A Role For Massage In Palliative Care

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Abstract

Oncology Massage, sometimes referred to as Gentle Touch, is increasingly being used as a part of a multidisciplinary approach to palliative care, both in formal medical setting, e.g. at The Olivia Newton-John Cancer and Wellness Centre (ONJWCC), which is part of The Austin Hospital in Melbourne, and in community settings, e.g. in the homes of patients. Palliative care patients experience a variety of side effects and treatment outcomes, which affect them throughout all life stages post-diagnosis, including during palliative care. In addition, carers and loved ones are also impacted and can similarly benefit from Gentle Touch. Gentle Touch massage can offer symptom relief and therefore enhanced quality of life during palliative care. Research shows that Gentle Touch massage reduces symptoms during cancer treatment, by reducing the side effects experienced by the patient and symptoms of the disease itself, and afterwards. These include symptoms such as pain, fatigue, nausea, depression and anxiety; plus it also increases endocrine and immune function. A comparative study examining the benefits of massage versus meditation found both groups showed immediate positive effects on mental health parameters. Only the massage group showed significant improvements in qualitative measures of wellbeing and increased levels of dopamine, serotonin, natural killer cells and lymphocytes after 5 weeks of treatment. This presentation aims to highlight the benefits of Oncology Massage / Gentle Touch to patients, carers, loved ones and the medical environment and hence to increase integration, innovation and inclusion across the palliative care sector.

Oncology Massage / Gentle Touch

Oncology Massage is the modification of massage techniques to be appropriate for anyone at any point on a cancer or other medical journey. It allows a suitably qualified therapist to safely work with the effects of cancer and cancer treatment, and including people in active treatment, those in recovery, or survivors, as well as those at the end of life, whether following cancer or other medical diagnoses.

"Happiness is not a destination, but the journey. Dealing with cancer is both the destination and the journey. Medicine focuses on the destination. Oncology Massage focuses on the Journey"
Bruce Hopkins, Founding Director, Society for Oncology Massage (S/OM)

Oncology Massage Adaptations

Massage adaptations are required for: fatigue; peripheral neuropathy; low blood cell counts; blood clots; bone pain; bone metastases; radiation or surgery; removal of lymph nodes; lymphedema; medications; medical devices; and the late effects of treatment.

Clinical assessments and adaptations to the massage session for someone in palliative care are critical to providing a safe massage and these clinical considerations can and do regularly change. Massage modifications as a result of positioning, pressure, pace or site considerations, related to concerns like medical devices, side effects of drug treatments, surgery or radiation, compromised lymph nodes and bone cell counts, and other concerns, may apply, and are unique for each person and possibly for each massage.

Oncology massage does not aim or try to "fix" anything, and unlike many massage modalities it is not a series of techniques or applied protocols. Rather, it is the ability of the therapist to recognise and safely work within clinically established guidelines, given a patient’s unique circumstance.

Clinical research supports the use of massage in reducing pain and anxiety. Patient reported massage benefits include improved sleep, decreased sense of isolation, enhanced body image, and increased feelings of well-being.

Oncology Massage Training

Oncology Massage Training is a nationally and internationally accredited not for profit training charity. It is dedicated to training fully qualified Remedial Massage and Bowen therapists to treat those with a diagnosis or history of cancer effectively and safely. It aims to ensure national benchmarks and standards of care are met.

The program curriculum is a refined and updated version of a program that has been running for more than 30 years in the United States. The program is 154 hours and 8 days in length, including hospital wards, research, and continuing education in cancer care.

With the diagnosis of life limiting disease increasing and death rates decreasing, a larger percentage of the community are now living into a palliative care situation.

Mildronate: A Potential Adjunct for Existing Chemotherapeutic Regimens in the Treatment of Breast Cancer

The mildronic acid (Mildronate) and its metabolites, mildroic acid and mildronic acid, are known to be active in the treatment of a wide variety of CA in mice, and anti-CA effect is not dependent on the levels of CYP450.

With mildronate activity in both the tumor and the tumor-bearing host, mildronate may have potential clinical applications in the treatment of CA.

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