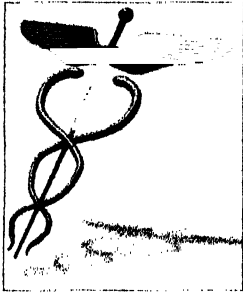


A Hospice Practice

By Serena Scrine



For almost six years Serena Scrine has worked with patients facing death. Here she shares some of her experience, both of working with the patients and working as part of a multi-disciplinary hospice team

The medical director of St Luke's hospice in Plymouth recalled the time when I started work and said: "We knew nothing about homeopathy. I can understand how morphine works, but to medics homeopathy is not understandable." She was sceptical at the start, and asked me how I would feel if the effectiveness data that I agreed to collect showed it was not helpful. I was sceptical myself, as I wondered whether the remedies could work through so many other drugs. I also wondered if I would find it depressing to work there, and whether I would tune in with the multi-disciplinary team.

The current position, almost six years on, is that the medics and other staff have seen remedies act effectively. Because we work closely together and have extensive follow-ups, this helps us notice changes. Doctors and others now refer specific patients, as they understand the scope of homeopathy more clearly. The medics feel that some anxieties have been answered. For instance, they do not worry that a patient could overdose on homeopathy in a similar way to pharmaceutical medicines. They have noticed 'side effects', which have been quickly adjusted, and to their minds indicate that something is definitely happening, i.e. medicinal action. They have generally been open to various complementary therapies, and warm towards me.

St Luke's Hospice works with patients who have been given a life-threatening diagnosis, predominantly cancer, but sometimes neurological or cardiac conditions. Many hospices include touch-based therapies as part of their care, often given by a team of volunteers. This is generally well accepted, and offers an element of care that is different from usual nursing, medical and social care. It has been more challenging to integrate homeopathy into our hospice: prescribing yet another medicine alongside the many others the patients already take. I started in September 1999, and remain on the staff part-time, together with a new homeopathic colleague who was taken on as the service expanded.

The specialist registrar at the time acted as an informal supervisor for me for the first three months, coming at the end of the day to ask whom

I had seen and what was my analysis of their situation. At first I felt I must try small remedies that were palliative and partial in their effect. He suggested that when a person has a life-threatening disease or is moving towards dying, homeopathy's holistic analysis was more appropriate. He was an acupuncturist, with a holistic viewpoint himself. From then on I have tried to make even very one-sided cases grounded in a reference to the broader person. I looked at notes from Robin Murphy and at Ramakrishnan's book for guidance. I decided to give daily doses, either of LM potencies or 30c or 200c. In general practice I would prescribe with single doses separated in time.

Homeopathic treatment fills a niche that no other treatment covers within the hospice

Impressed Not Depressed

It is extraordinary the degree to which those micro-dilute remedies can work, despite so much other treatment at the same time, and many pharmaceutical drugs. For certain patients I have worked alongside other therapists such as clinical hypnotherapy or massage, as well as the medical and nursing teams. This has had very good results. Homeopathic treatment fills a niche that no other treatment covers within the hospice.

The medicine itself, together with the holistic framework we use to explore the illness, is valued by patients and noted by some of those who refer them to me.

In time, I ended up feeling impressed, not depressed by working in the hospice. The light, airy building and positive energy of the staff contribute to this, and the patients are people in all their diverse and fascinating possible incarnations, like all other patients, whatever the diagnosis. It does inevitably force you to consider your own life and mortality as well as death. This is not necessarily depressing.

Contributors To Team Success

The medical team aims to provide innovative palliative care, so it is willing to consider new services. We clicked together personality wise, and respect each other. That is important. We are mutually curious about each other, and the cross fertilisation of our views is vital. We are only beginning to explore the different ways in which conventional and non-conventional medicine can help patients, but we are willing to make that exploration.

Sometimes particular doctors will explain that the homeopathic case taking is similar to psychiatric clerking, and offers insight that the medical clerking may not catch. My own notes are confidential, but I add a summary to the multi-disciplinary notes available to the whole team, and a rationale for my prescription.

The Patients

Patients can ask for treatment on the 22-bed ward, or the doctors and nurses will usually refer them to me. Out-patients come for appointments, often referred by the Macmillan team of specialist nurses, or they may be someone who started treatment on the ward but has now returned home. 50 per cent of our in-patients return home. Day-care patients can have appointments, and the main carer of a patient can occasionally be offered appointments.

People are referred for several reasons. They may need homeopathy as well as conventional medication, and the majority of my patients are also taking other drugs. Referrals come from people who are aware that homeopathy affects patients on a holistic level. Alternatively, they may propose that the patient receive homeopathy instead of a particular drug, for example for anxiety and depression instead of anti-depressants. Sometimes they receive a prescription for side effects such as sweats provoked by taking *Tamoxifen*.

Unusual Treatment Effects

I have found that some patients who are very sensitive to pharmaceutical medication are also oversensitive to homeopathy. Their reaction does not always take the form of proving the remedy, nor do they suffer aggravations. But they seem to have an extreme reaction that can only have developed after the homeopathic medicine was taken, and stops if they cease to take it. This is rare; only two patients from those I have seen. A colleague working with AIDS patients confirmed this unusual reaction.

Another unusual situation developed once a patient who had been stable on a pain-control regime became delirious and over-opiated after receiving a new homeopathic prescription. It seems that the homeopathic medicine affected her well, and consequently her pain needs from the opiates were lower, but they had not been reduced.

One-Sided Case of GA

March 13, 2002. An 82-year-old man was an in-patient. He had severe respiratory problems from asbestosis, and was very thin and weak. He had advanced cancer of the rectum. His pain was controlled, but he had pressure sores. He was given a strong stimulant laxative, to try to help his bowels clear, as his abdomen was partially obstructed. This irritated his diaphragm and he developed hiccoughs, which gradually became constant, day and night, so that he could not rest or sleep. He had been given four different anti-spasmodic medicines, but there was no effect.

I was asked to visit by the doctors, and found him with his family, looking frail. He was irritable, and asked me if I was sure the doctors would approve of homeopathy. He explained that he had not had a break from hiccoughs for four days. After a hiccup his breath became spasmodic as well. He explained that he was definitely more irritable than normal, his speech was slurred, and at the slightest effort he was breathless. "I would be so grateful to stop this, it's the last straw and I can't rest." His daughter commented that he was a specialist in being extraordinary, all his life. I repertorised the following rubrics:

Stomach – Hiccough

Respiration – Paroxysmal

Rectum – Cancer

Respiration – Impeded, obstructed

This rather general set gave me a list of many possibilities. So I considered each against the fact that the man showed a dutiful and 'proper' side in questioning me about the suitability of the visit, and that his daughter implied he had the opposite polarity as well, an eccentricity. I chose *Kali carbonicum* 200c, which he asked for as and when he needed it. This has affinities with gastro-intestinal and respiratory troubles, with exhaustion, with spasmodic coughs and hiccoughs, as well as the temperament that seemed to be indicated by the limited picture of his personality that was possible for me to discern, under the circumstances.

The first dose took him through the night until 6.30 in the morning, and he slept. Staff reports and the nursing notes showed that the hiccoughs were reduced. I checked the details with him a week later. He said: "Your little tablet seems to do the trick. It is under control now. I take it two to three times daily, or on occasions not even that often. The sores are also a lot better and my breathing is reasonable. I am overall a lot better. I am sleeping well – it helped an awful lot. My bowels are more settled. I am going home tomorrow." He died at home three weeks later.

Constitutional Case of NS

August 5, 2004. A woman of 32 had grown up in India. At 15 she developed a lump in her neck, which was painful, and gradually she became breathless on exertion. Thyroid cancer was eventually diagnosed, and at first she responded well to both homeopathic medicine and to radioiodine treatments. By 2003 she had a secondary lung tumour and coughed at times, or became breathless, and her chest felt painful, especially on lifting. Her husband was now ill, and other stressful factors were making her feel weak and unwell, and she developed headaches. She spoke freely in the session, but the referral commented that she kept her feelings to herself normally, although clearly stressed.

She felt the cold a lot, and especially on the chest and neck. This area of her chest would also sweat if uncovered, so she always wore high-necked clothes. She had always been very thin.

She said she had always been religious, and was an obedient child. She was afraid of the dark, and reacted strongly to a horror film once, not sleeping for nights afterwards. When upset her throat chokes up but she cannot cry. From childhood she told herself that she must be strong, and would not cry. She said she was a serious child, and scared of ghost stories. She took responsibility for herself from a very young age, and was sent to live away from the family when attending school. Her next

oldest brother started using drugs at 12, 13 and eventually died of HIV AIDS. Another cousin also had thyroid cancer and died.

"Maybe I'm too independent for my own good. I was always responsible for others. At school I gave tuition to other students. When I worked, I divided my salary to send home... It was sudden when I found I was away from my father, and that was the hardest thing... but I always say things could be worse. I am always on the phone to my family, and we pray for each other."

I repertorised the following rubrics:

Mind – religious affections

Mind – anxiety of conscience

Mind – conscientious

Throat – sensation of a lump

External throat – constriction – thyroid gland

Generals – Heat – lack of vital heat

Perspiration – on uncovered parts

I prescribed *Thuja 200c* once daily. I saw her several times, and repeated the remedy. By September that year she was coughing less, and said the cough was the best it had been for a long time. Her menstruation had been better for the past couple of months. She was due to have repeat radioiodine treatment, and in preparation her normal thyroxin had been stopped. This would usually make her feel bad, but this time she felt fine. By January this year she said that a CT scan after the radiation treatment showed everything was clear in the thyroid. Her headaches were also better, less frequent and less severe.

In contrast to pain, suffering can be understood as the experience that results from damage to the whole person... Pharmacological interventions do little to ease the intensity of this distress and make no impact whatsoever on the raw, open wound at the core of the experience. Michael Kearney

Constitutional case of BG

October 28, 2004. A woman of 54 had developed breast cancer, confirmed in August 2004 and had a mastectomy. Only one nearby gland had been affected, so it was agreed that chemotherapy would not be helpful. Different opinions were given as to whether she should have radiotherapy and take *Tamoxifen* long term. She was waiting to make her mind up. Since the operation she had developed painful mouth ulcers, so she couldn't swallow, and this had been a recurrent symptom when she was unwell.

Fifteen years earlier she had a hysterectomy because of endometriosis. She got depressed, had

mouth ulcers, and boils under her arms. At that stage she was put on HRT with the explanation that her ovaries had been disturbed. She came off the HRT with the breast cancer diagnosis, and had developed drenching night sweats afterwards.

As a child she was tall and skinny, and got bronchitis, pneumonia, double pneumonia: lungs congested every year. From the age of 11 she had good health. She was late to develop menses (age 16) and had no bust until then. From seven to 11, "a spiritual person developed. I had several profound experiences". At 18 she joined the air force because she "wanted to save the world". She felt this woke her up to life.

She said that her first husband and her sister had, in different ways, tried to control her. "I'm everyone's friend, speak to everyone. They each wanted to put me in my place... I'm a pleaser, going right back to childhood. As a youngster, I loved life so much. That was enough. So I should make people happy." Through the whole of her life she has had a knowing, a pure intuition. She is fearful of the dark, and the idea that her children might be harmed. "I'm a perfectionist in the way of treating people. I can't understand why someone could harm anyone."

In the past year she had joined a walking club, which she found very satisfying and fulfilling. Her recent holiday had been walking up a mountain. She has a high-powered job in a big company, and has high-powered commitments outside of work. She is "Mrs Dynamic". Her relationship with her husband has come under strain, and the cancer diagnosis is making her think life through, and to ask for them to review their world together. She felt that before that she was hiding in work.

I repertorised the following rubrics:

Chest – cancer – mammae

Mouth – ulcers

Female genitalia/sex – Menses – delayed in girls, first menses

Mind – Activity

Mind – Sympathetic

Generals – open air ameliorates

I prescribed *Phosphorus 200c* once daily. She gradually went back into work, but planned ways in which she would vary her work pattern in the future. She is continuing to consider the patterns of her marriage and how to change them. She felt that she had not been true to herself, because if she had an out-of-body experience as a child her mother would say she was being silly. "Cancer stopped me again, I should heal that and be myself. I feel connected now to that five-year-old I was." Sweats that remained after coming off HRT have changed; they are much less intense and don't cause any problem. She was very grateful for the opportunity and neutral space to consider her life and health in this way.

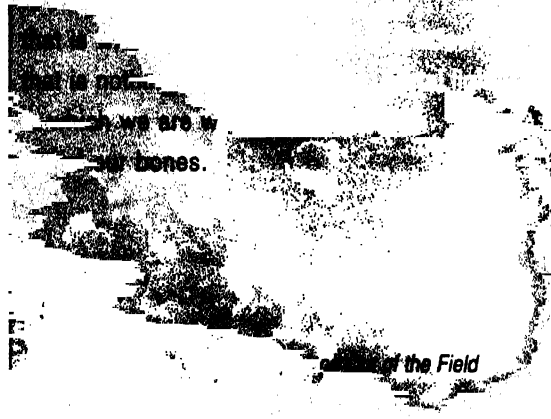
Overcoming Terror Through Integration

Michael Kearney has contributed to the discussion of issues surrounding integrated medicine in his book, *A Place of Healing*. He is a consultant in palliative care at two hospices in Dublin. He comments 'pain affects parts of an individual. Using the principles of the medical model, pain can be assessed, treated, in the vast majority of instances be brought under control... In contrast to pain, suffering can be understood as the experience that results from damage to the whole person... Pharmacological interventions do little to ease the intensity of this distress and make no impact whatsoever on the raw, open wound at the core of the experience.' He proposes that the area of suffering that cannot be relieved through medical care is integrated, intuitive, unconscious, where the self resides. In the Dublin hospice where he works they use imagery with drawing or guided visualisation to explore this with patients.

I came to feel that the homeopath's work, responding to the patient's evocatively formed narrative in analysis and prescription, is in this same area. Michael Kearney reviews medicinal practice in ancient Greece, where Asklepan healing was revered alongside Hippocratic medicine (the roots of the Western medical model). The symbol of their integrated system was the staff with two serpents intertwined. Hippocratic medicine is rational, objective, treats pain from without, works *contra naturam*, and involves external knowledge and skills. Asklepan medicine uses fuzzy logic, as in quantum physics (both/and rather than either/or), is subjective, heals suffering from within, and works with nature, and the primary training involves a high degree of self-knowledge to achieve this. Both of these elements are needed for a whole person and whole health, because they represent male and female elements, surface and deep-mind qualities.

Kearney argues that we wish to distance ourselves from terror, especially fear of death, and that we tend to bolster our self-esteem by reinforcing dominant cultural views, and by distancing ourselves from or denigrating alternative views. It is as if we find it harder to bear the irrational, intuitive, deep parts of ourselves when we are in that fear, so we must attack others who display these parts. Alternatively, we may entrench ourselves more firmly in the intuitive counter-establishment perspective, and denigrate the dominant views more extremely.

Peaceful settling and resolution at the end of life will mean that we have integrated both these sides successfully, steeped ourselves in that intuitive side and made connections between the two worlds. The more we could encourage healthcare elements that enable us to explore the Asklepan side of ourselves, the more successful our healthcare system would be. Successful integration needs will and respect from both sides, and would mean more inclusion of homeopathy and other complementary medicine, and also creative arts therapies.



Evaluation

A small-scale qualitative research project has been completed and is being prepared for publication. At every session 40 patients completed a Visual Analogue Scale score, rating two symptoms that they consider priorities for change, and their general wellbeing. An interviewer conducted open interviews with a few new patients, and again after they had attended at least four sessions. From the interviews we worked out a set of themes found by the patients in relation to the homeopathy service. They appreciated it as an opportunity to consider themselves and the story of their life. A good number of them found changes in their symptoms and well being.

I hope I have conveyed some sense of the interest and satisfaction involved in working in the hospice. I value being in a multi-disciplinary team, as well as the continuing homeopathic privilege of hearing the patients' stories, and observing how remedies weave into these, and can helpfully affect them.

References

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