



Dovetailed support

Nurse therapist Janet Leitch explains how an interdisciplinary approach at Marie Curie Hospice, Belfast, helped an anxious client with pulmonary fibrosis

As well as offering care to patients in their own homes, the Marie Curie Hospice in Belfast offers a range of inpatient and day services to those affected by cancer and other life-limiting conditions in the East Belfast region.

With a background in nursing and working in palliative care, I joined the hospice as a nurse in 2003. At my interview, I mentioned my interest in complementary therapies, as at the time I had completed a course in chiropody and had just started studying reflexology.

The following year I completed a qualification in aromatherapy, after which the ward manager encouraged me to design and put forward a pilot study proposal to the clinical service manager. It was successful, and I was seconded for nine months to develop a complementary therapy service, which began at the hospice in November 2004.

Since then, I have upgraded a number of my therapies and acquired new ones. One young patient in particular, who was hypersensitive to touch, motivated me to learn non-contact therapies, including clinical hypnotherapy. I have also enrolled on a neuro linguistic programming course.

Since becoming a nurse therapist in November 2004, I manage a team of 17 volunteer therapists and give complementary therapy and chiropody treatments to patients in the 18-bed inpatient unit.

I also manage the complementary therapy provision at our satellite units in Newtownards (Co. Down), Lagan Valley Hospital (Co. Antrim), Belfast (Co. Antrim), Downe Hospital (Co. Down) and at the hospice's Breathing Space Clinic.

A space to breathe

The Breathing Space Clinic is a nurse-led, multi-disciplinary clinic within the day therapy unit at the hospice.

The clinic was designed for patients and carers affected by lung cancer or mesothelioma, but has expanded to include patients with advanced, non-malignant respiratory conditions, such as COPD (chronic obstructive pulmonary disease) and pulmonary fibrosis.

The name Breathing Space is intended to reflect the notion of helping patients with physical breathing problems, but also the concept of some time out/space for patients and their carers. The clinic is supported by a specialist, multi-disciplined team (MDT), offering a range of services designed to address the unique and often complex physical, psychological, spiritual and social problems associated with advanced respiratory disease. The complementary therapy service is an integral and valued part of this service.

One of the key aims of the Breathing Space Clinic is to enhance the independence and quality of life of individuals living

with advanced respiratory disease. A secondary aim is to facilitate patients to be appropriately cared for within the community-based setting, especially in the latter stages of their disease.

Patients can be monitored and treated by the MDT on a regular basis, which reassures them that any problems will be identified and dealt with quickly. They also benefit hugely from the support of their peers, the importance of which cannot be emphasised enough. Many of those attending the clinic have expressed feelings of isolation and abandonment following completion of their treatment and the clinic gives them a sense of security and support. The nurse consultant who leads the clinic has a joint post between the hospice and the cancer centre, which also helps by fostering more effective and timely communications.

Patients can be referred to the clinic at any stage of their disease, by any healthcare professional. Most referrals are made via the oncologists, lung cancer nurse specialists or community specialist palliative care teams.

The Breathing Space Clinic service involves:

- A comprehensive, holistic patient assessment and an individual programme of care tailored to suit the needs of each patient.
- A regular review of the patient's condition by the nurse consultant, who has



From left: Janet Leitch; gardens at the hospice; and a reflexologist at work

Case study

Mrs K, a woman with pulmonary fibrosis, came to the Breathing Space Clinic in 2008 for breathlessness management and low mood.

She was a highly anxious individual, whose compromised breathing was worsened by her anxiety.

When Mrs K first attended the clinic, she was assessed by all members of the MDT, including the social worker, whose aim was to identify any psychosocial needs. It was decided that Mrs K would benefit from intervention.

For two consecutive weeks, Mrs K was seen by the social worker. Although she appeared anxious, she was unable to express her concerns, which in turn hindered her progress.

On her third visit, Mrs K had complementary therapy on arrival to the clinic, which was modified reflexology using an aromatherapy blend (Blend No1, see panel on left). The outcome of this treatment was therapeutic, as Mrs K totally relaxed and a change in her breathing was noted by both the patient and nurse therapist.

To maintain the ambience, the social worker was asked to see Mrs K in the treatment room, where she talked about unresolved issues around the death of her father, as well as worries about her family and own health. The social worker viewed this as a breakthrough, however the connection between complementary therapy making Mrs K more physically comfortable and, in turn, psychologically open and expressive had not yet been made.

On her fourth visit, Mrs K was seen by the social worker first and again, was unable to express her concerns or revisit the conversation of the previous week.

On her fifth visit, Mrs K had reflexology using Blend No1 on arrival to the clinic. Once more, her breathing settled and, when she saw the social worker after her treatment, she was able to talk openly about her anxieties and fears.

A discussion between the social worker and nurse therapist highlighted the significant changes complementary therapy had made to Mrs K's physical and psychological well-being. It was decided that Mrs K should receive 30-minute complementary therapy treatments on arrival at the clinic to facilitate her sessions with the social worker. These consisted of breathing exercises and reflexology combined with aromatherapy oils, which – along with the therapeutic relationship – helped to promote well-being and empowerment.

The physiotherapist, occupational therapist and nurse therapist worked together to give Mrs K a strategy to manage her breathlessness, which included providing her with a jar containing Blend No1 to encourage self-care and relaxation at home.

Mrs K attended the clinic for three months and was then discharged as she had no further palliative needs. She left with the offer of being referred back to the Breathing Space Clinic if needed.

Blend No1

Peppermint (*Mentha piperita*) – 0.5%
 Eucalyptus (*Eucalyptus globulus*) – 1%
 Benzoin (*Styrax benzoin*) – 1%
 Carrier: aloe vera cream
 These essential oils are helpful for respiratory tract infections, as their combined actions are calming, cooling, decongestant and expectorant.

considerable experience in the area of lung cancer and close working relationships with oncologists and respiratory physicians.

- Improving the patient's quality of life, by early and effective management of issues such as anxiety, fatigue, breathlessness, and anorexia and cachexia.
- A proactive approach to care, which involves the timely provision of support to patients, helping them remain at home wherever possible, and reducing the risk of inappropriate admissions.
- The empowerment of patients and carers through information, education, support, forward planning, the discussion of difficult 'end of life' issues and similar.
- Peer support.
- Supportive interventions for carers.
- Providing education resources for other professionals.

This is underpinned by a relaxed, informal atmosphere, in which the patients and carers can mingle and share experiences over a cup of tea and a cream cake.

Making a difference

The case study above demonstrates how an interdisciplinary approach between myself and Jacci Smyth, a social worker at the hospice, helped a highly anxious patient attending the Breathing Space Clinic.

It is clear that the patient benefited much more from the dovetailed services offered by the clinic than if one member of the

Benefits Mrs K gained through complementary therapy:

- The creation of a sacred space created for her alone, where she experienced safety and comfort.
- She began to feel at home in her own skin.
- She rediscovered her enjoyment and peace.
- She got back her breath.

Benefits Mrs K gained through social work intervention, dovetailed with complementary therapy:

- She found the breath to tell her story, i.e. multiple losses, particularly the death of her father and various traumatic life events.
- She found equanimity within the environment, helping her explore the

impact these events had on her and her life.

- She was able to identify her inner strength, helping her reflect on the importance of adapting positive coping strategies.
- Finally, she described the experience as having 'opened a door of strength', helping her to deal with the present situation.

With thanks to Jacci Smyth

multi-disciplinary team had worked with her on their own.

As a result of the patient's experience, a stronger working alliance was established between complementary therapy and social work, and this is now being used as a model for good practice within the hospice. Jacci and I also gave a presentation about this case study at the Harrogate Research Conference in October 2009, which generated a great deal of interest from delegates.

As a team, we continue to look for new ways to dovetail the various skills and services we offer at the hospice, for the benefit of our patients and their carers.



Janet Leitch is a nurse therapist at the Marie Curie Hospice, Belfast. She has a background in nursing and has been working in palliative care for more than 20 years. Janet is a qualified

aromatherapist, reflexologist, clinical hypnotherapist and chiroprapist.

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For more information about Marie Curie Hospice Belfast, please visit <http://hospicebelfast.mariecurie.org.uk>