

Published : Massage Australia October 2009

“An update on the teaching program and hospital integration of Oncology Massage therapy for people with cancer or undergoing cancer treatment.”

by

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2008 was a year of awakenings for the oncology massage profession in Australia, and 2009 heralded a major step forward. In August 2009 oncology massage training began at the Sydney Adventist Hospital Wahroonga, NSW, and in November 2009 a salaried oncology massage therapist will be employed, the offering her professional services two days each week in the oncology ward.

When the Quest for Life (QFL) Foundation and the NSW Cancer Council (NSWCC) funded a visit by Gayle MacDonald, the American author of ‘Medicine Hands’ and ‘Massage for the Hospital Patient and the Medically Frail’, in March 2008 a significant ‘turning point’ for oncology massage in Australia was realised.

The events that lead up to this significant visit and the flow-on of events that have led followed make interesting reading.

In 1999 when I joined the team at the Quest for Life Foundation, as a newly qualified massage therapist, I began listening to stories from folk with cancer who told me that they ‘knew’ that massage would help them but they couldn’t find a therapist who would give them a massage because therapists were taught in massage school that massage ‘spread cancer’.

I began speaking to my massage teachers, developed the first pathology course in the ACT and started writing to professional journal about the scientific benefits of massage for people with cancer, a 10 year continuing journey up until now. (Petrea King, my friend and mentor, tells me that in her experience it takes 20 years to be an overnight success!)

After writing and developing a teaching program to teach therapist how to understand cancer and cancer treatment I called on our massage community to guide and support my work.

Charles C..... of Massage Australia was my first mentor from within the massage community. I recall Charles travelling to Bundanoon on a sunny spring day to meet with Petrea and I to discuss the way forward with a much needed oncology massage training program.

Massage Australia continues to publish the latest insights and information ‘bubbling up’ for around the global massage community and Charles’s influence continues to support professional massage for clients who are challenged by life changing illness.

From the beginning AAMT, ATMS, Bowen Therapists Federation of Australia, The International Aromatherapy Association of Australia, The Reflexology Association of Australia and Natural Therapies Expo have invited me to present at their annual conferences and national events. This has brought the need for specialist training for oncology clients to the attention of the wider massage community.

I joined the international medical body based in USA called the Society for Integrative Oncology (SIO) and attended their conferences in New York, San Diego and Boston with financial support from my parents, neighbours with cancer, the QFL Foundation and my husband.

I met many of our international oncology massage leaders at these world-class medical gatherings and came home inspired, sure in the knowledge that the Australian massage community could become part of the coming wave of integrative medicine beginning to sweeping the world.

Major cancer centres in America and Europe offer patients a combination of chemotherapy, radiotherapy, surgery, massage, herbs and acupuncture. In Australia we have the first three treatments for cancer and patients who attend the QFL cancer programs, over 400 folk per year for the past 8 years, are crying out for safe, gentle touch and extolling the benefits of their massage experience while attending the QFL programs.

A professionally trained massage therapist or, better still, a team of oncology massage therapists, like those at Memorial Sloan-Kettering Cancer Centre, NY, USA, have medically proven that massage **statistically improves pain levels (47.8%), fatigue (42.9%), anxiety (59.9%), nausea (51.4%) and depression (48.9%) (Ref 2)** in people with cancer or undergoing cancer treatment.

This research was published in the ‘Journal of Pain and Symptom Management’ in 2004, a significant medical publication with 1290 patients!

In November 2006 at the SIO annual conference in Boston I attended a massage seminar where a panel of 9 massage therapists discussed and debated the training of oncology massage therapists, research in the field of oncology massage and how to develop a sustainable oncology massage service in a hospital given financial restrains and integrative dialogue.

Throughout the day the experienced therapists from around the world deferred to Gayle MacDonald for her opinion when clear thinking was needed and I decided that this was the person we needed in Australia to teach and guide our budding oncology massage community.

In the afternoon break I asked her to come and teach in Australia and she said ‘Yes’. Gayle said she would check her diary and let me know a date.

When I returned to Australia ready to ‘save up’ in order to pay for her visit I shared my excitement with Petrea and she put me in touch with Dr Kendra Sundquist at the NSW Cancer Council with the view to developing a grant proposal.

QFL paid for the services of a solicitor to prepare the grant proposal and the NSWCC funded Gayle’s visit.

As a major part of the NSWCC sponsorship Gayle was commissioned to write an eight-page information sheet called ‘Massage and Cancer: an introduction to the benefits of touch’.

This booklet was launched in March 2008 at a lecture given by Gayle at the Sydney Museum, which was attended by over 100 Australian therapists, and marked the beginning of an exciting series of events.

The NSWCC printed 8,000 copies of the massage information sheet expecting this to last about 2 years. At an international aromatherapy conference in Sydney in mid October, 7 months later, Vivienne O’Callaghan from the NSWCC, editor of the publication, announced that only 2000 copies remained making this information sheet the most popular in the history of the NSWCC, to date.

When we are working with anyone who has, or has had, an experience of cancer massage is not just “working out knots, detoxifying the body or increasing range of movement”(1). Oncology massage offers a moment when peace and relaxation can bud, a chance to reconnect with the physical self.

International Training for Oncology Massage Therapists

While Gayle was in Australia she conducted two training programs at the Quest for Life Centre in Bundanoon. 48 therapists came from around Australia to learn from Gayle and we all gained skills and knowledge, and best of all we gained confidence.

Gayle assured us that massage training in Australia is excellent and in particular our basic training in understanding the lymphatic system of the body and how to help clients, safely, when nodes are removed or destroyed.

In my experience patients are often given self-massage techniques when faced with lymphedema and research shows that receiving professional tactile lymphatic drainage achieves superior results (3).

Royal Prince Alfred Hospital in Sydney Invitation

In July 2008 I visited Royal Prince Alfred Hospital in Sydney to meet with the Cancer Support Coordinator and we spoke at length about introducing massage into his area of the hospital.

The cancer support unit had enjoyed the services of a skilled osteopath in a volunteer capacity and Cancer Support Coordinator was well aware of the pit falls in using volunteer services as the only tactile therapy provider. Two of the issues we discussed were complementary therapists who are not employed are often unable to give continuity of service and the skills and insights gained do not get passed on to the following employee when folk move on.

The meeting at RPA felt significant at the time, just over 15 months ago, and in the light of recent events at RPA I am delighted that our massage industry has massage therapists suitably trained and ready to take on the challenge of working as part of the medical team in the planned complementary therapy cancer centre.

The core of my vision in 2000 was to teach science and mindful touch to tactile therapists from every school of tactile therapy and ready them for integration into our embattled medical system.

As a professional massage community we cannot wait for doctors to invite us into their hospitals. We need to show the medical profession that we are skilled massage professionals who are governed by a nationally accredited training program, that we meet the legal and professional standards set for health professionals by insurance providers and that we desire to work with hospital staff in a respectful and supportive manner.

Nurses giving massage does not work. I am not saying that the many nurses who have undertaken massage therapy training are not excellent massage/tactile therapists. What I am saying is that nursing and massage therapy in the hospital setting are two different jobs and there needs to be a clear line between them.

I believe that patients will benefit from clearly defining medical 'touch', at times traumatic and always efficient, and mindful touch intended to 'sooth the soul'.

In July 2009 I attended Gayle MacDonald's in hospital training program, 'Massage in a Hospital Setting', at Oregon Health and Science University Hospital (OHSU) in Portland Oregon USA. Gayle has 15 years experience running teaching programs in this hospital and it showed.

Within two days of massaging patients in the two 30 bed wards (eight massage therapists were a noticeable presence) doctors and nurses were stopping us in the corridors and asking us to see specific patients as they felt they were in need of our unique services. A very rewarding experience for me and motivation me to do what it takes to get massage happening at any Australian hospital willing to 'give it a go' and especially SAH, Wahroonga, NSW.

I enjoyed a unique opportunity at OHSU when a haematologist requested a massage therapist attend a patient with a highly contagious lung disease. This person had graft versus host reaction from his bone marrow transplant seven months ago and had been out of his bed for only three weeks in seven months.

Because of my background in medical technology and knowledge of sterile techniques Gayle asked me if I would think about dealing with this 'risky' patient. I was challenged by this request because one of my reasons for leaving medical laboratories was my growing awareness that I was constantly at risk of exposure to chemical and biological toxins.

The first day the patient only let me lotion 12 inches (America remember. Good job I can remember feet and inches!) on the lower thigh of both legs and the next day his wife said he was waiting for me to come back. By day three I was massaging every part of the body that didn't have a bandage, tube or appliance attached to it and by the fourth day, my last in the hospital, his doctor stopped me in the corridor to tell me that his lungs had improved and his mood had improved enough to "Get him into rehab". In just four days George appeared to have a new lease on life.

I could say it was **my work** that gave George the opportunity to begin a new direction on his healing journey, all the experience I racked up working with the folk with cancer who came to the QFL centre over the past 10 years, but I do not believe this is the case.

George needed safe, gentle, mindful touch and my forefathers of the oncology massage profession; Tracy Walton, Deborah Curtis, Gayle MacDonald, Cynthia Myer; the teachers, the writers and the researchers; took time to share their insights, experience and scientific understandings.

In Australia we would not have the professional world of touch therapy without the vision and hard work of those that have gone before us. Massage visionaries who put in place an education program that leads the world, drawing us closer to becoming an integrated health service in our hospital system and as part of a general practice team.

Our Australian massage community has:

- The Australian Government Health Training Package, HLT07, governs the massage industry. This health package also governs ambulance and paramedic, anaesthetic technology, nutrition and dietetic, cardiac and dental training to name a few.
- A code of ethics and we are trained in confidentiality and medical ethics.

- Massage training in Australia costs as much as the training of an Occupational Therapist and is usually undertaken over 2 to 4 years with continuing education being compulsory for registration with our professional associations and we need to be paid salaries commensurate with this.

Looking to our bright future.

The American pioneers in the oncology massage arena, Gayle MacDonald and her cohorts, have developed the Society for Oncology Massage (S4OM) and it will hold the second international conference in April 2010. I have been asked to present a paper on the science of fascia and why nerve receptors in fascia responds to gentle touch.

I would rather be speaking about how our Australian massage profession educates and supports our practitioners but speak on the topic offered to me with my funny Australian accent, an invitation that came from the 'turning point' in March 2008.

In August 2009 I ran Oncology Massage Module 3 (OM3) at the Sydney Adventist Hospital (SAH), Wahroonga, NSW, a major private hospital with a cancer focus. OM3 is designed to prepare therapists to work in the hospital and OM4 allows the therapist to work in the hospital's oncology units.

Nine therapist did OM3 and as well as manual handling skills for sick clients in a hospital bed and/or on a massage table and infection control instruction, the program included seated massage for the staff in radiation oncology, the cancer day infusion unit and 23 outpatients came to Jacaranda Lodge, a major cancer support centre at SAH funded by Rotary Clubs, for a one hour massage from the student oncology therapists.

All the staff gave me glowing feed back and comments included "We can let them work on our patients, they really know what they are doing, don't they?"

The public relations exercise when we interface with the hospital staff may be the most important thing we do.

Conversations are well under way with SAH to introduce salaried massage and Bowen therapy professionals into a large oncology ward, palliative care section and the day infusion unit. This position will be filled by November 2009.

SAH enthusiastically supporting the development of the oncology massage training program. Advanced OM3 & 4 training requires the support of a hospital with an oncology focus.

The Royal Adelaide Hospital hosted OM1 in November 2008 and has expressed interest in further involvement in the hospital training program.

Western Australia, through Solaris Care, has also supported OM training by sponsoring their volunteer massage therapist to do OM1 training in Perth, WA in late 2008 and June 2009.

The interest and enthusiasm is exciting. I am happy to speak to and support any hospital with the introduction of salaried oncology massage therapists into their hospital. We have learnt a lot from the development of this service at SAH and I am keen to share this information.

With the support of the Quest for Life Foundation, AAMT, AIMA, Massage Australia, BTFA and the NSWCC we are creating opportunities that hither too were never imagined.

If we can continue to develop respect and understanding between doctors and oncology massage professionals we can build a compassionate future.

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- (3) Dr Neil Pillar, Adelaide University. Just 'Goggle' Neil Pillar it is all there.

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