

Reflexology and palliative care

When a person is terminally ill, their body will inevitably reach a point whereby it will no longer respond to 'curative' treatments. It is at this stage that *quality* of life takes precedence over *quantity* of life, and so measures are usually taken to make the individual feel as comfortable as possible, for whatever amount of time they have remaining. In essence, this is what is commonly referred to as 'palliative care'.

It has been estimated that some "70% of cancer/ palliative care units now provide a range of complementary therapies"¹. For this reason, VTCT has a qualification "Level 3 Diploma in Understanding the Healthcare Environment for Providers of Complementary Therapies". This qualification is approved by the Prince of Wales's Foundation for Integrated Health and the Standards Setting Body, Skills for Health. It is also on the National Framework of the Qualifications and Curriculum Authority, and is Government Funded for use in Colleges.

Whilst a number of different complementary therapies can provide some level of comfort, relaxation and stress relief to people who are terminally ill, reflexology is proving to be a particular favourite in the palliative care setting. This is largely because reflexology requires minimal disrobing, and can be performed on the client, regardless of whether they are sitting in a wheelchair in a communal area, or lying in a hospital bed.

In "Enhancing quality of life for people in palliative care settings"¹, Hodkinson and Williams write: "Reflexology can be a valuable supportive treatment in the alleviation of many physical problems and side-effects of treatment, particularly in the relief of pain through the production of endorphins from its relaxation effects. (Grealish et al 2000, Stephenson and Weindrich 2000)". This research paper, and others like it^{2,4}, also suggests that reflexology can help to alleviate: pain; constipation; diarrhoea; poor appetite; nausea; breathing and communication difficulties; fears of the future; tiredness and problems with

sleeping. Interestingly, similar benefits were also reported by those research participants who received a placebo/ simple foot massage instead of a reflexology treatment.

As well as having physical benefits, reflexology is also believed to help clients on an emotional and spiritual level. The majority of people who have a terminal illness will, at some stage, experience one or more of the following: feelings of fear, denial, anxiety, depression, guilt (for placing burden on others); job loss; financial worries; and other. Many will have to undergo disfiguring surgery and treatments that will drastically alter their appearance (e.g. mastectomy, loss of hair). As a result of this, clients may feel disconnected or distanced from their physical selves, particularly if they are only "touched in a very mechanical way, either in the provision of basic care or during uncomfortable procedures"¹. Reflexology can greatly help some people to bridge this 'gap' - particularly as the treatment involves positive and therapeutic touch only, showing the client that the body can still provide pleasure as well as pain¹. Simply having someone neutral to talk to can also be a means of emotional release for the client, and should not be underestimated as a treatment benefit.

However, the therapist does need to consider their own well-being when treating clients who have a terminal illness. Generally speaking, therapists who wish to work with this particular client group need to be experienced, and emotionally, mentally and physically strong. A good understanding of the client's condition, symptoms, the treatments they will undergo (and any treatment side-effects) is vital. Working with a client who is going to die can obviously be very distressing, and it is important "that the therapist does not continually relive failure, guilt or sadness of previous losses"¹. Posture and cross-contamination also need to be taken into consideration, as do any other health and safety policies laid out by the hospital/ hospice (if applicable). Therapists who have a contagious infection, e.g. a cold or 'flu should not treat a client if their

immune system is compromised, e.g. by treatments such as chemotherapy.¹

Good communication with other members of the client's care team is very important, as their general health, mental state and treatments/ medication may change on a regular basis. Liaising with hospital staff and family will also ensure that appointment times do not clash with other treatments, etc.

Even when the client is terminally ill, and the therapist is working closely with medical professionals, permission to treat should still be obtained officially and not 'assumed'. As always, client consent is also of paramount importance, and treatments should not be carried out if the client is not well enough to give consent. (For more information on consent, see the 'References' section at the end of the "Treating Children" article on p5.)

Almost without exception, treatments will need to be modified when working with someone who has a terminal illness. The duration and intensity of the treatment will obviously depend upon the individual, the stage of their illness, the treatments/ medication they are having, and how they feel on the day. Be aware that some illnesses/ medication can result in poor or sensitive skin, or interfere with the client's perception of touch and pressure.

Note: The FHT are running a one day seminar on Reflexology and Palliative Care in December '04. For more information, Tel: 023 8048 8951

References and suggested further reading

- 1 Hodkinson, E., Williams, J.M. (2002): *Enhancing quality of life for people in palliative care settings*. Clinical Reflexology: A Guide for Health Professionals. (Edited by Mackereth and Tiran). Published by Churchill Livingstone, 2002. ISBN: 0443071209.
 - 2 Hodgson, H. (2000): *Does reflexology impact on cancer patients' quality of life?* Nursing Standard, 2000. Vol: 14. No. 31. P33-38.
 - 3 Grealish, L. et al (2000). *A nursing intervention to modify the distressing symptoms of pain and nausea in patients hospitalised with cancer*. Cancer Nursing™. Vol. 23. No. 3. P237-243.
 - 4 Stephenson, N.L.N. et al (2000). *The effects of foot reflexology on anxiety and pain in patients with breast and lung cancer*. Oncology Nursing Forum. Vol 27. No. 1. P67-72.
- The Prince of Wales's Foundation for Integrated Health (2003).** *National Guidelines for the Use of Complementary Therapies in Supportive and Palliative*. Published by Prince of Wales's Foundation for Integrated Health. This publication can be downloaded free from the FIH website: www.fihhealth.org.uk
- Nelson, D.** *From the Heart Through the Hands*. Published by Findhorn Press, 2001. ISBN: 1899171932.