



Providing optimal care through promotion of professional standard, networking and development

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A Nurse’s Journey into Massage Therapy

By Brigid McCabe, R.N.

Several years ago I was approached by my Medical Director to participate in a new program for oncology patients at Providence Hospital called Healing Arts. The Healing Arts mission is to offer complementary therapies to patients that will impact their quality of life. On-going research on the benefits of these programs is a primary focus of the Healing Arts team. A position for massage therapist was available if I was interested. The thought of becoming a massage therapist was both intriguing and irresistible, especially for a nurse who enjoys the ‘hands-on’ aspect of patient care.

My journey started at Irene’s Myomassology Institute. Mention the name Irene in the massage community and immediately the response is one of deep respect. Irene Gauthier is a true pioneer. She has explored, studied, shared her knowledge and worked tirelessly at bringing respect and professionalism to massage therapy. The training was both comprehensive and holistic and I am as proud of my certificate from Irene’s as I am of my nursing diploma.

The International Myomessethics Federation (IMF) created the term myomassology in 1972. This gave a professional title to those interested in training in all forms of massage and body work. Certification requires a minimum of 500 hours of training from a credentialed school, successful completion of a national exam and continuing education.

The Healing Arts team was excited to explore all the opportunities we could offer patients to help them cope with their illness and the side effects of treatment. However, it never occurred to me that massage would be questioned as inappropriate for anyone with a cancer diagnosis or a cancer survivor. Even within the massage community, some still held to the misconception that massage, by increasing circulation, could promote the spread of disease. MacDonald and Gayle (1999) state, “There is absolutely no evidence that touch or gentle massage causes the spread of cancer. Quite the opposite, there is plenty of proof it greatly improves the quality of life.” As an advocate for those living with cancer, I was inspired and motivated to educate others and help to dispel this myth.

Massage has many benefits for people with cancer and many options for therapists to use. “Swedish massage, therapeutic touch, reiki therapy and manual lymphatic drainage are just a few examples of touch modalities that research has shown to positively affect symptoms such as nausea, fatigue, insomnia, edema and pain.”

I recall one of my first patients, a man whose wife scheduled the massage. To say he was displeased would be an understatement.

After I obtained his health history and physician’s order with guidelines for therapy, his response was, “Let’s get this over with.” I could see this was going to be quite a challenge. Noting his groshong catheter, colostomy and his ability to only lie on one side, it took several minutes to position him with bolsters and pillows before I started the session. He refused

any music and definitely any further conversation so I just began with one hand on his forehead, one on his shoulder and prayed silently!

I was so nervous; unable to remember one single massage technique I had learned – not my finest hour. All I could manage was repetitive, slow, gentle strokes to one side around his neck, shoulder, upper arms and hands. We both must have relaxed because, at some point, he fell asleep and I finally regained some clarity. I finished by massaging his feet and he left the room calmer than when he arrived but still not conversing. Feeling pretty ineffective, I was grateful we both

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Continued on page 7

What’s Inside...

- From the Editor 2
- Highlighting a Member 2
- Meeting Summaries..... 3
- From the President..... 6
- Legislative Notes..... 7
- Officers and Staff..... 8

From the Editor Carole Bauer, RN, BSN, OCN®, CWOCN

Every day oncology nurses are faced with problems related to treatment decisions and patients are faced with these same issues. Recently in the *Oncology Nursing Forum*, Michael Limerick published an article about a research study that explored the issue of end of life decisions. The study found that patients and families depend on oncology nurses to help them sort through the medical information and keep them informed as to the progress of their treatments or the lack of progress that is occurring with their fight to conquer or at least control their disease. This study's objective was to understand the process that surrogate decision makers go through when making end of life decisions.

This week with the upcoming release of Jack Kevorkian, we in Michigan are again being given the opportunity to think about the struggles people face when dealing with

terminal illness. While Dr. Kevorkian's methods are illegal, it gives us pause to consider these questions, "Have we educated our patients about all of the treatment options including no treatment and its

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consequences?" Have we discussed with them their end of life wishes? Have they shared their wishes with their families?

In order to assist our patients, the place to begin may very well be with us. Have we

told our families what our wishes would be in an end of life situation? Have we filled out a medical durable power of attorney? I am finding that I am more and more frequently talking with my colleagues about what I would want. I will depend on them to guide my family if I am unable to express my wishes and there is no hope for recovery. I have told my husband and daughter my wishes, but it is hard as a family member to be true to wishes that may mean end of life. I have a medical durable power of attorney. I am even working of getting my young adult children to complete one. It is never too early. It can only be too late.

My charge to you this quarter is simple. Fill out a medical durable power of attorney for yourself and talk to your family about your wishes! Do it for your family. Do it for those who will care for you one day. Just do!

Highlighting a Member: Carolyn Schmidt, RN, MSHA, OCN®

Carolyn first contemplated a nursing career during high school, however, upon graduation decided to become a legal secretary. She was married at the "ripe-old" age of 19 and had her first son while her husband was a student in seminary school. Their second son was born in Oregon (husband's first church) where she also began her pre-nursing studies. Her family returned to Michigan where she continued her education at OCC and finally earned her BSN from WSU. During this time, their two-year-old son was diagnosed and treated for a Wilm's tumor, and her father was diagnosed, treated and eventually died of prostate cancer. Until her personal experiences with cancer, Carolyn had envisioned that she would either be an OR or ER nurse. Following these two events, her role in oncology was determined. In addition to these life-changing events, Carolyn felt extremely fortunate to have had a WSU nursing instructor, Lois Hunt, as her mentor during nursing school and well into her career. Lois' direction and obvious love for what she did helped Carolyn choose oncology care.



Carolyn is now the Administrative Director for the St. John Health System Breast Program. She is responsible for bringing System sites together to provide consistent and quality breast care for St. John patients. Prior to this position, her professional interests were in the area of oncology clinical trials where she was director of the program at the Henry Ford Health System for 16+ years followed by a medical science liaison position with Novartis Oncology.

Carolyn has been an MDONS member since 1988. Carolyn says that when she doesn't make a monthly meeting, she really feels like she's missed out on something special - not only with the presentation, but more importantly, the networking with her special friends. When asked why MDONS is important to her, Carolyn stated, "It is my local lifeline to my chosen professional career. I feel right at home when I'm part of MDONS and just love being around the people there because I know that each and every one of them gives so much to so many - and I dearly appreciate that trait in people."

Next year Carolyn and her husband Walt, who is a Lutheran minister, will celebrate a milestone-wedding anniversary. Their two sons (one a cancer survivor) both live out of state along with five "super" grandkids. All plan on trekking down to Disney World next year for the big anniversary celebration.

This summer, Carolyn and her husband plan on touring the Austrian, German and Swiss Alps. This is the 10th tour that her husband has hosted, and Carolyn feels very fortunate to have seen so many interesting and exciting places in this world.

Carolyn has been an MDONS member since 1988.

In closing, Carolyn shared some words of wisdom "Always be true to yourself - follow your heart - and always try to do what is right. Don't let yourself become too judgmental about your actions - only try to learn from your mistakes." Carolyn said that she has always supervised other individuals, and even in patient care issues whether she was involved directly or indirectly, she found this way of thinking to be extremely valuable.

Submitted by Deborah Hasenau, RN, MS

From the President Ruth Dein, MA, BSN, OCN®, LLPC, NCC

I had not had the opportunity to attend Congress in a number of years, therefore, I was looking forward to attending on multiple levels. #1 1995 was the last Congress I had attended and I longed to re-experience the personal and professional boost that comes from spending time and learning from peers who really understand oncology nursing challenges; #2 I've never been to Las Vegas; #3 I am casino naïve (yup, never been to one anywhere); #4 time for personal growth and exploration (aka escape the daily grind); #5 A chance to prove to myself and my family that I can get somewhere faraway and back by myself. We all have our reasons and motivations, well, these were mine.

Flying on an airplane is not on my itinerary very often and so the flight in itself was exciting. A number of colleagues were on the same flight out of Detroit which contributed a sense of troop maneuvers to the travel.

It was 11:30 p.m. when the plane circled Las Vegas. The light show from the air was impressive, like Christmas, only better. Even though it was 1 am Detroit time (10 p.m. Vegas time) a trio of us explored the hotel in search of something to eat on check-in.

I was blown away by the immensity of the hotel complex the congress was held at. It was a city within a city. A friend had warned me about how much walking I would be doing in getting to sessions, to take comfortable shoes and allow 15 minutes to get where you needed to go. She had been there and done that. Boy, am I glad I paid attention to her advise. As the week went on I observed a plethora of designer Band-Aids on the

feet of my nurse colleagues as we rode the up escalators. Sleeping at night was “no problema” even in a strange room, strange bed and pillow, and people walking up and down the hall at all hours. Physically and mentally I wore myself out everyday.

The multicolored floral inlaid marble work on the floors and walls of the hotel were unlike anything I had ever seen. This was a really posh hotel and although I was appreciative of the beauty of my surroundings and the amenities of being a guest I was grieved to think that the cost of building and operating it was fueled by people willing to part with

The special sessions when we all meet together were inspirational and greatly uplifting.

their money in hopes of “hitting it big” even when the odds are grossly against them. I took a bus tour up the Strip to appreciate the architectural wonders of the various casino complexes. As I took in the sights, my inner reflective thoughts were at times self-chastising as people should be free to do and spend money as they like. It is just hard to watch money being spent in that way when so many of the patients we work with and care for have literally nothing. Walking past the hundreds of slot machines and gaming tables in the hotel everyday was a real conundrum for me.

The Congress sessions were awesome. I was so proud of Rita DiBiase (MDONS member)

and her work on Disenfranchised Grief. Her presentation really emotionally impacted the nurses attending just like it had for me months ago when she first presented it to our chapter.

The special sessions when we all meet together were inspirational and greatly uplifting. The work we do is difficult and requires dedication. That difficulty and dedication separates us from the masses, those who say “I don’t know how you take care of people with cancer”. Our response should be more than “someone has to do it.”

At the 1995 congress the attendance was 15,000 nurses, in 2007 we were 6,000 nurses. A smaller number but just as dedicated and proud to be an oncology nurse. We have so much to be grateful for. God Bless our ONS National officers who have dedicated their careers to making our service as oncology nurses better and better. Be proud of who you are and what you do to make the world a better place for us all.

I accomplished my objectives. I came back to Detroit revitalized about oncology nursing and what we can contribute to the healthcare of patients. I can now say I've been there to Las Vegas, I didn't lose a dime (although my friends were quick to point out that you have to play to be honest about winning or losing) and I know where most of the wedding chapels are. It was refreshing to get away but I was glad to get home to the normal hubbub of family. I told my husband that the only real thing in Las Vegas that week were the oncology nurses.

Finance Committee Report 2005

| REVENUES | EXPENSES |
|---------------------------|----------------------------------|
| Dues \$3,910 | Operations.....\$5,110 |
| Program Fees 6,390 | Educational Programs.....11,599 |
| Exhibit Fees..... 14,500 | Awards & Scholarships.....10,890 |
| Donations..... 800 | ONFC 100 |
| Interest 1,745 | Info Technology.....80 |
| Miscellaneous 175 | Misc..... 45 |
| TOTAL.....\$28,020 | TOTAL..... \$27,824 |

For further information please contact Joan McNally at 734 453-9114

Legislative Update Angela Maynard, RN BSN OCN®

On March 6, 2007 the MNA sponsored the Michigan Nurses March in Lansing with the goal of personally communicating with legislators and their staff to discuss legislative and public policy matters that affect the practice and profession of nursing. Prior to the march an informational session was held describing public policy issues that impact nursing practice and patient care.

A summary of key legislative issues addressed are safe patient care, safe patient handling, nursing shortage and adequacy of nurse education funding, advance practice nursing scope of practice, nurse staffing for long term care, Medicaid funding, and universal access to affordable health care.

- Safe patient health care legislation would amend Michigan's Public Health Code to prohibit the practice of mandatory overtime that forces nurses to work long consecutive hours. The bill also would require hospitals to develop staffing plans and implement minimum nurse-to-patient staffing ratios to ensure safe patient care.

- Safe patient handling would establish ergonomic standards to safely treat and move patients without running the risk of debilitating musculoskeletal disorders to themselves or to their patients.

- Support for addressing the nursing shortage and nurse education funding with nursing scholarships, fostering collaborative partnerships between nursing, nursing schools, hospitals, and the nursing community.

- Enabling advance practice nurses to fully practice within their scope of practice and national certification, including independent prescriptive authority.

- Modernizing of existing minimum nursing home staffing ratios to ensure safe patient care to this vulnerable and increasing patient population.

- Assure adequate funding of Medicaid to avoid cuts in covered services and the elimination of eligible individuals from the Medicaid caseload.

- Legislative solution to the growing number of uninsured such as health care for all Michigan residents regardless of economic status.

Jeanette Klemczak, Chief Nurse Executive spoke about the Michigan Nursing Corps (MNC), an initiative to train new nurses. Governor Granholm proposes that we will prepare 500 nursing educators to train 3,000 new nurses in just three years. The program is expected to cost \$45 million over three years. Nurses will receive financial support for their education and in return, they will sign contracts to teach in Michigan nursing education programs. The MNC funding will only be possible if there are new state revenues. The Governor's service tax (2 cents) proposal, if passed, could provide the revenues for the MNC.

Let your legislators know how these issues impact you and constituents in their districts. Also, follow up with them and let them know you are watching what is happening with issues related to nursing. You do make a difference.

A Nurse's Journey into Massage Therapy *Continued from page 1*

survived the experience. The next day his wife called to share that her husband, who had been suffering from insomnia and uncontrolled nausea, had not only slept through the night but also was nausea free. The biggest surprise was that he wanted another massage!

I do not claim to be responsible for alleviating his symptoms but something truly divine occurred that day. Perhaps helping him relax allowed the medication to work more effectively or the distraction from treatment brought a brief respite to his symptoms. All I know is that I am truly blessed to have witnessed this moment. And I learned that positive intentions and just being present with someone in their suffering is what makes this practice so sacred.

For massage therapists interested in working with patients living with cancer, specialized education, training and clear communication with the oncologist is essential. Knowing what is appropriate or contraindicated for a patient ensures a safe and beneficial massage experience. There are many programs available. A current list can be obtained from the American Massage Therapy Association website <http://www.amtamassage.org>.² In my practice, I found two books to be extremely helpful: *Massage Therapy and Cancer* by Debra Curties,

R.M.T. and *Medicine Hands, Massage Therapy for people with Cancer* by Gayle MacDonald, M.S., L.M.T. They along with Tracy Walton M.S., L.M.T. and many other massage therapists have contributed in educating the massage community that there is a way to safely offer gentle, soothing touch to people with cancer.

I am fortunate to have found my passage in oncology nursing. By adding massage therapy to my skills it enhances care I can offer for the whole person. Oncology patients should never be denied compassionate nurturing touch. As nurses we are in a unique position to do this. Perhaps my story will inspire other nurses to explore this exciting practice.

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Other Articles

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Virtual Communities

ONS Chapter Virtual Communities (VC) have been developed to improve communication among chapter leaders and members. To navigate to your individual chapter VC, visit the Main ONS VC at <http://chapter.VC.ons.org/> and select "Find a Chapter" from the side navigation on the home page. There are many useful features in each Chapter VC that are useful to members including My Chapter's

Page, About Us, News, Discussions, and ONS National Announcements. To locate our chapter's page visit the Virtual communities at <http://metrodetroit.vc.ons.org/>

If you have questions or problems navigating your Chapter's VC please contact Jenny Shinsky at jshinsky@ons.org.

The Chapter Capsule

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