



## **Gloving – Part II**

*By Deb Hart, SA/WA State Coordinator and OM Ltd Director*

Following the article on gloving in the last e-news a conversation evolved which resulted in a lunch meeting with a researcher in WA while I was there for an OM2 course a few weeks ago. It was a great conversation obviously about gloving but also more broadly on research methodology and complementary therapies which was even more interesting as she has an extensive background in this field.

We discussed the fact that after reading the article she contacted Memorial Sloane-Kettering and MD Anderson Cancer Centres in the US as they have a long history of using massage and complementary therapies in cancer hospitals. There had never been a reported negative outcome or side effect to a therapist nor has there ever been such an event reported at SolarisCare Centres across WA despite also having a long history of offering massage to patients whilst receiving chemotherapy.

As I sat on the plane on the way home a few days later I reflected on this conversation and found my thoughts wandering to a client that I saw many years ago. She was an elderly lady who had lost her husband a couple of years before. She had never learnt to drive and he even managed all the finances but she was one of those women who just got on with it and took all her new responsibilities of looking after herself in her stride. She became used to catching buses and walking to get around but she contacted me when she began to lose her confidence getting on and off the bus and even stepping off the kerb to cross the road. “My legs feel weak” she said. Despite her advanced age she was on very little medication, drank plenty of water and was quite active. We worked together for a few weeks with no real improvement and one day she mentioned seeing the nurse for a blood test. I asked what that was for and she told me about a drug trial she was on which she hadn’t mentioned in her intake as she didn’t think it was important. Following further questioning it turned out to be a drug trial which involved a cholesterol medication. “Don’t worry about that dear, I think I’m taking the sugar pill.” I suggested that she may be on the drug and to

discuss her symptoms with the nurse when she sees her. The nurse took her off the trial and when asked by my client why participants are not asked about this particular side effect in the survey they were filling out on symptoms the nurse replied that if we put muscle pain and weakness on the form everyone would tick that box!

I'm wondering if we are doing the same thing with therapists that are working on cancer patients during active treatment? If we regularly asked specific questions like: do you experience tingling in your fingers, numbness, nausea, headaches or vivid dreams would this change the reporting? There are therapists who have described these experiences and symptoms to me but tend to dismiss them quickly as them being tired, not drinking enough water or just having an upset tummy that day.

When I was in Perth more than one of the many therapists I have spoken to who regularly work with patients on chemotherapy treatment do notice side effects such as those I have described above. They have come to recognise that they are indeed something that they relate to treating patients on chemotherapy.

These side effects would be easily documented as negative outcomes for the therapists should they occur following every treatment with every patient on the same chemotherapy. The reality is, of course, that all patients are different, chemotherapy is different, and the therapists themselves may be more or less sensitive at some times more than others making reporting far more ambiguous.

The possibility has to be considered that we as massage therapists are all effected to some degree by the chemotherapy drugs that our clients/patients are receiving regardless of whether we notice symptoms or not. By using gloves for 72 hours post chemotherapy infusion and always for those on oral chemotherapy, as recommended by Gayle MacDonald, we are protecting ourselves against that possible exposure.

When we use gloves in a hospital or medical setting this is easily accepted by patients as one of those things that happens in the medical environment. It is not considered a 'barrier' unless we consider it as such. The gentle touch of Oncology Massage, the rhythmic style and mindfulness which creates deep relaxation can still easily be achieved with the use of well-fitting gloves.

Our primary concern must be that of ourselves. Besides everything we cram into our courses about cancer, cancer treatments, adjustments to make massage safe and effective for those fragile clients we also cover quite a bit about us, the therapists and our safety. In OM1 we talk about looking after ourselves, the power of meditation, considering chemicals in our environment and in OM2 we dive further within to look at how we emotionally tick.

If there is any risk of exposure, how can we possibly dismiss our own well-being so easily?