National Association of Complementary Therapists in Hospice & Palliative Care

THE LINK

NEWSLETTER

ISSUE 52

Spring – Summer 2018

Qi Gong • Nada Protocols for Hot Flushes • Sam Buxton's Sunflower Healing Trust

FROM THE EDITOR...

Welcome to the Spring/ Summer edition of The Link.

Spring and summer being the time of growth and renewal seemed the perfect time to launch the new look Link. In this edition you will find the following new segments: Case Studies, Therapies in the Hospice and A Therapists Perspective. These segments will also appear in subsequent editions, along with other new segments including a section dedicated to working with children.

The Kingfisher on the cover is the artwork of Joanne Cockburn, HCA at The Hazel Centre, Countess Mountbatten Hospice. This along with some of Jo's other art adorns the wall in the Centre so I felt it was a very apt cover image. I hope to feature a piece of artwork or photography on the cover of every edition so if one of your staff, patients or volunteers has artistic talents please have them submit their work for consideration.

I'm very keen to see The Link develop into a substantial resource and interesting read so please forward any case studies or research, details of any adapted therapies you may incorporate in your services, stand alone articles along with photos, artwork, poetry or interesting anecdotes. Also I'd love to hear your ideas for columns, articles or anything else that you would like to see included in The Link.

Kallika Bruce
Editor

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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

INSIDE THIS ISSUE...

WWW.NACTHPC.ORG.UK

WE ARE NOW ON FACEBOOK!

SIGN UP AT:
COMPTHERAPY@GROUPS.FACEBOOK.COM

Cover Image:

"The Kingfisher " adorns the walls of The Hazel Centre, Countess Mountbatten Hospice, Southampton. It is the work of Joanne Cockburn, HCA and artist. Her work can be viewed at http://www.artbyjo.co.uk/

LETTER FROM THE CHAIR

I would like to extend a very warm welcome to you all. I hope you have been able to relax and enjoy the recent lovely weather and I hope you enjoy this summer edition of The Link.

Michelle Trappett is our newest committee member. I would like to thank her for agreeing to undertake the role of Communications Liaison to include the Website and IT. Michelle works as a Nurse and Complementary Therapist at Acorns Children's Hospice in West Midlands and has agreed to look at gathering information, up to date research etc for a Children's complementary section within the updated National Guidelines.

As you are all aware the Guidelines date back to 2003, the Committee have been working to look at updating the Guidelines. We have sent out invites to some of those who contributed to the original Guidelines and a number of respected experts in their fields have agreed to assist with the update. We are aware that there is a wealth of information within the membership and if anyone would like to assist with the update please contact Angela or Helen with a short biography to include why you feel that you are an expert in your area of therapy. We are applying for funding and actively seeking a professional editor and someone to format the final draft. The Committee will continue to work over the summer. Our hope would be that this work will be completed and that the new updated National Guidelines will be available in 2019.

Our next committee meeting will be at the end of September when we hope to collate all the information and updates for the Guidelines and to plan for our next Conference which will be in March 2019. If anyone has any suggestions as to a theme or topics, please get in contact with myself or Kallika.

Again we have been listening to you. One of our members suggested a name change to replace "Hospice" with "Supportive Care". We will be asking members to vote at the AGM next year on whether they agree to a name change and are hoping that members will suggest a more catchy and memorable name. The committee will shortlist any suggestions and a vote will be taken by members at the AGM.

I would like to thank Moo Barry and Julie for arranging and coordinating the very successful Leads Day in May. An update of the day will be made available as soon as possible on the Members Section of the website and in the Autumn edition of The Link.

Please remember to keep in contact and let us know what you are all doing so that we can share your knowledge and skills within the membership.

Best Wishes

Michele Gordon

NEWS

Welcome and a big thanks to our new Volunteer, Brian Trappett. Brian will be looking after the website and web related matters.

Potential Name Change

A member has put forward that we change the Associations name. It was felt that the current name isn't reflective of all the members, as some offer "supportive care" not "palliative or hospice care". It was also suggested that a more inclusive name might attract a wider membership. The committee agrees with this suggestion. There will be a member's vote on this issue at the AGM with more details about the process to follow in the next edition of The Link.

Leads Day

This years annual Co-ordinators and Leads Day was held at Primrose Hospice., Bromsgrove and coordinated by Moo Barrie. The main speaker of the day was Mark Squire Lead Chemotherapy Nurse, Worcester Acute HNS Hospitals. Mark's in-depth and informative presentation on Chemotherapy and Immunology was invaluable learning and sparked lots of interesting discussions. The afternoon session was a discussion of topics brought to the table by members and the day ended with a Hospice tour. Thanks Ann Goddard & Julie Guest for all your work on the day.

Attendees of Leads and Coordinators Day

REGIONAL SUPPORT UPDATE

Scottish Regional Group News

Good News! The recently reconvened Scottish Regional Group (SRG) met at Kilbryde Hospice, South Lanarkshire on 21st May 2018, chaired by SRG co-ordinator Janice Allan. Thanks to all who attended and made it such a successful morning, attendees were a mixture of members and non-members who we hope will be inspired to join.

There was a vast wealth of experience within the group and it became apparent that there was a positive energy and excitement of what could be gained from the interaction and sharing of ideas and work practices across the region.

Following the presentation to the group of the published case study carried out by Kilbryde Hospice therapists Janice Allan and Louise Gray: Aromatherapy interventions for a fungating breast tumour. Interesting conversation followed around methods of managing various conditions and the need for further research and information sharing.
Those present were asked to suggest frequency, duration and content of future SRG meetings and it is hoped that the location of future meetings will be dispersed throughout Scotland to facilitate attendance from a wider geography.

Anyone else interested in joining the SRG please contact Janice Allan: Janice.allan@kilbrydehospice.org.uk

Midlands Regional Group News

On Monday 26th February 2018 seventeen staff and volunteer members attended the regional meeting held at Great Oaks, Dean Forest Hospice and chaired by MRG Coordinator Moo Barrie. The day was smoothly coordinated and facilitated by Lisa Pollock, CT Co-ordinator and her team.

The day started with a short mindfulness session and was followed by a discussion about the break down of staffing and volunteer therapists in the various hospices.We then moved to the main topic of the day, adapting our therapies to suit the needs of the palliative patient. This session included discussion, scenarios and the sharing of best practice.

During the afternoon session 'how is the wellbeing of C T staff ensured?' we discussed various models and shared our own experiences. Based on this discussion we came up with The Quote of the day: "We should fit our own oxygen masks before tending to anyone else!"

We ended the day with a short Chi Gong session led by Gerry, demonstrating how the exercises may be adapted for patients in chairs, followed by a tour of the hospice and grounds.

North West News

Pauline Burdsall is standing down as Regional Support Group Coordinator and applications are now open for the position. Please contact Regional Group Liason, Teresa Barr for more information or to express your interest for the position.

Scottish Regional Group

NACTHPC NEW EXECUTIVE COMMITTEE

Name	Committee Role(s)	Contact Details
Michele Gordon	Chair, Minutes Secretary	nacthpcchair@hotmail.co.uk
Awaiting appointment	Vice Chair	nacthpcchair@hotmail.co.uk
Julie Guest	Treasurer	nacthpctreasurer@hotmail.co.uk
Sue Holland	Secretary	nacthpc@hotmail.co.uk
Kallika Bruce	Editor, The Link	nacthpceditor@hotmail.co.uk
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Helen Murphy	National Guidelines Assistant	nacthpccomms@hotmail.co.uk
Michelle Trappett	Communications Lead	nacthpccomms@hotmail.co.uk
Teresa Barr	Regional Group Liaison	nacthpcregionalgroups@hotmail.co.uk
Julie Guest	Membership Administrator	nacthpcmembership@hotmail.co.uk
Michele Gordon	Conference Co-Ordinator	nacthpcconference@hotmail.co.uk
Kallika Bruce	Conference Assistance	nacthpcconference@hotmail.co.uk

NACTHPC REGIONAL GROUPS

Group	Contact	Email & Telephone	Address
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B North West	Awaiting appointment		
C Lincolnshire	Sarah Holmes	sarah.holmes@stbarnabashospice.co.uk 01522 518 209	St Barnanas Lincolnshire Hospice, Hawthorn Road Lincoln, LN2 4QX
D Midlands	Moo Barrie	therapies@strichards.org.uk	St Richard's Hospice, Worcester, WR2 2QT
E North East	Amanda Kirton	amandakirton@butterwick.org.uk 01642 607 742	Butterwick Hospice Care Stockton on Tees TS19 8XN
F Northern Ireland	Michele Gordon	michele.gordon@butterwick.org.uk 0783 091 4845	Northern Ireland Hospice Belfast BT15 3LH
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H South Eastern	Martyn Yates	martynathome46@yahoo.co.uk	
I South West	Angela Green	angela.green@wales.nhs.uk	
J Yorkshire	Julia Moore	juliamoore@suerydercare.com	Wheatfileds Hospice, Leeds

THE 'M' TECHNIQUE®

Do you need to touch the critically ill or fragile?

Touch is one of the most basic forms of communication, yet many of us are afraid to touch those who need it most. The 'M' Technique® is a method of structured touch. It is simple to learn and the Practitioner course can be taken in a weekend. We also deliver a 4 hour Hand & Foot course for hospices and hospitals. The 'M' Technique® has been found to be particularly useful for the very fragile, or when massage is not appropriate.

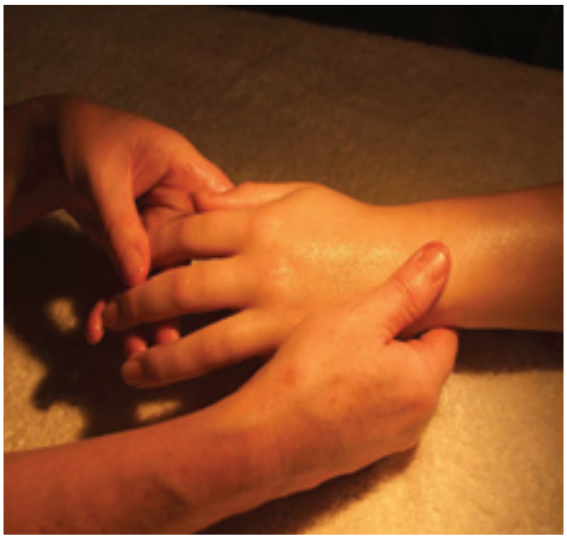
The skills and content taught on the course are suitable for anyone in the health professions, complementary therapists, and for anyone who is caring for someone with an advanced or chronic illness

'M' Technique® Practitioner courses are held regularly in the UK. To find one in your area, or to enquire about the 'M' Technique®Hand & Foot course for your hospice or hospital, please contact

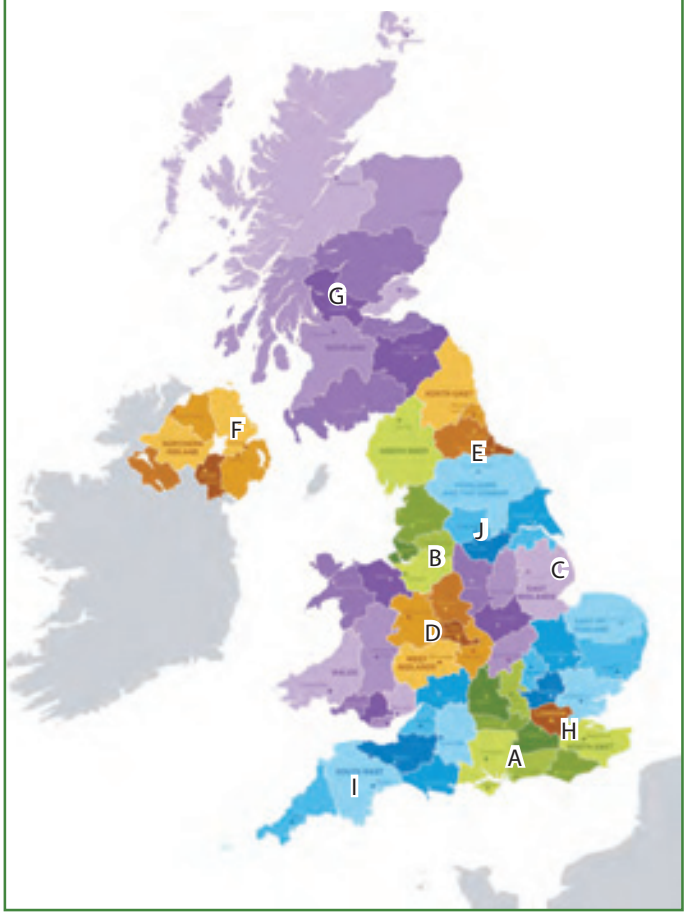
Philippa Hunter, 'M' Technique® Secretary UK. Tel: 01453 763103
email pharoma01@sky.com or go to www.mtechniquecourses.co.uk

The 'M' Technique® is accredited by IFPA (International Federation of Professional Aromatherapists), FHT(Federation of Holistic Therapists) and CThA (Complementary Therapists Association) for CPD credits and is insured by Balens Ltd.

For further information regarding the 'M' Technique®
go to: www.rjbuckle.com



Map of NACTHPC Regional Groups



INTRODUCING THE NEW EXECUTIVE COMMITTEE MEMBER MICHELLE TRAPPETT.

" Hello, my name is Michelle Trappett, I have six children, and my husband and I can often be seen treading the boards of our local amateur dramatic society when we get a night out. However, in my spare time I am a staff nurse and Complementary Therapist at Acorns Children's Hospice in the West Midlands. I have worked in the health care sector since 1994 and qualified as a Registered Nurse for Child Branch in 2001. During this time, I have worked in a wide range of clinical settings from Stroke rehabilitation, brain injury and surgery, to complex care in the community, school nursing and my current role as a paediatric palliative care nurse. Whilst working in all these different areas, I have always used massage therapy as part of my nursing care, and since qualifying as a complementary therapist in 2007, I have used many of the therapies within the hospice such as Massage, Reflexology, Aromatherapy, Indian Head Massage, Child & Baby Massage, Lymphatic massage, Deep tissue massage, Pregnancy massage Colour and Crystal Therapy and Reiki with children, their siblings, parents and carers to help with symptom management, comfort, pre and post bereavement work and for a fun sensory experience. I am also a therapy trainer, and have been privileged to train parents, carers, Hospice care staff and therapists to deliver complementary therapies to children and families.

Like many therapists, I have developed a passion for therapies and promote its use whenever possible. I have also taken to learning more therapies and adapted them to use within my working area. This has lead to me being invited to Turkey to an international care conference to talk about how Therapies can be used within Children's palliative care.

I strongly believe that Complementary Therapy has a huge role to play in improving the delivery of care and well-being when used in conjunction with modern medicine for all patients, not just those in palliative settings. I look forward to the day that this practice becomes common place in our hospitals, clinics and daily lives."

ROWCROFT HOSPICE

Rowcroft Hospice CT team offer services on the inpatient unit, in the outpatients centre and in the community. This busy team of 4 therapists and 10 volunteers offer a range of therapies including massage, aromatherapy, reflexology, Reiki, Bowen Technique, relaxation sessions & Mindfulness groups to patients, carers, bereaved people and staff. They are actively seeking volunteers to join the team

The CT team from left to right Sue, Hilda, Liz, Juli

DATES FOR THE DIARY

Regional Meeting for Central Southern England

Date: Monday 9th July
Time: 10am 3pm
Venue: St Michaels Hospice Basingstoke

Contact Charlotte McDowell, Regional Group Coordinator on email: cmcdowell@nhs.net

The next Midland Regional Group will be held hosted by Angela Baxter, Loros, Leicestershire but the date has yet to be confirmed. If any member in the Midlands area would like to attend please email Moo Barrie on therapies@strichards.org.uk

Countess Mountbatten Hospice Charity
02380 475313
www.cmhcharity.org.uk

COMPLEMENTARY THERAPIST (VOLUNTEER)

Countess Mountbatten Hospice is expanding our Complementary Therapy service and seeking practitioners to deliver Reflexology, Massage, Aromatherapy or Reiki across our 27 bed inpatient unit, Hazel Centre (day care) and home hospice.

We offer:

- A dedicated Complementary Therapy Coordinator
- Ongoing support, mentoring and in house training/supervision
- Experience working within a multi disciplinary team

For an initial discussion please contact Kallika Bruce - Complementary Therapy Coordinator kallika@cmhcharity.org.uk or phone 07434 357403

BOOKS AND RESOURCES

PANCREATIC CANCER AND END OF LIFE CARE: INFORMATION FOR PEOPLE IN THE LAST FEW MONTHS, WEEKS AND DAYS OF LIFE

Pancreatic cancer and end of life care: Information for people in the last few months, weeks and days of life. Has been produced by Pancreatic Cancer UK.

Emily Morgan, Senior Information Manager says "We have developed this after hearing from health professionals and people previously bereaved that patients had struggled to find the right tailored information specifically about end of life issues related to pancreatic cancer. The booklet is for people with pancreatic cancer and their families, and aims to close this information gap.

We want to promote the booklet as widely as possible to professionals working in palliative and supportive care, to ensure that it reaches people with pancreatic cancer in the last few months of life and their families.

The booklet includes information about the symptoms people with pancreatic cancer may get towards the end of their life and how to manage these. There is also information about how to access the care and support they might need, dealing with the emotional impact of dying from pancreatic cancer, complementary therapies that can help, and specific information for family members.

As with all our health information, the new booklet is based on the latest evidence and reviewed by health professionals to ensure it is accurate and reflects practice. We have also worked closely with people affected by pancreatic cancer to ensure that it meets their needs and is easy to understand. We are accredited by the Information Standard as providers of trustworthy health and care information."

The booklet is available to download and order for free at pancreaticcancer.org.uk/hppublications.

We're on the look out for reviewers. Have you read a book, seen a documentary or used another resource that would be of benefit to others. If so we would love to hear from you, please email nacthpceditor@hotmail.co.uk

FOUNTAIN CENTRE NADA SERVICE FOR CANCER TREATMENT RELATED HOT FLUSHES

As more people are living with and beyond breast and prostate cancer, they often have to deal with distressing effects of their treatment. Increasingly people are looking for non-pharmacological alternatives to help treat these symptoms. Research has been published that shows auricular acupuncture (NADA) can successfully reduce hot flushes, one of the side effects of cancer hormone treatment. The NADA protocol (National Acupuncture Detoxification Association) was originally developed to treat substance misuse. It involves inserting tiny needles into the person's ear at specific points while they remain fully clothed and seated. One of the great benefits of NADA is that it can be given in groups of up to four people in any one hour session. This is an important consideration for us at the Fountain Centre as acupuncture is our most popular complementary therapy to help reduce cancer related symptoms. This means that sometimes people have to wait two weeks to get an appointment, and the appointments can be sporadic, making it difficult for us to properly treat a condition.

All Fountain Centre acupuncturists are NADA trained and since November 2016, we have run eleven NADA clinics for 38 women and 16 men. Each clinic runs once a week for eight weeks. We always add on an extra 'week nine' to ensure that if people have missed a week, they still get the full NADA course. We also took the decision early on that as long as the acupuncturists follow our Fountain Centre NADA protocol (we have added in an extra point on the ear that focuses on heat release), they are free to run the clinic in the way they wish. Whilst some acupuncturists follow the protocol and are happy with this, others add in breathing exercises or Qi Gong at the beginning, and/or place needles in other points as they see fit for the patient/s they are treating.

To establish whether NADA would be a worthwhile service for us to run, we audited most of these clinics. Despite the eight week commitment, only four women and two men (one because of illness) have so far not completed the clinic. The findings also show that for the majority of people, NADA significantly reduced their hot flushes. For example, one of the evaluation measures we used was the Hot Flush Problem Rating Scale. This asks the number of hot flushes people have per week and how problematic they find them. For both the women and men, the number of hot flushes significantly decreased by the end of the clinics (for women they decreased by 60% at night and 35% in the day; for men this was 38% both night and day). In line with this, how problematic they viewed their hot flushes (out of a possible score of 10) more than halved (52% for the ladies from 6.9 to 3.3, and 54% for the men with a reduction from 5.32 to 2.42).

However, perhaps the most important and heartening finding was feedback we received on how much of a support the clinics had been. At the Fountain Centre, we often witness the bonding that occurs amongst many of the people attending NADA. However it has been through talking with attendees via focus groups that we have come to understand just how important the clinics are in terms of helping people emotionally. More specifically, women report that coming to the clinic enables them to: 1) take positive action with likeminded people ('It's about trying to make sure your life goes on after cancer, and coming to this group, to do something for yourself, is something you can do'; 2) get comfort and support ('coming here has been good, absolutely… When you come here and everybody is in the same situation or worse, it makes you realise you are not alone'); and 3) receive and share ('It's just been nice to be able to share things in a place where you know you are not going to be judged'). Men discuss how NADA clinics enable: 1) social support ('It was almost a social gathering as well. Because everyone is going through the same problems so you can chat about different things'); 2) information sharing ('it's really good to have a group like this that can bounce ideas and comments off each other'); and 3) humour to their situation ('With a group of people like this you can talk with humour, it's like a medicine. In conjunction with the other things that go on, it's one of the things that make you better').

Our NADA clinics have been a great success both from a treatment perspective and also from the emotional support it offers our patients. Even for the few people where hot flushes were not felt to have been reduced, they still came to the clinic every week as they enjoyed the social interaction so much.

Our NADA clinics enable us to offer a consistent and worthwhile service to people over an extended period of time. The fact that four or five patients can be seen at any one time frees up acupuncture slots to treat other cancer related symptoms. As a result of our positive findings, hot flush NADA clinics have become part of the Fountain Centre's overall service provision. We are now looking at developing after NADA drop in sessions. This is so people who have completed a course of NADA can have somewhere to 'top up' if they feel their hot flushes are returning in frequency and/or severity, or they simply want some emotional support from people who understand.

Charlotte MacDowell, Cancer Support Service Lead, The Fountain Centre , St Luke's Cancer Centre

QI GONG IN A HOSPICE SETTING

Qi gong sometimes written as Chi Kung in its native tongue is interpreted as " Energy work or working with energy " and this is quite a recent interpretation. In the past in China this was a closed door practice, it's influence especially from Daoist tradition, practice and philosophy. Qi gong is now more popular, widespread and accessible and is part of Chinese medicine and practice. Qi gong would be prescribed like medicine and physiotherapy to an individual.

Hi my name is Gerry and I've always been interested in eastern thought and practice which started out in the 1970s with martial arts and it was from this point I discovered Chi practice to enhance your universal energy in Japanese this would be known as Ki and in Indian as Prana, the closest interpretation in the west would be termed spirit or soul and that is what a practitioner would be cultivating.

Going back to the theme of martial arts there are two styles of practice there is hard style martial arts like karate, Tae kwan Do which are more physical and possibly more easier to learn hence very much used by young folk. And then there is soft style martial art like aikido and Tai chi Chi Chuan (did you notice Ki and Chi within the names?) hence softer and lighter but longer practice to master
(ideal for the more nature person).

Just going back to Tai Chi

This has differences yet similarities to Qi gong practice and they generally come as a package. The major difference is that Tai Chi is a set of moves put together in a designated martial art package but in a slower flowing performance.

Qi gong is soft, gentle and flowing except the moves are performed with more repetition, also focusing on breath and incorporating some meditation techniques.

And now we would like to share with you our journey of Qi gong here at Great Oaks Hospice here in the Forest of Dean. Originally a day care group followed by an out patient group and presently we do two day groups and and two outpatient groups the first one has been going since 2010 and the newer group has been going six months.

The day care group work is in the hospice lounge incorporating modified sitting Qi gong combined with some EFT tapping techniques this because we have palliative patients in these sessions. The outpatients group consists of patients in remission, possibly bereaved and some being carers. We also encourage some staff and volunteers to take part and is part of the organisations commitment to their wellbeing.

There will be a follow up article on our journey and how we are monitoring our service and hopefully showing how a hospice can benefit from group work.velis eture nonsectur as

Gerry Crossman, Therapist and Facilitator, Great Oaks Hospice

Above: Lifting the ball, Below: Adaptation of Lifting the Ball

Are you working with an interesting or adapted therapy that you can write about? Contribution of approximately 500 – 750 words are ideal. Email nacthpceditor@hotmail.co.uk

SAM BUXTON SUNFLOWER HEALING TRUST

"If there is one wish I could make for anyone at the end of their life, it is to feel this wonderful sense of peace when receiving Reiki..." – Staff Nurse at Eden Valley Hospice

Having just completed my two year post as Reiki Therapist, pump funded by Sam Buxton Sunflower Healing Trust this is the perfect time to reflect on the incredible experiences and learnings I've gained during my time at Eden Valley Hospice and Jigsaw – Cumbria's Children's Hospice in Carlisle, Cumbria.

What a journey – from the initial presentations to 4 hospices in the county, way back in 2013 to going through the interview process and thankfully being offered the post in May 2015. I started with enthusiasm, passion for bringing Reiki into the palliative setting, wide arms and an open heart – as I knew this was going to be a challenging and rewarding experience.

Having qualified as a Reiki Master Teacher in 2003, I was confident with my therapy, and I had been privileged to work with many clients experiencing life-limiting conditions, including cancer while I worked in private practice. Nevertheless I was very aware that stepping into a hospice for adults, children and young adults to support all patients as well as their carers was certainly a "step up" in terms of the skills, professionally and personally, required.

My post involved working 2 days a week, offering Reiki sessions to primarily patients and carers, as well as staff and volunteers. I was based within the team of the Day Hospice, reporting to the Sister – working across all units. The Adult Unit, Day Hospice, Outpatients and Jigsaw – the only children's hospice in the county.

Eden Valley Hospice is one of 4 hospices in the county, providing palliative care for people in North Cumbria and Southern Scotland. The Adult Unit provides 12 beds, for patients needing to come in for symptom control, respite as well as end of life care. Our Day Hospice, provides care for people living in the community 4 days a week – with 15 patients coming each of those days. With the team of Cancer Nurse Specialists and Palliative Consultants also based at the hospice, we support any outpatients coming in for therapy sessions and medical appointments.

Jigsaw, the Children's hospice – provides care for seriously ill children and young adults with life limiting conditions across the whole of Cumbria. With 4 beds, children attend overnight and day visits – for respite and ongoing support as well as end of life care when required.

So with such demands, I can safely say, I was never at a loose end. From the very start, I aimed to encourage as many staff members and volunteers to experience Reiki as possible. It was important that the patient facing staff were informed and ideally had a personal experience of how it felt to receive Reiki, so they could explain to the patients and their families what this "Reiki Mallarky" was all about. I was delighted that so many were keen to receive the therapy and soon became the marketing team, encouraging patients to try it and singing its praises regularly.

One of the most important skills to gain, along with resilience and ablity to "hold space" in many emotionally intense times, is to use the correct and appropriate language with whoever you're discussing the therapy with. When I attended the "Healing in Hospitals and Hospices" course run by Angie Buxton King and Graham King, they reinforced the power of "bridging language" being the difference between opening the door to an opportunity to take Reiki into a statutory setting or having the door slammed firmly shut. Having experienced 2 years of working with nurses, GPs and clinicians, as well as patients and carers, I can wholeheartedly agree. Being able to explain your therapy clearly, with language and supportive evidence for whoever you are communicating with, is so important. It was the single most crucial key to ensuring as many people said "yes" when offered Reiki, which meant that it was available to as many patients by the bedside as possible and became established as a fundamental part of the care offered across both hospices.

Another challenge for a therapist in this setting is managing your own energies and adapting quickly and effectively between sessions. An example would be a usual day, where I may start working with a young child, who is non-verbal and a wheelchair user – experiencing Reiki in the sensory room, along with a lively and supportive Activities Coordinator. Much laughter and joy was shared. Immediately after that I may be called to support a family as their loved one reaches the end of their life. Then the following session may be for an outpatient attending for bereavement support. All sessions require a different tone, energy level and approach, while they each receive the Reiki session tailored specifically to their needs. At the same time, self care and managing my own energies throughout remain important too. It is this variety, flexibility and opportunity to provide support and relief in so many ways using Reiki that I love so dearly.

Continued

There are so many wonderful and heart touching moments I've been so lucky to experience over the 2 years in post.

In the Adult Unit, I've been so privileged to share those precious and intimate moments as patients approach end of life. I have been so touched that the patients and their families welcome you in, when no one knows how much time they have left, because they know what a sense of peace and relaxation can be offered giving Reiki at that time.

In Jigsaw, I'm called the "Reiki Lady" and thankfully have been involved in a whole range of events. As well as one to one sessions with patients and their families – Reiki has been included in Family Support Days, Mum's Pamper evenings, Dad's quiz nights plus group Reiki and meditation sessions for the young patients and their siblings. Along with the rest of the Day Hospice staff, I've dressed as Mother Christmas in December and in my "out of hours" I've worn crazy wigs for fundraising days, ran colour runs and even abseiled off a 10 storey building to raise awareness and funds.

Quantitative and qualitative research of how Reiki was received by patients and carers was gathered over the two years, which supported the proposal to further develop the Complementary Therapy service across all units. I was delighted to be considered and offered the post of Complementary Therapy Coordinator – receiving much appreciated continued funding from Sam Buxton Sunflower Healing Trust. This role started in June, with the aim to develop and implement a robust and sustainable Complementary therapy

service, including a volunteer team of professional therapists offering Reiki, Massage, Reflexology, Aromatherapy, Mindfulness and possibly Acupuncture and Shiatsu.

I am extremely grateful to Angie, Graham, the trustees and all the supporters of the Trust who continue to back the project financially as well as with guidance, advice and ongoing support. Their funding has allowed Reiki to be introduced, integrated and become fully accepted within the overall care of all patients and their families involved with the hospice.

I'll leave you with some spontaneous comments offered by patients after they'd received Reiki – I feel these speak volumes.

"That felt magical, like I was taken to another place – I never thought I could feel so relaxed and peaceful ever again"

"The warmth was so soothing, I feel like I can breathe without pain for the first time in ages"

"I know I'll sleep like a baby when I've had Reiki, I wish I could take you home with me"

"Peace, calm and a sense that all is ok – those are the gifts this session has given me, thank you"

Angie's second book, "Onwards and Upwards" recently published and available at http://www.cancertherapies.org.uk/shop/16 follows on from her first book "The NHS Healer" – explaining the journey, challenges, rewards and progress the trust has made ensuring Reiki is available free at the bedside

Nicky Forbes - Complementary Therapy Coordinator, Eden Valley Hospice & Jigsaw, Cumbria's Children's Hospice,

Contributions welcome from staff and volunteers welcome (500 – 750 words) email nacthpceditor@hotmail.co.uk

The Complementary Therapy Awards 2018 are now open to enter. These awards are devised by Chamberlain Dunn in association with the Federation of Holistic Therapists and will highlight innovation, best practice and success in complementary therapies. They will demonstrate how complementary therapists are successfully working alongside or supporting statutory regulated health and care professionals to enhance patient-centred care and improve treatment outcomes. The media partner for the Awards is UK Health Radio and Health Triangle Magazine.

The awards are open to all complementary therapists working as individuals, or in teams where complementary therapists play a leading role.

The Award categories are:

- **The Award for prevention and self-care**
- **The Award for cancer care**
- **The Award for palliative care**
- **The FHT Award for complementary therapy research**
- **The Award for mental health and well-being**
- **The Award for pain management, injury prevention and rehabilitation**
- **The Award for furthering integrated healthcare**
- **Overall winner – complementary therapist or team of the year**

The closing date for entries is **17.00 Monday 3 September** but it's never too soon to start preparing your entry. **If you apply by 2 July your entry will be free. After that up to and including 3 September entries will cost £45.**

To find out what the judges are looking for and how to enter visit the website www.complementarytherapyawards.co.uk and to keep up to date with this new awards programme you can sign up here for updates, follow them on Twitter @CompTherapyAwds or get in touch with organisers Chamberlain Dunn on 020 8334 4500.

COLUMNIST WANTED

Are you an Aromatherapist and a keen writer? The Link is looking for an Aromatherapist to manage a dedicated Aromatherapy column. You can either write the column yourself or manage and collate the articles of others.

If this sounds like something you would like to do, please email nacthpceditor@hotmail.co.uk for more details.

Taken by Ruth Davies, Day Services Coordinator at Mary Stevens Hospice. Ruth says "The rainbow ends right on top of our new building which is due to be completed in September and I thought it must be a lucky sign!!"

A case study that first appeared in The International Journal of Clinical Aromatherapy, 2017, Vol 12, issue 2, Symptom Management in clinical care.

Aromatherapy interventions for a fungating breast tumour: case study

Janice Allan
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Louise Gray
Complementary Therapist

This paper examines the effect of two aromatherapy preparations for reducing malodour caused by a fungating breast tumour. It explores the preparations' impact on tumour odour and appearance as well as general malodour in the patient's home and, by consequence, the patient's improvement in social interactions / quality of life. The paper concludes by highlighting positive outcomes and points for reflection.

Background

In December 2016, a referral was received by our complementary therapy team from the Macmillan and District Nursing Teams for an 86-year-old female patient with a 15cm x 15cm fungating left breast tumour. The referral specifically requested assistance with the management of severe tumour odour and the associated negative impact on the patient's quality of life.

Method

We first conducted desk research to identify effective use of essential oils and appropriate mediums of application (da Costa Santos et al, 2010; Grocott et al, 2013; Gethin et al, 2014; Stringer et al, 2014; Samala & Davis, 2015; Lowe et al, 2016; Thuleau et al, 2016; Maycock et al, 2017). We also consulted the Canadian Virtual Hospice Website.

Our research results highlighted evidence of the effectiveness of essential oils in treating malodour and suggested mediums of direct application to the wound; of these we chose aqueous cream due to its accessibility and approved use in our hospice setting. Both the District Nursing Team and the Tissue Viability Team approved the application of an aromatherapy preparation directly to the tumour site. Our desk research also highlighted the usefulness of airborne diffusion of essential oils; as an additional measure, we therefore decided to use an aroma pot.

Two aromatherapy methods were therefore chosen; the first was for direct application to the tumour site, and one to address the patient's home environment (see Table 1). We decided to make a cream with essential oils that the patient would use at their established daily dressing change. As per our research, we knew that aqueous cream would provide an effective medium for the application of essential oils, as well as preventing the adhesion of the dressing to the wound. Aqueous cream is an accepted medium for use within our hospice. The desired action of the selected oils was principally deodorising and bactericidal. However, secondary benefits from this blend may also contribute the following therapeutic actions: antiphlogistic, anti-inflammatory, analgesic, antiseptic, astringent, haemostatic and vulnerary.

We decided also to make an aroma pot (Figure 1) for use in the person's home environment because the severe tumour odour was present constantly and throughout the home. Even though the patient had no sense of smell it was evident from the reactions of visiting friends and health professionals that they

Table 1. Aromatherapy preparations for fungating tumour malodour

Aromatherapy medium	Essential oils	Method
Aqueous cream for direct application to tumour site. 500mls cream with essential oil added.	75 drops *Melaleuca alternifolia* (tea tree). Steam distilled from leaves. 100 drops *Lavandula angustifolia* (lavender) steam distilled from flowering spikes. 75 drops *Citrus limon* (lemon) expressed from fresh fruit peel.	Cream to be liberally applied on and around the tumour site at each dressing change (1 x daily).
Aroma pot for essential oil diffusion (universal containers with cotton wool inside). Undiluted essential oils: equal parts of each.	*Thymus vulgaris* ct linalool (thyme linalool) steam distilled from aerial parts. *Eucalyptus radiata* (narrow leaf peppermint gum) steam distilled from leaves and twigs. *Citrus limon* (lemon) Citrus limon (lemon) expressed from fresh fruit peel.	10 drops of the essential oil blend added to each aroma pot to be replenished as required.

were experiencing a strong and unpleasant odour. As a result, the patient became distressed and withdrew from social interactions. The essential oils were selected for the aroma pot based on a combination of oils cited in desk research which, following a patient visit, we tested and selected; creating an essential oil blend that was powerful enough to combat the severe tumour odour.

In this instance, the blend of essential oils for the aroma pot was selected primarily for its aromatic/fragrance benefits rather than its direct therapeutic actions. The container we used as an aroma pot was a screw top plastic universal container, this allows cotton wool to be placed inside for addition of essential oils. It also means that the container can be sealed when not in use. In this instance the pot was left open and replenished by the patient as required. This was our first use of an aroma pot; we chose this method as it was simple for the patient to use, we had the appropriate materials to hand and no budget was available for an alternative method. It proved effective for this particular patient's situation.

The patient's existing daily wound sterilisation and dressing regime involved:

- wash with Prontosan saline
- application of Anabact gel (metronidazole) directly to tumour site
- cover tumour site with Adaptic touch dressing
- cover Adaptic touch dressing with large outer dressing.

Figure 1. Aroma pot

For the aromatherapy intervention, the patient was encouraged to sterilise and dress the tumour site daily as previously instructed, but to substitute Anabact gel with the aromatherapy preparation. No other changes to the regime were suggested.

With patient consent, photographs were taken of the tumour site at each visit by the Complementary Therapy team (from 08/12/2016 to 07/02/2017).

Outcomes

The District Nurses in weekly attendance reported a marked reduction in odour – both within patient's home, and from the tumour site itself. The patient herself has no sense of smell and did not report any noticeable benefit apart from describing the aromatherapy cream as *"very comforting."* She was pleased and relieved, however, that visiting friends remarked upon a pleasant aroma within the home from the essential oil blend used.

Photographs taken over the eight and a half week period studied, showed a change in the appearance of the tumour site (Figures 2 & 3).

Figure 2 (prior to the aromatherapy intervention) showed an extremely vascular wound. There is significant redness and vascularisation around the tumour site and extending down patient's left shoulder and left abdomen. There are also small areas of necrotic tissue breaking off at dressing change causing some localised bleeding to occur.

Figure 3 (following the aromatherapy intervention) shows a slight extension to the tumour site beneath the wound. There is visible reduction in erythema around the tumour with significant reduction in vascularisation on the abdomen. The wound itself appeared drier and more compact, with the wound tissue intact and no areas of localised bleeding evident.

Conclusions

Our initial desk research highlighted several methods of fungating wound odour management. The aromatherapy preparations used in this case study proved effective in reducing wound odour. Additional improvements to the wound site, although not directly addressed or sought after, were also achieved. The continued use of aromatherapy preparations, incorporating other suggested methods of wound odour management could offer even greater improvement in quality of life for future cases.

This was our first use of essential oils to treat this type of malodour, and we were pleased with the results of the case study both from the patient's

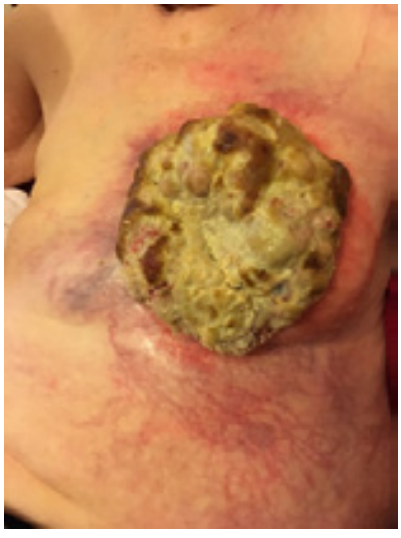

Figure 2. Prior to commencement of aromatherapy intervention

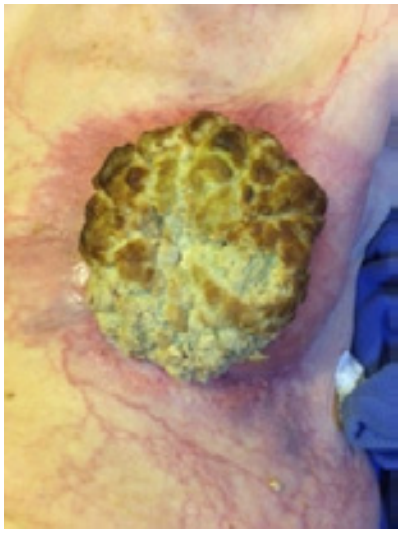

Figure 3. After 8 weeks of aromatherapy intervention

perspective and the feedback from persons visiting the home. This joint collaboration with Macmillan, the District Nursing Team and the Tissue Viability Team proved effective. We were encouraged that we were asked to be involved in this patient's care and that she consented to treatment. It is our hope that further integrated working will come from this.

On reflection, when we initially photographed the patient, she was shown the photograph to reassure her that there were no identifying features visible, thereby ensuring confidentiality. However, this proved briefly upsetting to the patient as her only previous view of the wound was when looking down to change the dressing - this was not something we had anticipated. In future we would protect the patient by only showing them the photograph(s) if expressly requested.

Through the use of both aromatherapy preparations, the patient's wellbeing improved as she witnessed the positive reactions of visitors to her home and she felt less self-conscious.

We expect to have the opportunity to address this issue again in the near future when our in-patient unit opens. We are seeking funding to able to purchase Aroma Stream diffusers as in certain circumstances, this may offer a quicker method of dispersing essential oils in vapour form. However, we will also continue to use aroma pots as inexpensive, effective and readily prepared applications.

Post script

To confirm the patient's consent, we have a document giving consent for the use of photographs, film footage, written articles and testimonies. This document also covers the use in printed material and international websites. The patient was keen that her case study be used to ensure better management of this condition in the future.

Kilbryde Hospice education and research strategy encourages and supports staff to undertake research and are keen to be viewed as a research active hospice. This article will add to our portfolio.

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The Link welcomes contributions of case studies please email nacthpceditor@hotmail.co.uk

BRIDGING THE GAP BETWEEN HOSPITAL AND HOSPICE

"Gemma" was a young patient in her 40's undergoing gruelling chemotherapy treatments over long months. With each chemo treatment she struggled more and more with the common side effects of nausea and vomiting, extreme fatigue, low blood counts etc. Because of the crippling effects, after the first few sessions Gemma would be admitted to hospital for each treatment, staying there trying to recover until the next treatment was due. And so the cycle went on with Gemma spending weeks and eventually months in hospital.

Gemma had a family – a husband and several children and she was no longer able to look after them, or even just to spend quiet time with them as she spent more and more weeks in hospital. Understandably, Gemma became very unhappy; with pain increased she was struggling to sleep and really was at an all-time low.

One of our palliative care consultants, Dr Toria Stevens has links with our local hospital, and she would visit Gemma regularly to assess, review, give medication advice, not to mention support both her patient and the hospital staff who were looking after her. Gemma was poorly, not only struggling with the cancer treatments, but also had a very poor prognosis although she didn't want to acknowledge it. Our consultant knew that Gemma would soon be approaching the end of her life and felt that she would likely have challenging symptoms that would need the specialist care of the hospice. How then to start bridging the gap?

Dr Toria approached me, asking whether we could consider "doing a favour". Could we visit Gemma in the hospital setting and provide her with complementary therapy treatments. Loving a challenge I of course accepted and set up an honorary contract with the hospital so that I could offer Gemma some therapy. I'm pleased to say that she benefited hugely from having reflexology and aromatherapy, and this became a regular thing – usually once a week I would visit, treat, listen and chat. While Gemma was having a good week, we arranged that I would collect her from the hospital and bring her over to the hospice for a therapy. With the aid of our transport department, Gemma had taken her first steps over the hospice threshold – something she never thought she could do. Demons were put to rest, worries allayed and good positive vibes replaced the fear and trepidation. And sadly, it wasn't too long later that Gemma was admitted to the hospice where surrounded by her family she spent her last days and hours.

Dr Toria and I reflected that we had sown a seed which could become our new service. Not only had we offered hospital patients a taste of the holistic care provided at Severn Hospice, but we had created a bridge from hospital to hospice.

So two years ago we made this a regular arrangement. Severn Hospice agreed to fund a complementary therapist one day a week (split across our two local acute hospitals). Results and responses have been overwhelmingly positive. The therapy always has a beneficial result on the patient and very often on their family as well. Nursing staff talk about the positive impact complementary therapies have made on patients. One nurse said to me last week "I've been watching you massage that lady's feet, and although I'm working, I feel so much calmer – mesmerised".

Other patients on wards also benefit from our presence – they enjoy a hint of the aromatherapy oils used. A few weeks ago one lady said "do you know, even though you weren't actually massaging me, just having you in the bay changed the whole atmosphere, everything calmed down".

We receive referrals from the Palliative Care Nurses. Any patient who has a palliative care need can be referred regardless of their diagnosis, although the majority of patients that we have treated have a cancer diagnosis. Other common diagnoses have been respiratory conditions such as COPD and neurological conditions including Motor Neurone Disease. Patients can be on any ward of the hospital from acute surgical and medical admission unit to stroke rehab / orthopaedics and anywhere in between. We go where the need is greatest.

Before we started I thought it would be a real challenge getting to see patients on a busy ward. In fact it has proved relatively simple to move from patient to patient with little hindrance or hold-ups. Very good for job satisfaction!

The most common response from patients is at first surprise. They are genuinely surprised to have such a wonderful opportunity offered to them free of charge. Most patients accept the offer and very often for the first time will experience the comfort of a hand massage; the pleasure of the aromatic oils; the gentleness of a therapist's touch. Some are moved to tears at the pleasure they receive and the sense of calmness which is created on a ward where patients can hardly get a moment's peace. Naturally the therapies are able to

help with symptom management as well, but perhaps this service is special because it's so unexpected. Only this morning, a patient commented "thank you so much – I never expected this to happen - you've made me feel human again".

Continued

Some of the patients we treat are waiting to be transferred to the hospice, and they have questions – "what's the hospice really like?" "will I have my own toilet?" "can my dog visit?" – questions that they don't want to ask a doctor or a consultant. We are able to encourage them, reassure them, and welcome them to the hospice before they have even arrived.

Other patients may be too poorly to transfer to the hospice, or we may not have an available bed when they need our care. These patients in hospital are OUR patients! Many of them would dearly love to be with us in the hospice enjoying the privacy and peacefulness of their own room with a garden view, but in the meantime amidst the noise, hustle and bustle of the busy hospital ward, we can take a little bit of the hospice to THEM.

Sue Williams, Severn Hospice

Do you volunteer at a member hospice?

Then you are automatically entitled to member privileges such as attending training days and regional support groups. If you are not receiving updates or The Link ask your CT Lead or Coordinator to keep forward these to you.

UKULELE BAND

Following a conversation with our Music Therapist Michelle about how much music means to our patients and the fact that I always wanted to learn to play an instrument, she suggested about us forming a Staff Ukulele Band. A poster went up and rehearsals started a week or two later. Nearly a year later our multidisciplinary ukulele band is going strong and bringing much pleasure to our patients and their families.

In November one of our patient's whose favourite time of year is Christmas asked us to play a few Christmas songs. She knew she would not be alive at Christmas. We promised her we would learn a few tunes and play for her the following week. I spoke to her on the Sunday she was really looking forward to hearing us. Unfortunately her condition deteriorated very quickly overnight and we knew we would have to play for her sooner. On the Monday morning her condition had deteriorated further and she was unresponsive. I spoke to her husband and asked would it be ok if we came into the room and very quietly played a Christmas song for her as promised. He agreed but said that during her bed bath that morning she was unresponsive and probably wouldn't be able to respond. We decorated a small Christmas tree and placed it on her bedside table and started playing. Within a few minutes, she opened her eyes, remarked on the beautiful tree and smiled. We played a song, then she asked for another. Her husband and daughter who were present were delighted and also very moved at her response to us. We played another song and then finished with her favourite "You Are My Sunshine". She hugged us all and thanked us. She was able to have a conversation with her family for 30 minutes after we left, then she closed her eyes and slept and died peacefully the next day.

On another occasion one of the patients was in quite a bit of pain and was waiting on analgesia when we called to his room to play for him. We offered to play a tune or two while he waited. He quickly relaxed and joined in singing with us and when the nurses arrived with the pain relief he asked them why they were there, he had completely forgotten about his pain.

Another lady who had dementia and who was finding it hard to communicate as her words were all jumbled up, was able to join in with us and sing every word of every song. Her family were completely amazed. When the family realised this, they often sang together, it was so lovely to be able to give the family instruments such as bells, shaky

eggs and even a drum and to watch and listen as they shared quality family time singing and playing together with us.

One of the patient's and her family enjoyed the Band playing so much that she wrote a poem about us.

The Band have also played at patients Blessing of Rings and Wedding Anniversary blessings. We have our first upcoming gig in August playing at the wedding of one of our nurses. A few of us have also joined the Belfast Uke Jam and so the joy continues outside of work too.

The power of music and the effect it has on our patients and their families never ceases to amaze me and as a Band we also get great therapeutic benefits and rewards from seeing the pleasure that it brings. I would definitely recommend a Ukulele Band in each Hospice.

Michelle Gordon, Nurse Therapist, Northern Ireland Hospice

The Ukulele Band

The people at the hospice
Are full of great ideas,
They have a ukulele band,
A pleasure to your ears!

The sound is so enchanting,
You have to sing along,
Sure everyone has their special tune
And has a favourite song!

We got the chance to sing with them,
It really made our day,
When they played 'Caledonia'
It just blew us away!

They don't realise their talent and
How wonderful they play.
So in the not so distant future
....A CD could be on the way?

NEXT EDITION...

In the next edition of The Link we will be featuring Sound Therapy and Music. If you use music in any way within your hospice I'd love to hear from you. Maybe you run Sound Healing sessions for patients, host concerts or music events, have a Hospice Choir or perhaps you gig as a fundraising exercise. I'm looking for articles, photos, stories and anecdotes.

Please email me with ideas nacthpceditor@hotmail.co.uk

Deadline for Autumn edition of The Link Autumn is:

Friday 17th August

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

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