The background features a gradient from light purple at the top to light blue at the bottom. Scattered throughout are various-sized, realistic-looking water droplets with highlights and shadows. In the center, there is a faint, light-colored circular graphic that resembles a stylized human head or a similar anatomical form.

TOTAL PAIN, TOTAL CARE: INTEGRATING OSTEOPATHIC PRINCIPLES INTO PALLIATIVE MEDICINE

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OBJECTIVES

1. REVIEW THE HISTORY AND DEVELOPMENT OF PALLIATIVE MEDICINE
2. REVIEW HOSPICE CARE SPECIFICALLY, AND HOW IT DEVELOPED
3. LEARN ABOUT TOTAL PAIN
4. RELATE TOTAL PAIN TO THE OSTEOPATHIC PRINCIPLES WE KNOW AND LOVE
5. LOOK AT A FEW STUDIES ABOUT OMT IN PALLIATIVE PATIENTS



HISTORY OF PALLIATIVE MEDICINE

- 20-25 MILLION PEOPLE RECEIVE PALLIATIVE CARE EVERY YEAR
- DR. CICELY SAUNDERS—INTRODUCED THE IDEA IN THE 1950S THAT MODERN HOSPICE CARE NEEDS TO BE INTERDISCIPLINARY
- DR. ELISABETH KÜBLER-ROSS, PSYCHIATRY--WROTE *ON DEATH AND DYING* IN 1969
- DR. BALFOUR MOUNT—COINED THE TERM PALLIATIVE CARE IN 1974
- AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) AND THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION RECOGNIZED THE SUBSPECIALTY OF HOSPICE AND PALLIATIVE MEDICINE IN 2006
- PALLIATIVE CARE DEFINED BY THE WHO: THE ACTIVE TOTAL CARE OF PATIENTS WHOSE DISEASE DOES NOT RESPOND TO CURATIVE TREATMENT

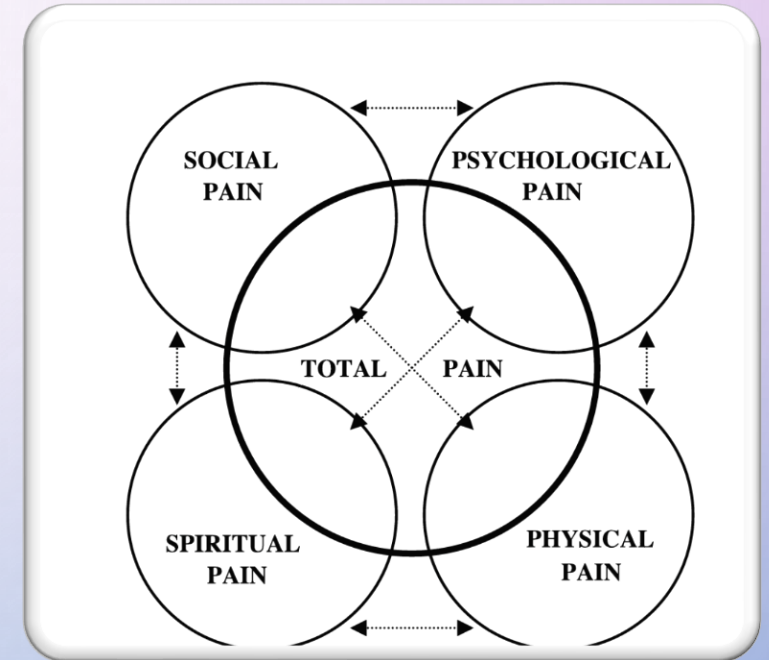
HISTORY OF HOSPICE CARE

- IN THE 19TH AND 20TH CENTURIES, RELIGIOUS ORGANIZATIONS BEGAN TO PROVIDE CARE FOR THE DYING
 - THE IRISH SISTERS OF CHARITY OPENED “OUR LADY’S HOSPICE” IN DUBLIN IN 1879
 - ONE OF THE FIRST INSTITUTIONS DEDICATED TO THE CARE OF TERMINALLY ILL PATIENTS
- DR. CICELY SAUNDERS—FOUNDED THE FIRST FORMAL HOSPICE HOME IN 1967
 - ST. CHRISTOPHER’S HOSPICE IN LONDON
 - SHE DESCRIBED THE CONCEPT OF “TOTAL PAIN”
- FLORENCE WALD VISITED ST. CHRISTOPHER’S, AND OPENED THE FIRST U.S. HOSPICE, CONNECTICUT HOSPICE



TOTAL PAIN

- IT IS ESTIMATED THAT UP TO 25 MILLION PEOPLE THROUGHOUT THE WORLD DIE IN PAIN EACH YEAR
- TOTAL PAIN INVOLVES THE IDEA THAT SUFFERING ENCOMPASSES A PERSON'S PHYSICAL, PSYCHOLOGICAL, SOCIAL, SPIRITUAL, AND PRACTICAL STRUGGLES
 - VERY MULTIDIMENSIONAL
 - SOUNDS FAMILIAR
- INDIVIDUALIZED AND UNIQUE TO EACH PATIENT'S SITUATION
- PAIN MAY NOT NECESSARILY BE EASY TO VERBALIZE OR LOCATE, IT IS SUBJECTIVE



Mehta et al.

MY EXPERIENCE WITH HOSPICE AND PALLIATIVE MEDICINE



- STUDIED PHILOSOPHY DURING UNDERGRAD, WITH MY FAVORITE COURSES BEING ETHICS AND BIOETHICS
- DID A RESEARCH PAPER ON OFF-LABEL PEDIATRIC ONCOLOGY TREATMENTS DURING UNDERGRAD
- WAS ABLE TO STUDY ABROAD IN THE UK: *LIFE AND DEATH IN THE UNITED KINGDOM*
- SAW MY FIRST HOSPICE HOME IN BATH, ENGLAND
- DURING SECOND YEAR OF MED SCHOOL, PARTICIPATED IN THE HOSPICE HOME IMMERSION PROJECT
- DID RESEARCH AND A POSTER ON THAT PROJECT

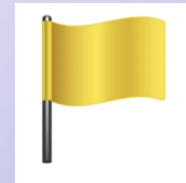


OSTEOPATHY

- IT'S INTERESTING THAT OSTEOPATHIC MEDICINE BEGAN TO EVOLVE WITH AT STILL IN 1874, AROUND THE SAME TIME HOSPICES WERE DEVELOPING IN THE UK
- AS WE KNOW, AT STILL BECAME INCREASINGLY FRUSTRATED WITH THE MODERN MEDICINE OF HIS TIME, AND WANTED TO REINFORCE WE WHAT KNOW—THAT THE BODY HAS AN INHERENT ABILITY TO SELF-HEAL
- SOMETIMES, AS IS THE CASE WITH MANY HOSPICE/PALLIATIVE CARE PATIENTS, THE BODY'S ABILITY TO SELF-HEAL IS OVERPOWERED
- BUT—OUR OTHER PRINCIPLES OF OSTEOPATHY BECOME EVEN MORE IMPORTANT: THE BODY AS A UNIT OF MIND/BODY/SPIRIT, STRUCTURE AND FUNCTION ARE INTER-RELATED, AND TREATMENT IS BASED ON THESE PRINCIPLES

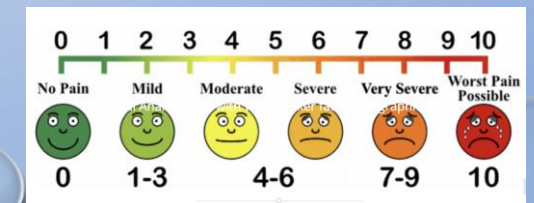
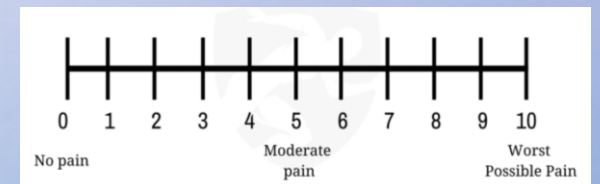
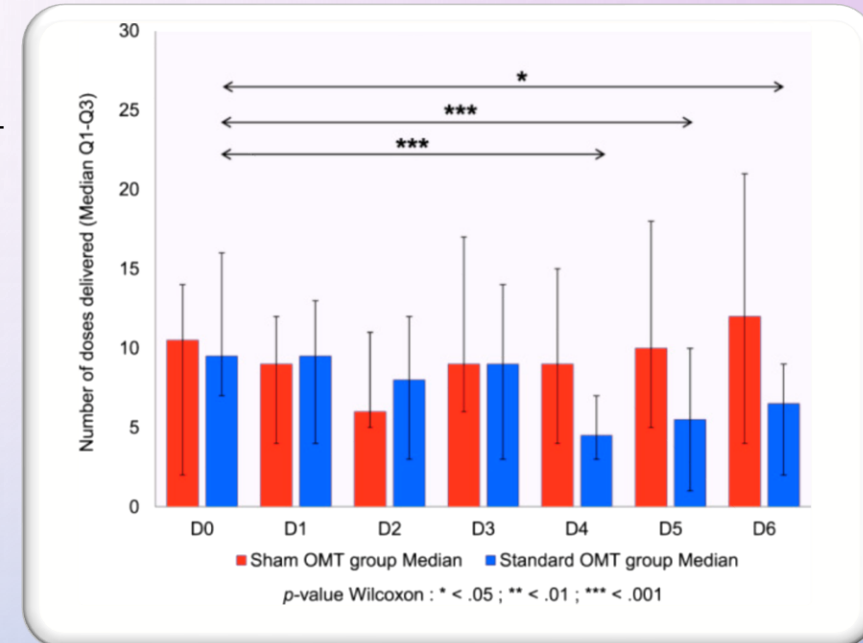
FACT OR MYTH?

- YOU CAN'T DO OMT ON PATIENTS WITH ONCOLOGIC DISEASE
 - MYTH...BUT WITH CAUTION
- THIS WAS ALWAYS TAUGHT TO US IN SCHOOL AS A RELATIVE CONTRAINDICATION OR “YELLOW FLAG” FOR OMT
- STEMMING FROM CONCERN FOR LYMPHATIC SPREAD OF CANCER CELLS
- LIKE EVERYTHING IN MEDICINE, YOU HAVE TO WEIGH RISKS VS. BENEFITS
- ALSO CONSIDER THAT PALLIATIVE AND HOSPICE MEDICINE DOES NOT ALWAYS EQUATE TO ONCOLOGY
- THERE ARE SPECIALISTS TO HELP US—WITH PERMISSION WE CAN DO OMT
- I LEARNED ON THIS ROTATION TO BE ESPECIALLY CAUTIOUS AND WITHHOLD OMT IF PT HAS NEWLY DX CANCER WITH NO CHEMOTHERAPY, SURG, RAD, ETC.



OMT IN PALLIATIVE CARE PATIENTS: AN RCT²

- **PURPOSE:** TO STUDY THE EFFECT OF OMT ON PAIN CONTROL IN PALLIATIVE CARE PATIENTS
 - SPECIFIC TO THE OLDER ADULT POPULATION, THE THE AMERICAN GERIATRICS SOCIETY NOW RECOMMENDS USING NONPHARMACOLOGICAL METHODS IN ASSOCIATION WITH PHARMACOLOGICAL METHODS FOR PAIN MANAGEMENT
- **METHODOLOGY:** RANDOMIZED CONTROLLED COMPARATIVE MONOCENTRIC TRIAL, SINGLE-BLINDED (OSTEOPATHIC PRACTITIONER WAS NOT BLINDED, PATIENTS WERE
 - N=75, PATIENTS RANDOMLY DISTRIBUTED INTO STANDARD AND SHAM OMT SESSIONS. INCLUSION CRITERIA WERE BASED ON A PREVIOUS STUDY AND WAS FOUND TO BE REPRESENTATIVE OF HOSPITALIZED CANCER PATIENT RECEIVING PALLIATIVE CARE PATIENTS IN EUROPE (MEAN AGE 64.5, VARIETY OF CANCERS/CURRENT TREATMENTS, STAGES, 1:1 MEN:WOMEN
 - Q2 DAYS FOR 1 WEEK
- ALL OMT WAS PERFORMED BY THE SAME PRACTITIONER
- SHAM GROUP RECEIVED A MANUAL ASSESSMENT/OSTEOPATHICALLY INSPIRED TREATMENT OF MANUAL CONTACT WITHOUT ANY SPECIFIC TECHNIQUE, SIMPLY USING A LIGHT STATIC OR DYNAMIC TOUCH
- ASSESSED USING A SELF-ADMINISTERED VISUAL ANALOG SCALE (VAS) AND QLQ-C15-PAL QUALITY-OF-LIFE QUESTIONNAIRE ON THE FIRST AND LAST DAY OF THE STUDY AS WELL AS PCA DOSING
- **RESULTS:** BY DAY 3 OF THE STUDY, VAS SCORES WERE SIGNIFICANTLY DECREASED WHILE PCA DOSES WERE FEWER IN THE OMT GROUP. BY DAY 6, QUALITY OF LIFE SCORES WERE SHOWN TO HAVE SIGNIFICANTLY INCREASED IN THE OMT GROUP
- SHOWED THAT OMT IS AN EFFECTIVE PAIN MANAGEMENT METHOD FOR CANCER PATIENTS UNDERGOING PALLIATIVE CARE
- NONPHARMACOLOGICAL INTERVENTIONS SUCH AS OMT, IN CONJUNCTION WITH PHARMACOLOGICAL METHODS FOR PAIN MANAGEMENT, CAN PROVIDE BETTER RELIEF OF PERSISTENT PAIN FOR CANCER PATIENTS UNDERGOING PALLIATIVE CARE.



OMT IN PALLIATIVE CARE PATIENTS: A QUALITATIVE STUDY⁶

- THIS QUALITATIVE STUDY WAS PERFORMED TO STUDY THE PERCEPTIONS AND EXPERIENCES OF PATIENTS RECEIVING OMT IN ADDITION TO STANDARD CANCER PAIN TREATMENT
- 16 PATIENTS ON A PALLIATIVE CARE UNIT RECEIVED TREATMENT FROM AN OSTEOPATH IN CONJUNCTION WITH CONVENTIONAL CANCER PAIN TREATMENT
- USED GROUNDED THEORY AND QUALITATIVE MEASURES TO ANALYZE THE DATA
- FOUND THAT THERE WERE MANY MISCONCEPTIONS OR LACK OF INFORMATION IN THIS POPULATION REGARDING USE OF OMT AS AN ADJUNCT TREATMENT
- PARTICIPANTS WERE NOTED TO VALUE OSTEOPATHY AS A HOLISTIC, MEDITATIVE, AND NON-PHARMACEUTICAL APPROACH
- THE OSTEOPATHIC TREATMENTS RECEIVED WERE FOUND TO ASSIST WITH A RANGE OF CANCER-RELATED HEALTH COMPLAINTS SUCH AS PAIN, FATIGUE, AND SLEEP PROBLEMS.
- “ THE FINDINGS OF THIS STUDY PROVIDES PRELIMINARY DATA WHICH SUGGESTS, WHEN DELIVERED ALONGSIDE EXISTING MEDICAL CARE, OSTEOPATHY MAY HAVE HEALTH BENEFITS FOR PATIENTS WITH COMPLEX CONDITIONS SUCH AS CANCER.”

PEDIATRIC ONCOLOGY OMT¹

- AS WITH ALL PEDIATRIC RESEARCH, THERE ARE LIMITED STUDIES AVAILABLE, AND THIS INCLUDES FOR ANYTHING PERTAINING TO OMT
- THIS STUDY WAS CREATED TO EVALUATE 3 HYPOTHESES: "THAT PEDIATRIC ONCOLOGY CLINICIANS, CAREGIVERS, AND PATIENTS HAVE (A) LIMITED KNOWLEDGE OF OMT AND (B) DISSATISFACTION WITH CURRENT SUPPORTIVE CARE OPTIONS AND (C) WOULD BE INTERESTED IN HAVING OMT AVAILABLE DURING CHEMOTHERAPY, ONCE EDUCATED."
- PARTICIPANTS INCLUDED 3 COHORTS (TOTAL OF 60 PARTICIPANTS): CHILDREN AGED ≥ 9 YEARS, DIAGNOSED WITH CANCER AND ACTIVELY RECEIVING CHEMOTHERAPY; THEIR CAREGIVERS; AND ONCOLOGY CLINICIANS AT NATIONWIDE CHILDREN'S HOSPITAL
- PARTICIPANTS COMPLETED 1:1 SEMI-STRUCTURED INTERVIEWS, WHICH WERE AUDIO-RECORDED, TRANSCRIBED, AND ANALYZED FOR THEMATIC CONTENT REGARDING THEIR PERCEPTION OF SUPPORTIVE CARE MEASURES AND VIEWS ON OMT
 - QUANTITATIVE DATA WAS OBTAINED FROM THESE INTERVIEWS
- PARTICIPANTS DEMONSTRATED LIMITED AWARENESS OF OSTEOPATHIC MEDICINE; NO PARTICIPANT HAD MORE THAN "SOME" KNOWLEDGE OF OMT. AFTER EDUCATION ABOUT OMT USING A BRIEF VIDEO, ALL CLINICIANS, CAREGIVERS, AND 95% OF PATIENTS WERE RECEPTIVE TO OMT AS A SUPPORTIVE CARE OPTION.
- PEDIATRIC ONCOLOGY CLINICIANS, CAREGIVERS, AND PATIENTS REPORTED A NEED FOR BETTER MANAGEMENT OF CHEMOTHERAPY-ASSOCIATED SIDE EFFECTS AND AN INTEREST IN UTILIZING OMT.
- THERE IS NEED TO NOW IMPLEMENT THE UTILIZATION OF OMT IN THE PEDIATRIC POPULATION AND HOW THIS MIGHT ALLEVIATE SIDE EFFECTS FROM EITHER CANCER ITSELF OR CHEMOTHERAPY

DISCUSSION/TAKE-HOME POINTS

- THE DEVELOPMENT OF OSTEOPATHIC MEDICINE (1874) AND THE FORMAL HOSPICE MOVEMENT (1879) OCCURRED IN PARALLEL, BOTH EMPHASIZING A HOLISTIC APPROACH TO THE PATIENT, SHOWING HOW SIMILAR THEIR PRINCIPLES WERE FROM THE START
- DR. CICELY SAUNDERS' CONCEPT OF "TOTAL PAIN"—INCORPORATING PHYSICAL, PSYCHOLOGICAL, SOCIAL, AND SPIRITUAL SUFFERING —PERFECTLY MIRRORS THE OSTEOPATHIC PRINCIPLE THAT THE PERSON IS A UNIT OF BODY, MIND, AND SPIRIT.
- EVIDENCE FROM A RANDOMIZED CONTROLLED TRIAL DEMONSTRATES THAT OMT SIGNIFICANTLY REDUCES PAIN (VAS SCORES) AND THE NEED FOR PCA DOSING BY DAY 3 OF TREATMENT.
- BEYOND PAIN MANAGEMENT, OMT WAS SHOWN TO SIGNIFICANTLY INCREASE OVERALL QUALITY-OF-LIFE SCORES IN PALLIATIVE CARE PATIENTS BY DAY 6 IN THE SAME RCT
- THE HISTORICAL "YELLOW FLAG" REGARDING OMT AND ONCOLOGIC SPREAD MUST BE WEIGHED AGAINST THE PROVEN BENEFITS OF NON-PHARMACOLOGICAL PAIN RELIEF FOR PATIENTS WHOSE SELF-HEALING MECHANISMS ARE OVERPOWERED.
- BY FOCUSING ON THE INTERRELATIONSHIP OF STRUCTURE AND FUNCTION , OSTEOPATHS CAN PROVIDE AN ESSENTIAL, EVIDENCE-BASED LAYER OF INTERDISCIPLINARY CARE FOR THE 20-25 MILLION PEOPLE REQUIRING PALLIATIVE SERVICES ANNUALLY.

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