Therapeutic Touch™ in a Geriatric Palliative Care Unit - A Retrospective Review

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INTRODUCTION

Complementary therapies are increasingly used in palliative care as an adjunct to the standard management of symptoms to achieve an overall well-being for patients with malignant and non-malignant terminal illnesses. [1,2,3,4]

Complementary therapies are defined as "a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine". [5] Therapeutic Touch, a complementary therapy modality, is garnering attention for its role in ameliorating symptoms such as pain, sleep disturbances, depression, stress and anxiety in patients suffering from both malignant and non-malignant terminal illness. [6,1,2,4,7]

The Baycrest Palliative Care Unit in Toronto is a 31 bed unit which cares for elderly adults with both malignant and non-malignant terminal illnesses. The unit admits patients with a prognosis of up to 1 year.

Various complementary therapies are offered on this Palliative Care Unit including: pet therapy, art therapy, music therapy, recreational therapy, and spiritual guidance and support.

A Therapeutic Touch Program was introduced to the unit in October 2010. Two volunteer Therapeutic Touch practitioners, who have Recognized Practitioner status with the Therapeutic Touch Network of Ontario, offered the therapy to patients who had given verbal consent. Referrals for Therapeutic Touch for relaxation purposes were made by any team member. Once to twice weekly sessions were offered to the patient.

The sessions included light touch or no touch options depending on patients' preferences. Documentation of observations made by the Therapeutic Touch practitioners looked at the following results: sleep, relaxation, body movement, breathing and reported enjoyment of the session. To ensure consistency, a note was left behind if sessions were offered while the patient was sleeping, or if the patient missed a session because s/he was away from his/her room.

This review describes the patients and their responses to Therapeutic Touch, as observed by the Therapeutic Touch practitioners.

OBJECTIVE

To conduct a retrospective chart review of Therapeutic Touch services provided to patients at Baycrest Health Sciences' in-patient geriatric palliative care unit to describe the patients receiving the therapy and to identify their response to this treatment.

METHODS

A retrospective medical chart review was conducted on all patients referred to the Therapeutic Touch program from October 2010 - June 2013 (n = 114).

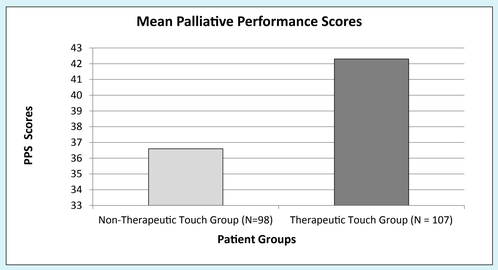
Twenty percent of the patients admitted to the Palliative Care Unit during this period received Therapeutic Touch. Observations from session 1 were reported for 101 patients (13 patients declined session 1).

The chart review also included a random selection of patients (n=123) who did not receive Therapeutic Touch over the two year period (1 in 5 patients). Descriptive analyses were conducted on all variables.

RESULTS

Patient Characteristics	Therapeutic Touch Patients N (%)	Non-Therapeutic Touch Patients N (%)
Number of Patients	114	123
Age Mean (SD) *	77.3 (12.5)	80.1 (10.9)
Gender (male)	40 (35.1)	56 (45.5)
Gender (female)	74 (64.9)	67 (54.5)
Length of Stay Mean (SD)	75.2 (83.4)	33.9 (44.2)
Primary Malignant Diagnosis	105 (92)	97 (79)
Breast Cancer	11 (10)	8 (6)
Dermatological Cancer	3 (3)	1 (1)
Endocrine Cancer	0	2 (1)
GI Cancer	28 (25)	24 (19)
GU Cancer	21 (18)	14 (11)
Hematological Cancer	6 (5)	6 (5)
Lung Cancer	23 (20)	25 (20)
Ophthalmological Cancer	1 (1)	0
Oropharyngeal Cancer	1(1)	1 (1)
Neurological Cancer	6 (5)	8 (6)
Unknown Primary	5 (4)	8 (6)
Primary Non-Malignant Diagnosis	9 (8)	26 (21)
Cardiac	3 (3)	7 (6)
Dementia	2 (2)	4 (3)
Failure to thrive	0	1 (1)
GI disease	0	3 (2)
GU disease	0	2 (1)
Lung disease	1 (1)	3 (2)
Neurological disease	3 (3)	6 (5)

▲ **Fig. 1 Descriptive statistics from the retrospective study of patients. *Age statistically significant p < .025**



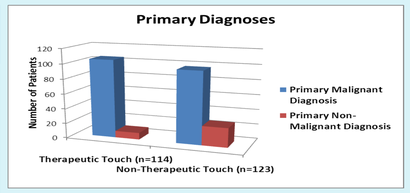
▲ **Fig. 5 Mean Palliative Performance Scale scores**

Palliative Performance Scale (PPSv2) version 2

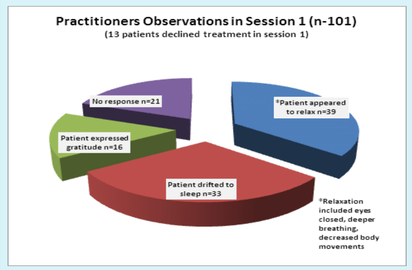
Victoria Hospice

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

▲ **Fig. 3 Palliative Performance Scale (PPSv2) version 2. Medical Care of the Dying, 4th ed.; p. 121. ©Victoria Hospice Society, 2006.**



▲ **Fig 2 Primary Diagnoses – Malignant vs Non-Malignant for each group.**



▲ **Fig 4 Practitioner observations following Therapeutic Touch session 1 (n=101 patients received Therapeutic Touch, 13 patients declined).**

Quotes

- *That felt wonderful. I feel so relaxed.*
- *Everyone should have this.*
- *(I) felt so much better.*
- *Like a gentle whispering wind.*
- *That was good, so good, very relaxing.*
- *(It) seems to make him feel better.*
- *(Felt more) peaceful.*

▲ **Fig. 6 Quotes from patients or family members of patients receiving Therapeutic Touch (session 1)**

DISCUSSION & CONCLUSIONS

This review suggests possible benefits of Therapeutic Touch for inpatients on a geriatric palliative care unit based on the patients' responses and observations noted by the Therapeutic Touch practitioners. Patients appearing to relax (n=39) was the most common behavior witnessed by the Therapeutic Touch practitioner followed closely by drifting to sleep (n=33).

This review reveals limitations to providing Therapeutic Touch to inpatients on a geriatric palliative care unit. Older patients with lower admitting PPS scores and shorter length of stay were less likely to receive Therapeutic Touch. Staff may be biased and may assume that very ill and possibly older patients may not benefit from the therapy. The Therapeutic Touch practitioners who were treating the patient were the ones who witnessed and documented the responses of the patients and the feedback provided by the patients. This may introduce bias into the results. This review did not look at sustained effect from the treatment nor did it review responses from subsequent sessions. The study also used data from just one session of Therapeutic Touch and only a small number (20%) of patients admitted during the study period received Therapeutic Touch.

This review is helpful in recommending improvements to the current program. A standard recording sheet needs to be developed to ensure a consistent method of describing response to treatment. The referral procedures may need reviewing in order to assure a process whereby all or most patients are offered Therapeutic Touch. However, with only two Therapeutic Touch practitioners there may be insufficient resources to meet the needs of more patients.

As a preliminary study, the results of the chart review suggest potential beneficial effects for significant numbers of recipients and deserves a robust comparison study in future.

Future directions:
Review /revise program procedures to improve processes and documentation, and ensure all or most patients are offered the therapy. Develop a recruitment plan for increased Therapeutic Touch practitioners. Develop a more robust descriptive study .

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