



Photo Courtesy of Rosemary Johnson

Reiki at St. Charles Cancer Center

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IT'S BEEN SAID MANY TIMES that we don't find Reiki, Reiki finds us. This certainly happened at St. Charles Cancer Center in Bend, Oregon. St. Charles is a 225-bed tertiary medical center serving central and eastern Oregon. It is the only tertiary medical center within its 31,000-square-mile service area. It offers a broad scope of services, from open-heart surgery to rehabilitation, and a progressive oncology center.

History

The original St. Charles hospital was built in 1918 by the Sisters of St. Joseph of Tipton, Indiana and their mission was to serve all or serve none. Sister Catherine Hellman, RN belonged to this order and was the President of St. Charles from 1969 till her retirement in 2003. She inspired the building of the current St. Charles hospital which opened in 1975 and incorporated nature, beauty and art

in the architecture and design. Sister Catherine was a true visionary who believed that every component of the environment has an impact on healing and that our relationships profoundly impact that environment.

Nancy Moore, RN, PhD was the Director of Nursing under Sister Catherine and developed a "Healing Healthcare" philosophy in the 1990's which included programs and practices for "healing our-

selves, our relationships, and our community.” Both women had strong philosophies grounded in treating the whole person; body, mind and spirit, which differentiated “healing” from “curing,” and incorporated practices that facilitated both. They taught that our “presence” was one of our most powerful healing tools, and our challenge as caregivers was to cultivate that tool first. Reiki fit right in with this philosophy.

Rosemary has been an RN for 35 years, working at St. Charles since 1987, and had the great fortune of working with these two strong women mentors. Her role was to help implement programs that supported these intentions. Implementation included developing competency modules for therapeutic presence, assessing pain and anxiety as a fifth vital sign and expanding pain management interventions to include non-pharmacological approaches to relief. These approaches were based on research showing people’s healing is negatively impacted when pain and anxiety are left untreated or are undertreated. Learning modules for deep breathing, muscle tension relaxation and guided imagery were taught to all caregivers throughout the hospital. Each unit also had nurses trained in Therapeutic Touch and had a representative that served as a “Healing Healthcare Resource” and received extra training in the use of complementary modalities. We had a 24-hour relaxation channel that played a 15 minute guided relaxation every hour, in English and Spanish.

Cancer Center and Reiki

Rosemary had become a Reiki I practitioner in 1990 but had not practiced it in the hospital setting. In 2005 Reiki began to work in a more active way. She completed Reiki II, ART and Usui/Tibetan Reiki Master classes and opened a private practice with three other Reiki Masters. By the time she began working at St. Charles Cancer Center in late 2006, Reiki was alive and well in her life. Peggy Carey, RN, another visionary woman, was the Cancer Services Program Director at that time and was very open to offering Reiki in the cancer center and so the program began.

Arrangements were made to share the social work office for given blocks of time throughout the week. The other Reiki Masters from the private practice agreed to volunteer two hours per week in the center, so we began offering two treatments, each an hour long, 4 days per week. A schedule and informational brochures were posted at the reception desk and we were off and running. It took a little while to catch on, but once patients started receiving Reiki, word spread quickly throughout the waiting room about its benefits. Within 6 weeks our schedules were full and we had a waiting list.

Patient Self Reiki

In the early stages of a cancer diagnosis patients can be very overwhelmed with the treatment schedule and side effects from chemotherapy. Because we had a limited Reiki schedule and many of our patients come from long distances, we decided to teach and attune patients to “Self Treatment.” The hope was that they would be “as close as their own hands” to some relief between their scheduled treatments. Self Reiki is a simplified, condensed training that consists of a one hour appointment to discuss a folder containing the following:

- What is Reiki?
- How to use Reiki
- Benefits of Reiki
- Hand positions for self treatment.

The patient is lead through a meditation and given a Reiki One attunement. The patient and practitioner spend about 15 minutes giving a self treatment together. The patient is sent home to practice. A follow-up 15 minute appointment is scheduled to answer questions, clarify hand positions, and offer encouragement. The patients express great appreciation for this skill that empowers them to take an active role in their own treatment and well being. If a patient is interested in sharing Reiki with others, they are encouraged to take a Reiki I class once they finish their treatment and are feeling better.

Volunteer Training

By 2009, we had treated many cancer patients and Reiki had developed a reputation as a useful and beneficial treatment option. One of the Reiki Masters had retired, so our schedule was full and our waiting list long. Several of the cancer patients who had been “regulars” in our clinic became concerned about the limited access and approached our staff with a request to learn Reiki and become volunteers. They wanted to learn Reiki so they could support other cancer patients during this stressful time period of their lives.

We scheduled two Reiki I classes in January 2010 and spread the word to our cancer population. St. Charles Cancer Center has a very active Survivorship program (called DEFEAT Cancer) that hosts monthly meetings addressing all areas of thriving after a cancer diagnosis. Regular attendance is 60-100 people. We announced our classes and intentions for those interested in becoming Reiki volunteers at their program. 18 people attended the two classes and 10 became volunteers. Reiki then took us to another level of service!

One of the volunteers and her husband were such advocates of our service that they negotiated a second full-time room in our adjacent medical oncology office. In one year our program has blossomed! As of this writing there are 25 volunteers of which 8 are Reiki Masters. We are providing nine 2-hour Reiki blocks per week and have held additional trainings, developed structures, protocols and processes that support consistency and help measure outcomes. Practitioners report such personal satisfaction through providing Reiki in this setting that our program continues to grow through word of mouth.

Reiki has taught us many things about being successful in a medical setting. Western medicine puts great focus on structure, duplication and measurable outcomes. A practice such as Reiki is often perceived as very esoteric, unmeasurable and “uncontrollable” to the western practitioner. The processes implemented in our program have helped in supporting acceptance of the benefit Reiki can pro-

vide and its role in cancer treatment. Our service continues to fine tune itself. We believe the following steps have supported our credibility and success:

- St. Charles supporting a paid RN coordinator position 20 hours per week to develop and implement processes, standardize delivery of treatments, monitor consistency of care, educate and mentor volunteer staff, track outcomes and report to Program Director and Oncologists.
- Since volunteers are “lay practitioners” in a clinical setting, we implemented a revised but prescribed set of hand positions considered “safe touch.” Hand positions around breasts, hips or lower abdomen were eliminated. Because many cancer patients express feeling “touch deprived” we’ve added hand and outer shoulder positions to our treatment plan. We have evolved to treating patients on the front of the body only because many cannot lie on their stomachs due to chemotherapy ports in their chests, recovering from mastectomy or other surgeries, or skin tenderness from radiation therapy.
- All Reiki volunteers go through the hospital orientation receiving training in confidentiality, hospital safety and professional code of conduct. They receive a hospital name badge and track their volunteer hours.
- Volunteers are given packets containing information on hand positions, treatment guidelines, sample scripts for starting a session, and instructions for filling out patient treatment cards.
- Reiki volunteers are then mentored either by program coordinator or by another Reiki Master who has been volunteering for a minimum of 6 months.
- After completing the mentoring, Reiki Volunteers are paired with a

“treatment partner” so all sessions are given by 2 volunteers providing extra support and safety to volunteers and the patients.

- Reiki practitioners in this setting are communicating that Reiki is for “relaxation and comfort” and we are not “curing” the patient. If intuitions or insights come during a treatment session, they are asked to keep it to themselves. Our guideline is to follow only the protocol for treatment in a medical setting. This protects Reiki as an appropriate and useful intervention with our medical staff.
- Each patient has a Reiki Treatment card that includes their name, address (for annual satisfaction questionnaire), phone number, and check boxes for “Reiki explained” and “Permission given” on the top. The bottom has lines for date, recording 0-10 assessment scale for pain, anxiety and well-being. There is a spot for “Comments” to record other problems or symptoms the patient may be experiencing. Assessments are recorded both before and after each treatment.
- Monthly 2 hour volunteer meetings are held to debrief, discuss and answer questions that arise from treating patients. Because many of our volunteers are still dealing with cancer or have survived cancer they are vulnerable to patients passing or having a recurrence so we include periodic visits from Spiritual Care or Social Work to address fear, grief and loss.

Our volunteer pool has also grown as a result of a recent advertising campaign launched by our cancer center. It included several half page ads in the local newspaper as well as a billboard outside of Prineville, OR, as you travel towards Bend with a picture of Rosemary giving Reiki to a cancer patient. See page 17. The half page ad in the paper contained

the following quote, indicating a major shift in acceptance of Reiki that has occurred at St. Charles: “Complete cancer care requires a balanced approach. That’s why we provide Reiki as a complementary therapy for cancer patients. This Japanese technique has been shown to promote relaxation, giving the body the energy it needs to meet the challenges of cancer treatment. We do this because we know that healing can take many forms, and sometimes the gentlest touch can be the best medicine.” After the ads we had calls from several Reiki practitioners in our area wanting to volunteer. People and patients wanting to volunteer who have not received Reiki training are directed to several Reiki classes offered in the Bend area. Robin Fuerst, a Reiki Master teacher licensed through the ICRT and volunteer at our center, generously offers class discounts to cancer patients interested in becoming Reiki I practitioners and volunteers at the Cancer Center. This Reiki volunteer model has enriched our lives, taught us a great deal and given us some interesting data that is building a sound reputation and generating tremendous good will.

We are grateful to Reiki for its guidance, love and inspiration.

Reiki Stories

The following are a few stories about patients in our program:

One of our patients had metastatic breast cancer and was on Hospice care. She started coming for regular Reiki treatments up to 2-3 times weekly. She lived another year on Hospice and expressed that Reiki helped her find ease and acceptance in her condition, her life and her transition process.

Another patient was a kidney cancer survivor who developed three metastatic brain tumors. She had one removed surgically and the second treated stereotactically. Because of the location of the third, the treatment recommended was whole brain radiation. She was very opposed to

this treatment and through “negotiations” decided to follow her personal well-being program, get regular Reiki treatments and see the radiation oncologist every six months. She took Reiki I training and also became an active volunteer giving Reiki 2-3 times a week. She continued Reiki training through Level II, and this fall became a Reiki Master. She recently had another scan of her brain and the tumor had shrunk considerably! Her radiation oncologist was thrilled and extended her follow up surveillance to 8-12 months. She feels well, optimistic and hopeful and credits Reiki for much of her success.

A third patient started coming to Reiki shortly after our first clinic opened. She was loving, vibrant, alive and energetic individual. She had a way of uplifting everyone around her. She was attuned to Self-Reiki and began practicing daily. She painted a number of original pieces for our Reiki program. The first piece was a gift to the program done in water color and acrylic titled “Reiki Love”. She joined our volunteer team in January 2010, covering a weekly 2 hour block. In the fall of 2010, she had a recurrence and her cancer

moved quickly till she passed in November. She kept assuring us all that she was Ok. “Reiki may not have cured me, but it has definitely healed me. Never underestimate the power of that difference.”

Another young woman was referred to our clinic after receiving a diagnosis of melanoma. She was a strong athlete, a first grade school teacher, a wife and mother of a 5 year old. Because of her specific cancer, she was referred to Portland to the University Hospital for 5-day inpatient chemotherapy treatments one week out of each month. We worked out a schedule that she could receive Reiki 3 times weekly her first week back each month, then weekly till her next inpatient appointment. Some weeks when she came for her treatments she was so weak and pale she could barely walk. On some occasions practitioners were even worried about treating her or her ability to even make it through a Reiki session. She called one Monday morning when she was scheduled to be at the University for her Inpatient Therapy and asked if there were any openings for the week. “I was supposed to go for chemotherapy and

they called me saying my scans are completely clear!” We were all so thrilled. She regained her strength and returned to teaching first grade last fall.

Reiki Data

We collated and analyzed the data gathered from the cancer patients who received a Reiki session from January 7 to September 13, 2010. Each patient was evaluated before and after Reiki using the standard 1 to 10 scale to rate pain, anxiety and overall wellbeing. Five patients were eliminated from analysis because of incomplete scoring on one or more of the scales for this descriptive analysis. During this time 79 patients (11 male, 68 female) received hands on Reiki treatments of 30 to 45 minutes, usually from a pair of Reiki volunteers. The volunteers provided 312 sessions during this time period. The “comments” section was used to fill in 16 missing values, scoring the “after” scale as only one point better than the initial rating when the comment indicated an improvement. On 9 occasions it was clear the before and after ratings were reversed because of the

SCCC Reiki Session Data Table

Data Gathered – Jan 7 to Sept 13, 2010

Number of Patients	79	11 Male 68 Female	
Number of Sessions	312		
Pain Scale Zero = no pain 10 = severe pain	Average Change 1.53	Range 0 to 8	“Corrected” Average Change 2.26
Anxiety Scale 0 = no anxiety 10 = severe anxiety	Average Change 2.7	Range 0 to 9	“Corrected” Average Change 3.2
Wellbeing Scale 10 = feel great 0 = feel miserable	Average Change 1.9	Range 10 to 0	“Corrected” Average Change 2.1

positive comments verbalized by the patient at the end of the session. These values were also “corrected”.

Patients were in varying stages of their chemotherapy, surgery and/or radiation therapy regimens. Some primarily were experiencing pain or anxiety, and many had both symptoms. The overall average change in the pain scale was a 1.5 point decrease (range 0 to 8). When the 103 Reiki sessions with patients who rated their pain as a zero before and after the session (experiencing no pain) were adjusted for, the “corrected” average decrease in the pain scale improved to 2.26 points.

The overall average change in the anxiety scale was a 2.7 point decrease (range 0 to 9). When the 48 Reiki sessions with patients who rated their anxiety as a zero before and after the session (experiencing no anxiety) were eliminated from these data, the average decrease in the “corrected” anxiety scale improved to 3.2 points.

Finally, the wellbeing scores also improved from before to after a Reiki session. The wellbeing scale is the “opposite” of the pain and anxiety scales, with a rating of zero meaning the patient felt miserable, and ten meaning they felt great. The overall average change in the wellbeing scale was a 1.9 increase (range 0 to 10). When the 33 Reiki sessions with patients who rated their wellbeing as a ten before and after the session were eliminated from these data (felt great to start with), the average increase in the wellbeing scale improved to 2.1 points.

These data support a positive impact of Reiki on patients receiving cancer therapy in the areas of pain, anxiety and wellbeing. We hope to use this pilot data to design and conduct a more rigorous, controlled study in the future.

Conclusion

This past year has been an amazing journey with Reiki as St. Charles Cancer

Center has expanded its oncology services and we have become a Comprehensive Cancer Center. Reiki’s acceptance has grown, driven especially by patient to patient conversations. The chemotherapy room nurses as well as some of the oncologists have received Reiki and are supportive of the program. The pilot study data, with each patient serving as their own “control,” showing pain decreasing 15 – 22%, anxiety 27 – 32 %, and wellbeing improving 19 -21%, is impressive and encourages the pursuit of a study rigorous enough to be published in a medical journal. Reiki has enhanced the lives of staff, patients, and volunteers through the St. Charles Cancer Center Reiki program. What an incredible gift Reiki is to our community!



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