Massage Techniques in Hospice and Palliative Care

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Hospice History

• Definition of Hospice

• Concern for the dying

• Historical evidence
Throughout the Ancient World

Death was viewed as part of natural cyclical process of life

Middle Ages

The universal idea that the dying person was a metaphysical traveler, at a stopping place on a long journey which would be continued after death

Before the 1800s

• Medicine was a natural art

• People died at home

• Only the poor and destitute sought medical attention in hospitals.
The Modern Hospice Movement

- The contemporary hospice movement is credited to Dame Cicely Saunders
- St. Christopher’s Hospice opened in suburban London in 1967

Basis for the Modern Day Hospice

- Interdisciplinary team (IDT)
- Patient and family
- Bereavement support
- Sense of community

Hospice in the United States

- In the late 1960s Elisabeth Kubler-Ross’ book, *Death and Dying* delineated five “stages of dying”
  1) Denial
  2) Anger
  3) Bargaining
  4) Depression
  5) Acceptance
NHPCO 2015 Facts for USA

- 1.6 to 1.7 million patients under hospice care
- 6100 hospices in USA. (This number is growing.)
- Approximately 45.6% of all deaths under hospice care (1,200,000 of 2,626,418 total deaths in 2014)
- Majority of hospice patients: female, Caucasian, 85+, seen in their place of residence
- Primary Diagnosis:
  - cancer: 36.6%
  - non-cancerous: 63.4%

Current Attitudes on Death and Dying

- Americans have been taught to value the ability to prolong life.
- Most deaths still occur in hospitals

Hospice Philosophy

Hospice recognizes dying as part of the normal process of living and focuses on maintaining the quality of the remaining life. Hospice affirms life and neither hastens nor postpones death. Hospice exists in the hope and belief that through appropriate care, and the promotion of a caring community sensitive to their needs, patients and their families may be free to attain a degree of mental and spiritual preparation for death that is satisfactory to them.
**Hospice Eligibility**

- A terminal illness with prognosis of approximately 6 months or less
- Physician’s order
- Patient/family desires hospice, palliative care

**Medicare Hospice Benefit**

*Services:*

- IDT approach: Every 2 wks IDT meeting
- Medications, equipment, supplies related to terminal diagnosis
- Plus, any other item related to diagnosis such as radiation therapy, IV’s, ambulance, labs, X-rays, etc

**Interdisciplinary Team**

- Physician
- Physician’s Assistant
- RN Case Manager
- Social Worker
- Aide/homemaker
- Hospice Medical Director & Attending
- Spiritual Care/Chaplain
- Volunteer Coordinator & Volunteers
- Therapists: PT/OT/LMT, Speech, Music, Art, Pet
- Counselors: Bereavement, dietitian
Hospice Principles

• Not a place
• Affirms life
• Support and care
• Dimensions of care
• Mental and spiritual preparation for death.

Special Needs of the Terminally Ill

◆ Spiritual Component
◆ Feelings of Isolation
◆ Empathy & Sensitivity
◆ Coordination of care
◆ Supportive Physical Environment

See Appendix A

The Dying Patient’s Bill of Rights

1. The right to be in control
2. The right to have a sense of purpose
3. The right to reminisce
4. The right to be comfortable
5. The right to touch and be touched
The Dying Patient’s Bill of Rights (con’t)

6. The right to laugh (and cry)
7. The right to be angry and sad
8. The right to have a respected spirituality
9. The right to hear the truth
10. The right to be in denial

Palliative Care

• Definition

• Includes care of the whole patient

Benefits of Touch

Decreases:
- Anxiety
- Depression
- Pain
- Hypertonicity of muscles/soft tissue
- Joint stiffness
- Hopelessness
**Effects on Quality of Life**

- Communication
- Sleep
- Body awareness
- Self-worth
- Calming
- “In touch” with reality
- Non-pharmacological pain relief
- Emotional release/support

**Quality of Life (con’t)**

- Increases circulation
- Improves condition of skin
- Increases sensory stimulation
- Acknowledges worth
- Boosts the immune system
- Induces overall relaxation response
- Promotes faster healing

**Required Qualities for Therapist**

- Empathy
- Professionalism
- Adaptability
- Self-awareness
- Willingness to confront own issues
Terms

- Presence
- Intention
- Healing
- Grounding
- Centering

Application of Techniques

- Apply *gently*
- Allow your hand to conform to their body part
- Rule of thumb: massage whatever you can

Types of Techniques

- Craniosacral
- Energy Techniques
- Swedish/Myofascial
Craniosacral Therapy

Windows to the Sky

from

The Heart of Listening, Volume II:
A Visionary Approach to Craniosacral Work

by

Hugh Milne

www.milneinstitute.com

See appendix B

Energy Techniques

The “Scudder Technique”

from

Healing Touch:
Level I Notebook

www.healingtouchinternational.org

See Appendix C

Swedish Techniques

from

Beard’s Massage: Principles & Practice of Soft Tissue Manipulation, 5th Ed. by Giovanni De Domenico

• Effleurage

• Gentle kneading/“picking up”
Other Swedish Techniques

• Passive Touch
• Pressure
• Hypnotic (feather) Stroking
• Joint Movements:
  - passive ROM
  - stretching

Self-Care at the Bedside

• Maintain good body mechanics
• Ground and center
• Keeping appointments with self

Coping with Death & Dying

• Journaling
• Rituals
• Closure
• Supervision/mentor
Working in the Health Care Setting

• Dress code
• Communication
• Team Member
• Documentation

Safety Precautions for Hands-on Care

• Universal Precautions
• “Spill Kit”
• My Kit

Bibliography

• Rose, Mary Kathleen. *Comfort Touch: Massage for the Elderly and Ill.* Baltimore, MD: Lippincott Williams & Wilkins; 2010.
Bibliography (con’t)


Resources

- [www.everflowing.org](http://www.everflowing.org) (Irene Smith)
- [www.medicinehands.com](http://www.medicinehands.com) (Oncology Massage Education Associates; Gayle MacDonald)
- [www.compassionate-touch.org](http://www.compassionate-touch.org) (Ann Caitlin)
- [www.PartnersInHealing.net](http://www.partnersinhealing.net) (Touch, Cancer & Caring; William Collinge)
- [www.collinge.org](http://www.collinge.org) (Palliative Care, & more from William Collinge)
- [www.chiklyinstitute.org](http://www.chiklyinstitute.org) (Lymphatic Drainage, etc.)
- [www.integrativeonc.org](http://www.integrativeonc.org) (Society for Integrative Oncology)
- [www.tracywalton.com](http://www.tracywalton.com) (Cancer & Massage Therapy)

Resources (con’t)

- [www.nhpco.org](http://www.nhpco.org) and [www.caringinfo.org](http://www.caringinfo.org) (National Hospice and Palliative Care Organization)
- [www.s4om.org](http://www.s4om.org) (Society for Oncology Massage)
- [www.daybreak-massage.com](http://www.daybreak-massage.com) (Geriatric massage)
- [www.amtamassage.org](http://www.amtamassage.org) (MTJ)
- [www.abmp.org](http://www.abmp.org) (Massage & Bodywork Magazine)
- [www.massagemag.com](http://www.massagemag.com)
- [www.massagetherapyfoundation.org](http://www.massagetherapyfoundation.org) (Research)
- [www.pubmed.org](http://www.pubmed.org)
- [www.googlescholar.com](http://www.googlescholar.com)
Resources (con’t)

- www.massagetoday.com  
  Many articles by Ann Catlin, Tracy Walton and others
- End of Life Dula Programs
  www.accompanyingthedying.com
  www.inelda.org (International End of Life Dula Association)
- www.erincoriell.com  Blog: end-of-life care, grief, etc.

Thank You for Attending!

Thank you for your attention & participation.  
Please contact me if I can be of any further assistance.

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