the initial invitation but were not able to send anyone this time. They asked to be kept informed though of developments and hope to attend another time. There were some people who did not respond and Moo will follow these up. Maybe email addresses were not correct.

It was agreed that for one person to take minutes of the meeting made it difficult for that person to take an active part in the proceedings and made a lot of work for them. Each person will make their own notes. Moo will make general notes and circulate them via email along with a write up of the meeting for *The Link*.

**High on the priority for discussion was the future of NACTHPC.** We were all very relieved to have received the NACTHPC Committee announcement email telling us that they had been able

to form a new committee. We felt it important that we continue with the discussion regarding what our expectations were, what we would like to see happen and how can we help to secure a future for the association. It was felt that the area group meetings were very important to the success of NACTHPC. More people could realistically get to these, making meetings accessible to a wider group of therapists. Perhaps the association could make more use of these groups? The committee could put questions to members via these meetings for a response, may be via a short report form to be filled out after each meeting. [Yes I know I am making more work for myself and others, but if it is a way we can support the committee, then don't we need to do it?] WE thought that the crux was about members taking responsibility for the association.

Within our group we decided that we need to make the effort too, and felt that three meetings per year, taking it in turns to host, would be the answer. At first we will meet for the whole day, but may be reduce it to half a day in the future. We agreed the emphasis is to be on **sharing best practice** and the host should not feel they have to arrange for outside speakers, who are costly and take time to organise.

One volunteer later fed back that for volunteers to give up the time to come we will need to make the meetings of interest to them. Sitting through a discussion about the problems coordinators face is not. Looking back through records of meeting a few years ago I found a suggestion that for a part of the meeting coords. and vols separate for ½ hr. and have their own discussions so may be this might be a way forward? I leave this for discussion at our next meeting.

Moo had put a loose programme together. We managed to go over the allotted time in the introductions! (**Suggestion** – to ask each hospice/work place to put together a profile that the others can have so as not to take time up at subsequent meetings with this interesting information.)

### Discussion topics :

**Should Therapists be Wearing Gloves** when working with patients receiving Chemotherapy?

Beverley Horton from the Myton Hospices introduced this subject. There is now evidence that suggests certain chemotherapy drugs are secreted through the skin. The evidence is not clear. The Association of Reflexologists had recently said that it was not necessary. Moo will question the AoR on this in light of further research. Beverley suggested that we share the research and perhaps this is an area for NACTHPC to consider.

Create a library of research. One member informed us that the Velindra course for Complementary Therapists advocates the wearing of gloves. Moo has contacted Angela Green. Here is her reply:

*We do wear gloves if we are treating someone during chemotherapy and for 3 days afterwards as a precautionary measure. I know that some centres are moving away from the wearing of gloves and this is the case at the Christie, but I am not sure if they give treatments*

during chemotherapy or not. They wrote a recent article on this subject so worth looking that up.

*There is a low risk but people do excrete the drugs through their skin, so we advise gloves as we can be in the units with chemotherapy patients all day. I do not anticipate changing our policy at the moment. Angela Green, Clinical Lead Complementary Therapy, Velindre Cancer Centre.*

Consensus of the meeting was that we have a duty of care to our therapists and they should be made aware of the possibilities of chemotherapy being secreted by the patient they are working on and given the option of wearing gloves. We will keep each other informed of any new information on the topic.

The difficulties faced attracting new volunteer therapists – We had a long session on the difficulties of attracting new volunteer therapists. All hospices represented at the meeting seem to be having similar problems with volunteering numbers declining rapidly. We shared ideas of how and where to advertise, e.g. local newspaper, local radio, therapy centres, social media, stands at different venues/ events, engagement officer giving presentations in the hospice area.

Consensus was that supporting our therapists with good training was vital and an important element if we are to encourage them to stay. If we take on volunteer therapists who have just qualified then additional training and induction time is necessary. We all felt we had to guard against people who see volunteering as a way of gaining experience and then leaving. We all ask for a commitment explaining that there is a cost involved to the hospice in their training.

Moo had organised too much for the programme so *Adapting your therapies to suit the needs of the patient* was held over the next meeting.

Bev Horton from Myton Hospices offered to host the next meeting for some time in June.

Liz Pollock offered to host the third meeting some time in September/October.



## Soul Midwives

**The chances are that if you're involved in palliative care you'll have come across Soul Midwives by now.**

We are a group of therapists combining holistic techniques and spiritual support for the dying, working alongside medical teams within hospices and hospitals and care homes and also within the community, if families are planning a home death for a loved one.

Our holistic work involves using simple, non-invasive, gentle therapies such as soothing touch, meditation, working with sound, creative visualisations, essential oils and breathing techniques.

And our spiritual work addresses the psycho-spiritual needs of the dying person, focusing on deep listening, mindfulness and companionship.

We are completely non-denominational and work with the beliefs/ ideas and needs of the of the dying person.

Soul Midwives began developing over 20 years ago through an involvement with six young women who were dying with breast cancer. I was a medical journalist and spent a great deal of time with them and had many deep conversations about how it was to be dying, the effect it had on those around them, their own deep feelings, reflections and fears.

None of them knew each other but their experiences were very similar. They spoke of isolation, losing their identity, lack of touch other than for treatments, and of being a part of a disempowering medical process.

All I could do was listen deeply, be present, hold their hand, rub a sore shoulder, offer lavender oil, from the depths of my handbag to help them relax, and be as calm and un-fazed as I could be.

My work from journalist to soul midwife happened quite organically. After being invited to be there at the deaths of three of these women and then volunteering at our local hospice where I sat with anyone who was dying and had no family, I began to see that bringing kindness, time and human touch to the bedside was powerful medicine.

Staff noticed a difference in patients who I sat with. They appeared calmer, more serene, more at peace... the hospice staff were intrigued by what I did and asked me to run a workshop for staff to show what I was doing.

None of this was rocket science... All my ideas centered around old fashioned tender loving care. I was doing more hands-on work than the other volunteers and spending more time individually with patients, building a rapport of trust.

I intuitively offered simple touch, re-assurance, listening, soothing, kindness, tuning into the dying person on a deep and



*A class of soulmidwives at Felicity's soul midwives school*

authentic level as if they were the only important person in the world while I was with them.

I used to think what if this was my mother, or my child in this bed ... I think it was the depth of connection and time I was able to give that made the difference .

In modern palliative care we are great with bodies, good with minds, but un-easy when it comes to the soul. Meeting someone at the very depths of their being is a powerful and sacred space to share. a soul midwife develops a deep trust and connection which makes a huge difference to the dying person ...

Dying is an intimate and sacred process. It is best done in it's own time, in a tranquil and peaceful way and should at best be a final honouring of a life well lived .

Over time, more hospices asked me to train staff, I have written three books on my ideas and techniques, I campaign for awareness of holistic care, and now 20 years on I have trained over 600 soul midwives. I run a small school in Dorset dedicated to teaching high quality Soul Midwifery skills and other end-of-life associated courses.

This year I was awarded The National Council For Palliative Care End of Life Care Champion 2017 titles. Soul Midwifery has now

entered a new and exciting era with recognition from the UK's top clinicians and policy makers.

We receive many requests for help from families and also receive referrals from GP's and consultants who know of our work and out free referral service.

Being a Soul Midwife is an exciting and enriching vocation and we are all extremely passionate about helping people to achieve a peaceful death in whatever care setting.

For more information please see: [www.soulmidwives.co.uk](http://www.soulmidwives.co.uk)

***Felicity Warner*** is the founder of *Soul Midwives* a pioneering movement in modern holistic palliative care. She runs the Soul Midwives School in Dorset and has trained over 600 Soul Midwives who work in Hospices, care homes, hospitals and the community and is the author of *A Safe Journey Home* and *The Soul Midwives Handbook*.



*This year she was honoured for her work by the National Council for Palliative Care and made End of Life Care Champion of the year 2017*

# Empowerment, control and acceptance: lymphoedema patients' perceptions of acupuncture and moxibustion

Beverley de Valois PhD LicAc FBAC

## Introduction

Acupuncture and moxibustion (acu/moxa) can improve wellbeing and quality of life for cancer survivors with lymphoedema. This is reported in a recently published open access paper "*The monkey on your shoulder*": A qualitative study of lymphoedema patients' attitudes to and experiences of acupuncture and moxibustion" (available at <http://dx.doi.org/10.1155/2016/4298420>).<sup>1</sup>

This presents the results of focus group research nested in a 3-step mixed-methods observational study carried out at the Lynda Jackson Macmillan Centre, a cancer information and support centre associated with the Mount Vernon Cancer Centre in Northwood, Middlesex.<sup>2</sup> It was funded by the National Institute of Health Research (Grant Reference Number PB-PG-0407-10086). This qualitative work explored how people with lymphoedema secondary to cancer treatment perceived and experienced acu/moxa treatment.

## Background

Lymphoedema, chronic swelling of any part of the body, is a frequent consequence of cancer treatment that has significant impact on health-related quality of life. Currently incurable, its management requires significant commitment to daily self-care on the part of the patient in addition to specialist care.<sup>3</sup> Treatment should include multidisciplinary approaches to address the complex physical, psychological and psychosocial problems that are associated with this chronic condition in people with multiple comorbidities.<sup>4</sup>

Acupuncture is a form of traditional East Asian medicine (TEAM) that uses the insertion of fine needles to stimulate points on the body known as acupuncture points. It is valued for symptom control and improved coping by people with chronic disease, including cancer.<sup>5-6</sup> Although less well known and researched in the West, moxibustion (the use of heat to stimulate acupuncture points) was used in the first study to report using TEAM in the management of lymphoedema.<sup>7</sup>

Our overall study investigated the feasibility of using acu/moxa to promote wellbeing and improve quality of life for breast and head and neck cancer survivors with cancer treatment-related secondary lymphoedema. It involved 23 survivors of breast (n= 17) or head and neck (n=6) cancer who had received up to 13 acu/moxa treatments. The author, who was the Principle Investigator and also an acupuncturist in the clinical study, worked with a team that included a qualitative researcher from the Peninsula Medical School at the University of Exeter.

## Disempowerment, disablement, disfigurement

For focus group participants, developing lymphoedema was "adding insult to injury", coming on top of cancer diagnosis.

Disempowering, disfiguring and distressing, participants described a range of physical and psychosocial consequences that seriously impacted their quality of life. Although it is unusual to use acu/moxa in the treatment of lymphoedema, many of the participants had reached a stage where they felt it was worth trying anything that might help, although fear of needles was a concern. (It should be noted that this study took a very conservative approach to needling, avoiding the affected arm and associated torso quadrant in breast cancer participants to avoid any possible risk of infection or exacerbating the lymphoedema itself.)

## Valuing a whole person approach

Overall, participants expressed gratitude for the cancer treatment received in the NHS. However, they felt conventional medical treatment focussed solely on the disease. They contrasted this approach with that of the acupuncturists, whom they perceived to have a "whole person" approach. In particular, they appreciated the individualised treatments that were tailored to their needs. They also valued time spent with a practitioner who cared, listened to, and responded to their needs. Participants tolerated acupuncture needling well and found the sessions to be very relaxing. Not all received treatment using moxibustion and there were mixed responses. Some enjoyed it immensely and found it very relaxing, while others were ambivalent and preferred acupuncture.

Participants in the six focus groups described many physical and psychological changes. These included increased energy and reduced troublesome symptoms such as sleep problems and musculoskeletal pain. Although it was not an aim of the study to treat the lymphoedema itself, participants reported changes in lymphoedema-related symptoms including reduced pain, increased mobility, and perceived reduction in swelling. Many reported feeling more relaxed, less anxious, and more motivated.

## Empowerment, control, and acceptance

The emergent themes indicate a transition from disempowerment, disablement and disfigurement to feelings of empowerment, control and acceptance. Many participants felt that acu/moxa treatment had changed their lives; they perceived it to have a substantial and positive impact on their well-being that enabled them to feel in control of their lives.

Acu/moxa could also act as a catalyst to generate the motivation to participate more fully in self-care, necessary in the management of a chronic condition like lymphoedema. This could mean making the commitment to lose weight, to do daily exercises, or to set boundaries.

## Implications for research and practice

Building on these findings, the authors propose a model of acu/moxa as a process for long-term healthcare. They suggest that acu/moxa treatment has the potential to reduce troublesome

symptoms and increase energy, which in turn increases motivation and improves self-care, leading to possible improvements in long-term health and well-being.

More research is needed to explore the potential of the proposed model. In the meantime, acupuncturists and their patients might broaden their expectations of acupuncture treatment, seeing it as a process that enables transformation and improvement in overall wellbeing, rather than a magic bullet targeted at a specific symptom.<sup>8</sup>

This is the first qualitative study to explore lymphoedema patients' perceptions of acu/moxa treatment. Furthermore, rather than focus on a single symptom (usually reduction in swelling in lymphoedema studies), it addresses overall wellbeing of people with lymphoedema. It also includes head and neck cancer survivors, an under-researched group.

### Conclusion

This study suggests that acu/moxa has potential to benefit some people with cancer-related upper body lymphoedema who present with a number of symptoms related to, and in addition to, lymphoedema. Participants valued acu/moxa treatment; many reported that it facilitated a transformation from the disempowerment of cancer diagnosis and the consequences of treatment to feeling empowered and in control of their lives. One breast cancer survivor described it thus:

*“The biggest thing that it’s done for me is to put me back in balance... it [lymphoedema] doesn’t let you forget the cancer I think, because it’s a physical reminder of the fact that at one point in your life you were so very vulnerable. So it’s a bit like a monkey sitting on your shoulder, most of the time he’s on your shoulder but every now and then he comes and slaps you in the face. I just feel I can slap him back now, you know.” (003 BC)*

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### Beverley de Valois PhD LicAc FBAC

Since 2000, Beverley has held the post of Research Acupuncturist at the Lynda Jackson Macmillan Centre, Mount Vernon Cancer Centre. She has conducted exploratory research into several areas of cancer survivorship; her PhD thesis investigated the use of acupuncture to manage tamoxifen-related hot flushes in women with early breast cancer. She is currently investigating the use of self-administered moxibustion to improve outcomes of chemotherapy patients, funded by the British Acupuncture Council. A licensed acupuncturist since 1999, she practises privately at her clinic, the Women’s Clinic @ Uxbridge. She is a Fellow of the British Acupuncture Council, an Honorary Research Fellow at the University of Bristol, and vice-chair of the British Lymphology Society (BLS) Research and Scientific Committee.

# Where are all the men?

**In this modern age of sexual equality and equal rights, why are men so noticeable by their absence in providing complementary therapies in a hospice environment?**

I am a male therapist and have been providing complementary therapies in two hospices ( Myton Hospice and Marie Curie West Midlands ) for over 5 years. So far I have stumbled across only two other men mirroring my efforts and of those one has dropped out and the other moved sideways to work within a children's hospice. I have to applaud the latter as I personally would find this very difficult after 10 years working with SANDS (*Still Born and Neonatal Death Society*).

Surely there must be many male therapists working in Spas and private practice offering more rigorous treatments to the sporting world and others, and supposedly that would not exclude them from adapting their techniques to suit a hospice patient or their relatives in need? It may be simply lack of awareness of what good they could do and the associated satisfaction of seeing the patient's reaction to a well delivered hands on/off treatment that we all know so well.

I discovered the opportunity to work in a hospice purely by accident. Spending the last 25 years running my own very busy commercial business I found some of my relaxation in attending 'Hippy Summer Camps' which satisfies my varied beliefs and was my introduction to complementary therapies. Like most of the population at 58 years old I had never received a treatment of any kind before and was surprised at how much I had enjoyed an Indian Head massage.

On thanking my therapist she replied, "No, thank you for letting me do it." I thought this a strange response but on returning to my wife I clumsily attempted to show her what I had received. As soon as I started I immediately knew what the therapist had meant – and was hooked.

Running a business was a full time job so I had no time for college and therefore I had to learn my trade though online sources with friends and family as free of charge practice clients for many months. Although I had never intended to start a business with paying clients I wanted to learn more and was fuelled with enthusiasm. I decided to sit my Anatomy & Physiology which I crammed in to three hours a night to pass then and booked an external practical exam to gain my massage certification via *The Guild of Holistic Therapists*.

This was where I received my introduction, purely by chance.

The examiner asked if I had ever considered hospice work as she worked at Myton Hospice in Coventry and they were looking for therapists. I had never considered this as *you don't know what you don't know* and I certainly had no idea that this was an opportunity.

I went along and was welcomed with open arms despite my inexperience. This was a pivotal moment in my life and I have continued my training to now include *Myton Butterfly, Hydrotherm, Amethyst Massage* for Cancer Sufferers, *Aromatherapy, Usui* and *Karuna Reiki* Master levels.

The rest is history, I have been providing treatments every week ever since and am amazed that even with over 1,000 treatments under my belt I am still the relative new boy when I see colleagues who have 10 or 20 years service in front of me. Utterly fantastic people who I can only ever hope to emulate.

It may be my lack of formal training that denied me the knowledge of working in a hospice environment but if that was so that would not excuse all the traditionally trained male therapists who should be better informed from not coming forward? I would hate to think that it was lack of compassion.

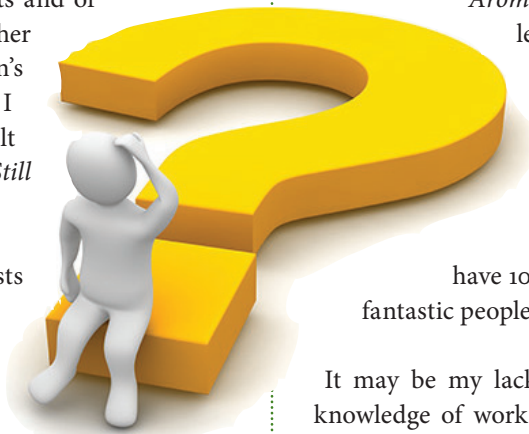
As a volunteer in the evenings my access to hospice routines is limited but almost all of the people I have met in the hospice world have been female, from top to bottom which is a sad reflection on us men. There is no excuse for lack of time, in my case because I was running a business I have had to work evenings and have been pleased to do so, there are plenty of opportunities if you want them.

I don't think that the absence of men is unique to hospices, my work with SANDS was again led by females and even the 'Hippy Summer Camps' I attend are dominated by female influence.

Personally I don't think that this female domination is a bad thing. As a retired employer I can now openly admit that I would prefer to take on a female employee over a male candidate at almost every interview. Without wishing to sound patronising, in general I have found women to be more tenacious, capable and loyal than most men I have employed.

Where are all the male therapists to prove me wrong?! The lack of men in hospices is just a personal observation and not a criticism – I am sure there are plenty out there that I haven't met but I cannot feel that a bit more enthusiasm from my gender might balance the effort that the ladies commit to so readily.

RALPH BROWN  
*Complementary Therapist,  
Marie Curie West Midlands*





# New Committee Profiles

## **Teresa Barr, Regional Groups Lead**

I retired 5 years ago after almost 40 years working in the Health Service in Northern Ireland. I qualified as a nurse in 1974 and practised in Fractures and Orthopaedics and was a Ward Sister in an Accident and Emergency Department before becoming a Clinical Teacher and then a Nurse Tutor. I finished my career as the Assistant Head of an organisation which provided In-Service and Continuing Education to Nurses and Midwives throughout Northern Ireland.

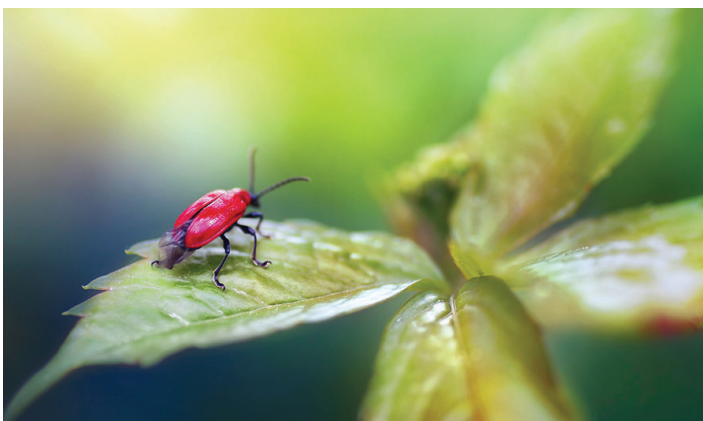
I have been working as a volunteer therapist in the Northern Ireland Hospice in Belfast for the past 4½ years. I offer reflexology and Indian Head Massage to patients and relatives in the Day Hospice and In-patient unit.

I have attended a number of the NACTHPC regional meetings and have found them both interesting and informative and a great way to meet and network with other therapists. I look forward to serving on the National Committee and meeting fellow therapists.

## **Julie Guest, Treasurer**

My role on the committee is treasurer and my name is Julie Guest, hello. I qualified as a complementary therapist in 2011 after doing a two year “Health and Complementary Therapies” Foundation degree in Gloucester. In my late teens I trained as a beauty therapist and worked at a salon in Wollaston, near Stourbridge, West Midlands. Here I always enjoyed the massage side, so when I needed to change direction in life complementary therapies was the natural choice. I trained in aromatherapy, holistic massage and reflexology. Since then I have gained qualifications in Reiki 1 & 2 and trained to do RLD (reflexology lymphatic drainage).

I have been a volunteer complementary therapist at The Primrose Hospice, in Bromsgrove, Worcestershire for the last 6 years, after doing my course placement there. I also assist with assessments for therapies when required. The hospice setting can be challenging at times but it is one of the most rewarding places to work. Along side this I have my own business providing therapies, being a single mom to two teenagers and various other hobbies to keep me busy ( I do manage to slot in Tai Chi one evening).



# Northern Ireland Regional Group



*Ben Cromb, Northern Ireland*

The Northern Ireland Regional Group meeting was held on 7th March 2017. The venue was the beautiful Cancer Fund for Children, Daisy Lodge facility at the foot of the Mourne Mountains in Newcastle, County Down. Daisy Lodge is a purpose built 5 star therapeutic centre for families affected by cancer.

Twenty therapists from various parts of Northern Ireland came together and enjoyed an excellent and informative talk on Life Coaching by Dave McMurray, which gave us all something to think about and discuss. Following a beautiful vegetarian mindful lunch and networking, and before leaving, we were able to have a tour of this wonderful place, which is now able to offer short breaks to families where the mum or dad has been diagnosed with cancer and they have children under the age of 24 which allows a lot of our patients to enjoy and make lasting memories together.

A great day was had by all. We would like to thank Patsy and all the staff at Daisy Lodge for facilitating the day and making us feel so welcome. The next Northern Ireland Regional meeting will be at Northern Ireland Hospice in November, details to follow.

*Teresa Barr*



NACTHPC Conference 2017, Woodbrooke Quaker Study Centre  
1046 Bristol Road, Selly Oak, Birmingham B29 6LJ

## **Programme: Wednesday 4th October 2017**

### Resilience

#### Bend, Break or Bounce back

#### Adapting when faced with Challenges

**9.00 Coffee and Registration**

**9.30 2017 Annual General Meeting**

**10.00 Resilience and Reflective Listening Skills**

**Brenda Dinsdale**

*Brenda's background is in counselling. She is involved with the Sudanese women's group and is in the process of collecting their stories for a book. She was co-ordinator of a charity for children affected by the Chernobyl disaster and was the Keynote Speaker at the 2017 Holocaust Memorial event in North Tyneside.*

**11.00 Coffee and Networking**

**11.30 Mindfulness in Practice**

**Helen Cotter**

*Helen is the spiritual Leader at John Taylor Hospice, Birmingham, a BACP accredited counsellor, has been practising Buddhist meditation for over 20 years and exploring how to apply mindfulness to life in all aspects. Helen's talk will focus on how mindfulness can support our emotional resilience and include tips for introducing mindfulness to patients and families.*

**12.30 Lunch**

**13.45 Soul Midwifery**

**Jude Meryl**

*Jude has been a practising Soul Midwife since she trained in 2013, and set up the online Soul Midwives shop shortly afterwards. Jude will share with us how to support friends and loved ones at their end of life.*

**14.45 Grief Recovery**

**Carole Henderson**

*Carole has over 3 decades of leadership and speaking experience, 6 years as Founder and Managing Director of Grief Recovery in the UK. Carole will share with us the importance of correct language and allowing people to be heard. The Grief Recovery Institute is the only organisation in the world solely dedicated to the topic of grief in all its forms.*

**15.45 Closing remarks**

# Application for NACTHPC Conference

Wednesday 4th October 2017

Woodbrooke Quaker Study Centre

(Please complete a separate form for each person attending)

Name: ..... Membership No: .....

Email: .....

*All correspondence will be by email unless requested otherwise*

Hospice/Unit: .....

Job Title: .....

Address for communication: .....  
.....

Postcode: ..... Telephone No: .....

Any specific requirement? E.g. diet, access: .....

.....  
.....

**Conference fee (members) ..... £ 80**      *Please circle one as appropriate*

**Conference fee (non-members) ..... £ 100**

Please complete and return this form with a **cheque made payable to NACTHPC** to:

NACTHPC, PO Box 17271, Bromsgrove, B60 9LG

*Payment may be made directly to our bank account, please email for bank details and/or invoice.*

**Email: [nacthpctreasurer@hotmail.co.uk](mailto:nacthpctreasurer@hotmail.co.uk)**

**Bed and Breakfast Accommodation** on Tuesday 3rd October is available at Woodbrooke and should be booked directly quoting NACTHPC with them Tel: +44 0121 472 5171

Single room ensuite ..... £55      Twin room ensuite ..... £75

Dinner will be available on Tuesday evening payable on the night at Woodbrooke.

**Other queries to: [nacthpc@hotmail.com](mailto:nacthpc@hotmail.com) Tel: 0783 091 4845**

**Cancellations after 25th September 2017 cannot be refunded.**

## 'M' Technique® Trainers

**Congratulations to the four newly qualified 'M' Technique® Trainers at St Giles hospice, in Sutton Coldfield.**

The 'M' Technique® is a registered method of gentle, structured touch suitable for the very fragile or actively dying, or when the giver is not trained in massage. It works on skin receptors that send signals to the brain, producing a meditative state of mind, and a feeling of deep relaxation, and has been described as physical hypnotherapy. It differs from conventional massage. Less pressure is used, it is more gentle and rhythmic, and is suitable even for the most fragile of people. Simple and quick to learn, the 'M' Technique® is profoundly relaxing to both giver and receiver.

The new 'M' Technique® Trainers are Julie Nicholas, Joanne Brammer, Karen Taft and Shearrie Edwards. They are now qualified to teach the 'M' Technique® Hand & Foot course within their hospice, to staff volunteers and carers.

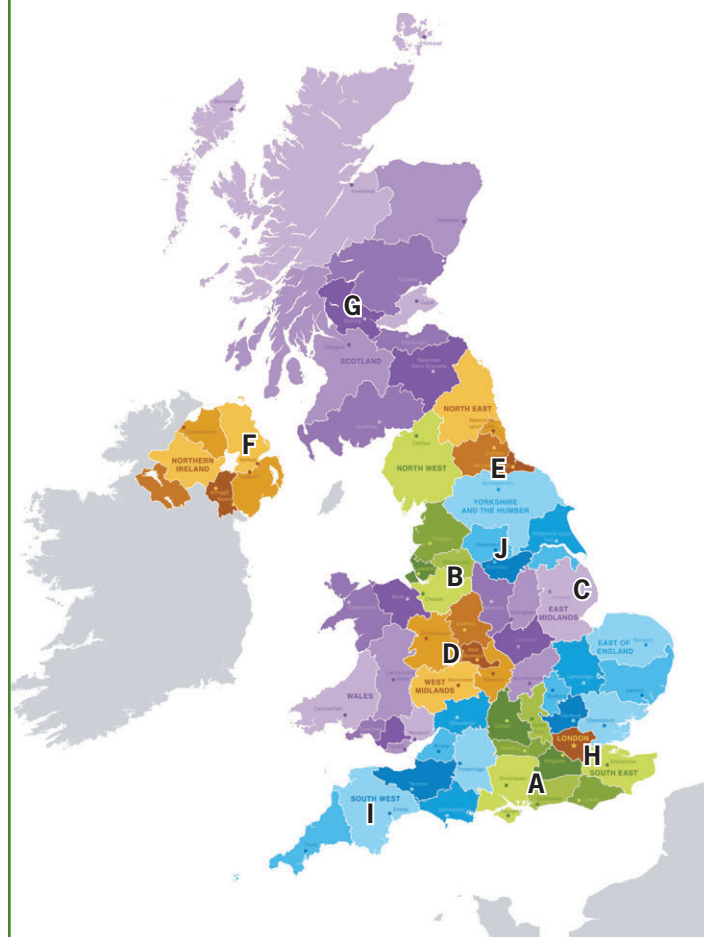
*For more information regarding 'M' Technique® courses in the UK, please contact Philippa Hunter ('M' Technique® Secretary, UK) directly at [pharomao1@sky.com](mailto:pharomao1@sky.com) or go to [www.rjbuckle.com](http://www.rjbuckle.com)*



*'M' Technique® Instructor Loretto Cattell with the new team of 'M' Technique Trainers at St Giles Hospice, Sutton Coldfield.*



Map of NACTHPC Regional Groups



# NACTHPC New Executive Committee

Name	Committee Role(s)	Contact Details
Michele Gordon	Chair	nacthpcchair@hotmail.co.uk
Helen Murphy	Vice Chair	nacthpcchair@hotmail.co.uk
Julie Guest	Treasurer	nacthpc treasurer@hotmail.co.uk
Sue Holland	Secretary	nacthpc@hotmail.co.uk
Jo Dorling	Editor, The Link	nacthpceditor@hotmail.co.uk
Angela Green	National Guidelines Lead	nacthpcguidelines@hotmail.co.uk
Awaiting appointment	Communications Lead	nacthpccomms@hotmail.co.uk
Teresa Barr	Regional Groups Lead & Unit Lead	nacthpcregionalgroups@hotmail.co.uk
Helen Murphy	Membership Administrator	nacthpcmembership@hotmail.co.uk
Michele Gordon	Conference Co-ordinator	nacthpcconference@hotmail.co.uk
Awaiting appointment	Conference Assistance	nacthpcconference@hotmail.co.uk

## NACTHPC Regional Groups

Group	Contact	Email & Telephone	Address
<b>A</b> Central Southern England	Hannah Holmes	hannah.holmes@stwh.co.uk 01243 775302	St Wilfred's Hospice Grosvenor Road Chichester PO19 8PF
<b>B</b> North West	Pauline Burdsall	pauline_burdsall@stlukes-hospice.co.uk	St. Luke's Hospice Cheshire
<b>C</b> Lincolnshire	Sarah Holmes	sarah.holmes@stbarnabashospice.co.uk 01522 518 209	St Barnabas Lincolnshire Hospice, Hawthorn Road, Lincoln LN2 4QX
<b>D</b> Midlands	Moo Barrie	therapies@strichards.org.uk	
<b>E</b> North East	Glynis Finnigan	glynisfinnigan@butterwick.org.uk 01642 607 742	Butterwick Hospice Care Stockton on Tees TS19 8XN
<b>F</b> Northern Ireland	Michele Gordon	michele.gordon@nihospicecare.com 0783 091 4845	Northern Ireland Hospice Belfast BT36 6WB
<b>G</b> Scottish	Jen Wood	jwood@stcolumbashospice.org.uk	St. Columba's Hospice Edinburgh
<b>H</b> South Eastern	Martyn Yates	martynathome46@yahoo.co.uk	
<b>I</b> South West	Awaiting appointment		
<b>J</b> Yorkshire	Heather Dawn Fields	heatherdawn.mail@googlemail.com 07931 222414	Traditional Therapy and Training, Pontefract West Yorkshire,



## More than enough

The first lily of June opens its red mouth.  
All over the sand road where we walk  
multiflora rose climbs trees cascading  
white or pink blossoms, simple, intense  
the scene drifting like colored mist.

The arrowhead is spreading its creamy  
clumps of flower and the blackberries  
are blooming in the thickets. Season of  
joy for the bee. The green will never  
again be so green, so purely and lushly

new, grass lifting its wheaty seedheads  
into the wind. Rich fresh wine  
of June, we stagger into you smeared  
with pollen, overcome as the turtle  
laying her eggs in roadside sand. Before the song is over.

*by Marge Piercy*

## At Noon

The thick-walled room's cave-darkness,  
cool in summer, soothes by saying,  
This is the truth, not the taut  
cicada-strummed daylight.  
Rest here, out of the flame —  
the thick air's stirred by the fan's four  
slow-moving spoons; under the house the stone  
has its feet in deep water.  
Outside, even the sun god, dressed in this life  
as a lizard, abruptly rises on stiff legs  
and descends blasé toward the shadows.

*by Reginald Gibbons*

## “THE LINK” NOTICE BOARD

Please note that while the Association is pleased to include details of courses, forums and events in The Link newsletter it is unable to accept responsibility for the quality or the content of these courses.

The charges below only apply to courses and events etc. that are profit making. Any courses, events etc. which are free and of benefit to members will be advertised with no charge.

To place an advert on the Notice Board in an edition of 'The Link' send details of your forthcoming event to NACTHPC [nacthpceditor@hotmail.co.uk](mailto:nacthpceditor@hotmail.co.uk)

**Members Rates (per issue): ¼ Page: free • ½ Page: £15 • Full page £30**

**Non-Members Rates (per issue): ¼ Page: £25 • ½ Page: £35 • Full page £55**

Cheques should be made payable to NACTHPC

(Rates include advertising in The Link, NACTHPC website and social media pages)

## Call for New Committee Members

Your association needs your help and expertise! There are still a few vacancies for new committee members to help us develop the NACTHPC

This is open to all team leaders, co-ordinators and volunteers

Please pass this message onto any of your team who do not have access to email

For more information please email [nacthpcchair@hotmail.com](mailto:nacthpcchair@hotmail.com)

