

This article presents the collaborative effort of two complementary and integrative medicine (CIM) professionals caring for three patients with cancer. The challenges facing the integration of CIM in an oncology setting are addressed, and the collaboration between the two CIM practitioners is discussed. The effect of the combined approach was synergistic, empowering the patients and the CIM practitioners, reducing symptom burdens, and improving quality of life and function.

AT A GLANCE

- Nurses should consider taking a collaborative approach to providing integrative care and include nonmedical practitioners.
- Integrative palliative care can reduce the treatment burden of patients with cancer.
- Nurses can enrich the dialogue of treatment, addressing patients' needs in supportive cancer care.

KEYWORDS

palliative care; Paula method; quality of life; integrative medicine; oncology nursing

DIGITAL OBJECT

IDENTIFIER

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Integrative Palliative Care

Complementary medicine in oncology

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Edith, a 27-year-old, had recurrent invasive ductal carcinoma of the breast, which metastasized to the chest wall, skin, lung, and bones. Her oncology nurse referred her to the complementary and integrative medicine (CIM) service, which is located in a conventional oncology department. Edith complained of many concerns related to quality of life (QOL), such as fatigue with a feeling of heaviness, generalized pain with reduced sensation in both legs, constipation, disturbed taste sensation, mouth sores, insomnia, and facial swelling, which prevented her from going out with friends. She hoped that the CIM program would empower her and help with her physical functioning. She said, "I feel that I alone must bear the burden of the disease on my shoulders, so as not to 'break' those around me; I am the responsible adult at home."

Martha, a 59-year-old author with metastatic colon cancer, had "persistent thoughts about dying" and a sense of "disconnectedness from the Spring of Creation." She suffered from painful ulcerating subcutaneous metastases and was scheduled for home hospice care.

Dora, a 79-year-old widow with recurrent metastatic breast cancer, suffered from chemotherapy-induced peripheral neuropathy with an abnormal sense of touch of the lower limbs and left shoulder and temporomandibular joint pain, limiting her ability to chew. She suffered from a disturbed sense of taste, decreased appetite, nausea, weight loss, and fatigue, and looked forward to dying to end her suffer-

ing. She stated, "I do not find any purpose in life." However, after her treatment had been changed (from paclitaxel [Taxol®] to docetaxel [Taxotere®]), her symptoms decreased and her QOL improved, as did her perception about living. "At present, I do not really want to die," she said.

The Integrative Setting

Patients are referred by oncologists, oncology nurses, and psycho-oncologists, and undergo a consultation by an integrative physician (IP) dually trained in CIM and supportive cancer care. IP consultations and CIM treatments are provided free of charge to patients undergoing chemotherapy. The IP addresses expectations and QOL-related concerns, and designs CIM treatment plans with patients. The treatment plan and goals are sent to the referring oncology care provider and to the patient's primary care physician (Ben-Arye, Israely, Baruch, & Dagash, 2014). CIM treatments are provided weekly by a multidisciplinary team of four IPs, two nurses, three paramedical practitioners (i.e., a psycho-oncologist, a clinical dietitian, and an occupational therapist), and seven nonmedical practitioners (i.e., spiritual care providers, a music therapist, acupuncturists, and a manual and movement therapist). All CIM practitioners are trained in supportive cancer care.

Complementary and Integrative Medicine Practitioners

Two of the current authors, Katz and Wolf, are CIM practitioners who work at