What is Palliative Care?

“An approach that improves the quality of life of patients and their families facing problems associated with life threatening illness through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual.”

World Health Organisation

What is Palliative care?

- Recognises the special needs of a person who has a life-limiting illness.
- Affirms life and regards dying as a normal process
- Focuses on clients being comfortable by assisting with their symptoms
- Aims to make the client feel in control of their treatment options and their quality of life.
- Involves caregivers and friends by:
  - recognising their needs to be prepared for the death of someone they love
  - Offering help and support during the grieving process.
Introduction to EPC

Eastern Palliative Care (EPC)

- A not-for-profit home-based palliative care service
- Provide palliative care in the home/community
- Offers a full range of support programs with the aim of improving the quality of life of individuals, caregivers and families of those suffering life-limiting or terminal illnesses.

Our Team
Massage Therapy at EPC

Part of the interdisciplinary model of care for over 15 years

During that time important role to play in symptom management and enhancing the Quality Of Life (QOL) of our clients.

Massage never looks to “fix” the client, we do no harm, we nurture, we provide relief.

Evaluation study in 2010 at EPC showed massage:

- Decreased pain by 36%  
- Improved Physical comfort by 52%  
- Emotional comfort improved by 44%  
- Oedema was relieved by 43%  

Massage Therapy at EPC

Massaging people with a terminal illness requires a different approach. It requires modifications in technique and intent.

Gentle, soothing is helpful during times of illness

- addresses stress.
- profoundly positive.

Effects are both physiological and psychological.

Massage Therapy - Referrals

Indicators for referral to massage therapy as used by RN's & FSW's for EPC Clients

<table>
<thead>
<tr>
<th>Physical Needs</th>
<th>Cognitive Needs</th>
<th>Emotional Needs</th>
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<tr>
<td>Pain</td>
<td>Communication</td>
<td>Anxiety / Stress</td>
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<td>Breathing</td>
<td>Difficulties</td>
<td>Worry</td>
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<tr>
<td>Difficulty</td>
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<td>End of Life Issues</td>
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<td>Weakness / fatique</td>
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<td>Nausea</td>
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<td>Emotional / Self Expression</td>
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<td>Insomnia</td>
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<td>Comfort / Nurturing</td>
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<td>Oedema</td>
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<td>Feeling of Isolation</td>
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<td>Impaired</td>
<td>Mind</td>
<td>Fear</td>
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<td>Circulation</td>
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<td>Suffering</td>
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<tr>
<td>Relaxation</td>
<td>宣传</td>
<td>Self Esteem / Body Image</td>
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<th>Indicator</th>
<th>Reference to Massage Therapy for Carers and Bereaved Carers</th>
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<tr>
<td>Anxiety</td>
<td>Stress Engaged</td>
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<tr>
<td>Communication</td>
<td>Relaxed</td>
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<td>Relaxation</td>
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Massage Referrals

Most Common Reasons for Referral

- Pain/Ache 28%
- Relaxation 18%
- Oedema 11%
- Anxiety 10%

My typical day

Preparation

Review:
- Diagnosis
- Treatments
- Medications
- Past Medical History
- Progress Notes
- Care Plan
- Pain Management Summary
- Risks
- ESAS: Symptoms are rated from 0 to 10:
  - 0 means symptom absent
  - 10 is worst possible severity
- Karnovsky Score:
  - Ability to perform actions Of Daily Living
- Family and Social Circumstances
- Cultural and Religious Considerations

The Massage Itself

Position
- Bed
- Seated in chair at a table
- Couch
- Hospital Bed

Site
- What sites of the body will I massage?
- Are any areas contraindicated?

Pressure
Other Factors
Vincent

73yo Male with bowel cancer
Lung Metastases and SOB (Shortness of Breath)
Orthopnea
Anxious
Insomnia
Fatigue
Peripheral Neuropathy

The Treatment

- Seated Position
- Gentle relaxation massage to back, rib cage and neck.
- Aim: Relieve muscle tension, physical comfort/emotional wellbeing and promote relaxation.
- Accessory breathing muscles.
- Relaxation Exercises
- Massage to feet and hands

Post Treatment

Changes that occur:
- Muscle tension has eased
- Appearance improved
- Breathing deeper
- Worries reduced
Giselle
35yo Female
Melanoma
Lung and Bowel Metastases
Chemo
Extended stay in hospital
Terminal
Pain and discomfort in legs
Syringe diver

The Treatment
Hospital Bed
Limited Response
Gentle lotioning to legs and feet

Aim of massage is to assist with pain management, enhance physical comfort, soothe, promote relaxation and aid emotional wellbeing.

Rose
54yo Female MND or ALS
Bed Bound cannot move arms or legs
Peg Tube
Speech Difficulties
Breathing difficulties
Low Mood
Neck/Shoulder Pain
Treatment

Hospital Bed
Supine
Side lying use of slide sheets
Purpose

End of the Day

Group Meeting “Handover”
• Discuss client issues
• Handover any areas of concern to the team
• Problem solving

Effective client based care

Conclusion
Quotes

‘Magnificent, I feel like an ordinary person for a little while’
Woman with gross lower body oedema and abdominal ascites

‘Since this awful disease no one touches me. Massage is the only time I ever get touched’

Carer: ‘Massage is wonderful I know my husband is not in as much pain for a couple of days after a massage. He has no anxiety today because he knows he is getting a massage. Normally it would be a lot higher.’

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Quotes

‘Massage is the best thing ever invented. It gives pain relief and once that happens you feel better inside and outside.’

‘After a massage he is much nicer to everyone’

Wife: ‘massage is one of the only things left in life that gives him pleasure’

References

REFERENCES:

• BATES A, A Day in the Life, Massage and Palliative Care Journal of Massage Australia Issue 69, p24.
• Eastern Palliative Care Alliance: www.eastpallcare.asn.au
• MND Australia: www.mndcare.net.au
• World Health Organisation: www.who.int/cancer/palliative/definition/en/
Eastern Palliative Care is a partnership between the Order of Malta, Outer East Palliative Care Service Inc and St Vincent's Hospital (Melbourne) Ltd.

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