

Healing Environments

Integrative Medicine and Palliative Care in Acute Care Settings



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KEYWORDS

- Integrative medicine • Palliative care • Mind body medicine • Spirituality
- Essential oil therapy • Homeopathy • Biofield therapies • Massage

KEY POINTS

- Physical, mental, or emotional distress associated with a hospital admission remains difficult to treat with conventional therapies.
- An integrative approach to support patients during acute and critical illness improves safety, increases comfort, and enhances the innate healing response.
- Staff should be offered access to skills training to cultivate compassion and mindful practice to enhance both patient care and self-care.

INTRODUCTION

Integrative Medicine

Integrative medicine, as defined by the Academic Consortium for Integrative Medicine and Health, is the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, health care professionals, and disciplines to achieve optimal health and healing. Complementary modalities such as acupuncture, massage, meditation, art therapy, music therapy, guided imagery, essential oil therapy, and biofield therapies, have been safely and effectively used in acute care settings to provide nondrug symptom management.¹⁻⁴ More important, it is an approach that addresses the physical environment, relationships, conversations, and behaviors, not only for patients but also for families and for health care professionals providing care in acute care settings, and truly integrates the mind, body, and spirit in the work of healing.

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CURRENT PRACTICE GAPS IN ACUTE CARE

Conventional medicine is excellent at saving lives; however, it has little to offer to address the physical, mental, and emotional distress associated with life-threatening or life-limiting disease. For example, many patients experience some level of anxiety and pain during a hospital admission, whether it is from the medical or surgical condition that precipitated their admission, or with procedures used to treat these conditions. Additionally, patients and their families are left on their own to find processes to create meaning and to help them adjust to the altered circumstances of their lives in a manner that contributes to the positive, transformative, and resilient aspects of healing and psycho-spiritual growth.⁵ Anxiety, nausea, and pain are symptoms that remain difficult to treat safely and adequately with conventional therapies, yet significantly affect quality of life.

The National Quality Forum is an organization that addresses both safety and quality in hospital care. In its *Safe Practices for Better Healthcare* 2009 Update, the National Quality Forum asked how the current health care system could better manage pain (improve quality) while simultaneously reducing side effects (improve safety). The report further stated, "There is strong evidence that integrative care can heal and improve basic conventional care by addressing the mind, body and spirit connection." The Joint Commission revised its pain management standards for 2015, recognizing that both pharmacologic and nonpharmacologic strategies have a role in the management of pain. The need and practice gap are increasingly being recognized. Adopting an integrative approach to palliative care in acute care settings can meet this need and fill this gap.

STRATEGIES FOR THE PHYSICAL ENVIRONMENT

Stimulus Modulation

Intensive care settings provide unremitting sensory stimulation. Excessive light and noise disrupt circadian rhythms, resulting in poor sleep quality and delirium.^{6,7} The circadian rhythm secretion pattern of melatonin as measured by urine 6-sulfotymelatonin levels is disrupted in critically ill, septic patients.⁸ Sleep pattern disruptions, in the form of predominant stage 1 sleep, less rapid eye movement (REM) and slow-wave sleep, rebound after REM deprivation, reduced total sleep time and sleep efficiency, frequent sleep stage transitions, and greater proportions of daytime sleep have also been reported.⁸ Stimulus modulation practices to address sleep disruption include the use of eye masks, turning off artificial lights, and decreasing noise and movement. As a part of patient-centered care, standard hospital practices and incorporation of patient and family preferences should be reviewed to allow for improved sleep. These measures include adjusting feeding, laboratory and diagnostic testing, vital signs monitoring, and medication administration schedules by eliciting information from the patient and family members about particular practices that promote sleep, or the use of sleep objects.⁹

Reducing Health Care–Acquired Infections

Hospital-acquired infections, especially in intensive care units (ICUs), result in significant patient morbidity and mortality and drive costs.¹⁰ A wide range of infection control measures, including patient isolation, hand and surface disinfection, changing practices in antibiotic prescribing and use of indwelling devices, and development of new anti-infective agents are being used to address this. Metals and essential oils with anti-infective properties are two complementary modalities that can potentially be added to this array.

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