Guidelines for Aromatherapists Working with People who have or have had a Cancer Diagnosis

1. Introduction

1.1 Aromatherapy is becoming more widely used by people who have a diagnosis of cancer. Many individuals may already use some form of aromatherapy or massage to support their well-being prior to having cancer. Some individuals seek out the use of essential oils and massage during cancer treatment to help with side effects of medical treatment, for general relaxation, to pamper and to help cope during the cancer journey. At all stages aromatherapy can support the person and work alongside medical and self-care interventions.

Most aromatherapists have very limited or no contact with people who have cancer on a regular basis and will have had a very basic introduction to caring for those clients with cancer during their training. Those aromatherapists who have a health care background will have more understanding and a good level of competence in using aromatherapy treatments for people with cancer. Some aromatherapists may also work closely with cancer teams within the NHS, in cancer support centres, hospices, day centres and self-help centres. IFPA wish to support all therapists in their professional practice and recognise the differing breadth and depth of a therapist's experience with cancer patients and their families.

2.0 Aims of the Guidelines

2.1 The following guidelines are intended for those aromatherapists who have little knowledge or contact on a regular basis with people with cancer, but who wish to gain a better understanding of how to offer support to those clients who may seek them out. The guidelines may be helpful to aromatherapists wishing to work more with people with cancer. However, they are to be used as guidance only, and not instead of continuing professional development. IFPA recommends that anyone wishing to go further in supporting patients who are either undergoing cancer treatment or have recently completed cancer treatment undertake appropriate CPD to facilitate safe practice.

2.2 The guidelines set out a number of issues to be considered when treating people with cancer and this information is intended to facilitate safety in practice.

3.0 Definitions

Cancer Research UK state that, 'Cancer is when abnormal cells divide in an uncontrolled way. Some cancers may eventually spread into other tissues'**.** (https://www.cancerresearchuk.org/)

3.1 Principles of Care; Aromatherapy can be said to be an 'art and a science'. A fundamental principle is that it is holistic, considering the mind, body and spirit. It values the whole person, human contact, what is important in a person's life, a therapeutic relationship, the power of a scent and sense of helping. (Leach 2009)

4.0 The Nature of Cancer

Clients presenting with a cancer diagnosis may be refused treatment by therapists because of various reasons and misconceptions:

- Training –"that's what I was taught"
- Fear that massage spreads cancer
- Fear of litigation
- Lack of knowledge

Cancer cells can spread to other parts of the body through the bloodstream or lymphatic system. Lymph flows as a result of skeletal muscle contraction, which compresses lymph vessels and forces the movement of lymph; this occurs in daily living. A gentle aromatherapy massage will not further increase its flow.

Research has not found any evidence that massage can spread cancer cells, but specialised massage therapists will avoid any areas affected by cancer, such as tumour sites or lymph nodes.

There are many things to be aware of and potential contra-indications to massage for clients who have cancer (e.g., not massaging over site of primary tumour or sites of metastatic spread). For this reason, it is strongly recommended that without additional training in oncology massage and a full awareness of the client's medical history, any touch therapy is limited to the peripheries (preferably the feet).

Nevertheless, as long as certain precautions and considerations are taken with each individual, any presenting client can be offered something, as there are many ways of using aromatherapy even without massage e.g., compresses inhalations, and creams.

5.0 Cancer Treatments

Clients with a diagnosis of cancer may approach an aromatherapist for treatment at any stage of their illness, and this will influence the type of treatment the therapist can offer.

They may:

- be recently diagnosed
- be currently undergoing active treatment for their cancer, where the aim is curative.
- have recently completed all treatments which have hopefully been "curative".
- have had a diagnosis of cancer in the past but have been given the "all clear' by their consultant. (This however means they are 'in remission'; it is important to be aware that the client can 'relapse' and the cancer can start to grow again. For this reason, therapists need to be alert for any new or worsening symptoms and encourage the client to be assessed by their clinical team before they go ahead with any treatment).
- have finished treatments to help with symptoms but still have active disease.
- be in the advanced stages of their illness and are being treated with symptom control measures only.

Each individual will present with different physical, emotional, psychological and spiritual problems and needs, and their own unique ways of coping with all aspects of their disease. The physical problems and symptoms they present with may relate to the tumour itself and its effect on surrounding areas, the side effects of treatments they are having, or something completely unrelated to the cancer.

Psychological, emotional & spiritual aspects may include shock, "why me", denial, anger, depression, disbelief, guilt, feelings of being punished, uncertainty about their future, loss of control over life, loss of role and status in family, body image problems to name but a few.

Treatments

Treatments that clients may be about to have or are currently having include:

- Surgery – some of which can cause body image problems e.g., breast surgery, head and neck cancer, bowel surgery/ stomas.
- Chemotherapy – strong drugs given to kill, slow or stop the growth of the cancer cells. These may be given intravenously or in tablet form. Side effects may include general malaise, mouth ulcers, hair loss, intense fatigue, nausea & vomiting, skin reactions, neuropathy in hands and feet, mood alterations and blood abnormalities, such as reduced platelets or white cells, altered taste, alterations in body weight.
- Radiotherapy – given to shrink tumours, kill cancer cells or stop them dividing and growing. It is usually given externally direct to the tumour site or areas of spread but can be given in lower doses to the whole body. It may be given prior to or after other medical treatments, or as a single treatment.
  Side effects may include fatigue, nausea & vomiting, diarrhoea, and skin damage causing the appearance and symptoms of mild to severe sunburn. It is important to note, these effects often continue for 6 weeks or more after treatment finishes.
- Hormonal treatments – often given as a maintenance treatment following chemotherapy to keep someone in 'remission' from their cancer, side effects such as hot flushes, weight gain, musculoskeletal aches and pains are common.
- There are also newer treatment protocols, which include immunotherapy agents such as Interferon to enhance the body's capacity to 'flight' the tumour. It is important to remember that there are new immunotherapy agents being developed all the time (e.g., CAR-T cells). These agents can cause significant and wide-ranging side effect profiles such as fatigue, chills, rashes, diarrhoea, and can affect multiple organ systems at the same time, including allergy-like reactions and hair loss.

Many people with cancer will also be taking a variety of additional prescribed medications, often to help manage the side-effects of their cancer treatment but all can cause side-effects of their own.

6.0 Referrals

6.1 There are a number of ways clients may be referred for aromatherapy. This does depend on the sources of information about aromatherapy, which is available.

Referrals may be:

- Self-referral
- Via family and friends
- Health professionals, including GPs, specialist cancer staff.
- Cancer support groups

Various sources of information available to the public will impact on accessibility to aromatherapy also e.g., internet, journals, health clinics, cancer treatment centres, past use of aromatherapy, use of 'natural' products, patient information leaflets/books.

6.2 Independent Therapists

It is useful to have some criteria for offering treatment to clients with cancer and communication is important. Areas to consider might include:

- Does the specialist health professional know that the client is seeking aromatherapy? If not, the client should be encouraged to tell them or give you permission to tell them. This is critical if they are having active cancer treatments or have only recently finished treatment. It is also suggested that in view of the complexity of current cancer treatment protocols, therapists liaise with the treating clinical team to gain advice as to whether application of essential oils would be contra-indicated.
- What knowledge do you have, or research can you do, into the patient's condition and

their treatment protocol ahead of working with the client? Don't be afraid to delay a session until you feel confident you will be practicing safely – it will give your client confidence that you are working in a safe, professional manner.

- Explain about the use and possible benefits of essential oils and massage, and that these are not a cure or medical treatment.
- Offer short treatment sessions (approximately 20 minutes) over specific number of visits, working only with peripheral areas where possible.
- Liaise with health professional if worried.
- Select appropriate essential oils for the patient, following the 1% concentration (dosage) advised for this client group.

6.3 Therapists who are working in an organisation e.g., NHS

Aromatherapy services may be offered by hospitals, hospices, nursing homes, independent charity, and cancer support and treatment units or as nursing support service. Criteria should include:

- Working within policy guidelines
- Working with audit processes
- Having written standards by the organisation
- Specific documentation
- Choice of few oils only.
- Written referral forms, appointment system and, if appropriate, set number of visits.

6.4 Work environments

All work premises, whether independent or with employed staff, has a requirement for safety of clients and therapists.

Referral forms should be standardised with sufficient medical data to confirm safety of treatment, including:

- Diagnosis & stage of disease, including site of primary tumour and any metastatic spread
- Drug and cancer treatment
- Awareness of prognosis and reason for referral
- Any symptoms associated with current clinical situation and reason for referral
- Any other medical information relevant

If working outside an organisation your own codes of practice and safety are paramount. Referral information may be minimal, on different documentation, e-mailed or brought by the client, or given verbally by the client on the first visit. This requires good interpersonal communication skills to gain consent to access the required data necessary to offer any treatment.

6.5 Referring on

Where professional support may be limited, problems with clients can arise at any time. Know your limitations in what you can offer and recognise when clients need to seek advice from their health professional, even if you wish to continue supporting them. Different or additional approaches may be necessary e.g., counselling or physiotherapy. These can enhance the patient's overall experience and complement your own.

7.0 Assessment.

The therapeutic relationship and your communication skills underpin a good assessment. Clients need an explanation of what is involved, including mutually agreed aims for any session and possible adverse reactions to look out for (e.g., sensitivity reactions). Written information and consent provide clarity and mutual agreement of what is being offered and why, however this

should not replace verbal information and discussion.

If, after assessment you feel that the client's needs and problems are too complex for you to treat, you will need to discuss this with the client and offer to refer them on to a therapist with additional knowledge of cancer care.

8.0 Accountability

Professional aromatherapists are personally accountable for their own practice and should at all times work in a competent, safe and justifiable manner for the good of the client. Where the therapist works in an organisation, they are also accountable to their employer to follow polices and protocols. As an employee, your employer will provide indemnity and public liability insurance. As an independent therapist you need your own personal indemnity and public liability for your practice.

Working with other professionals requires you to recognise your own boundaries and what you can contribute to the needs of the cancer client. Working alone requires not only our boundaries but sufficient knowledge of cancer and its treatments to respond to the needs of clients.

9.0 Consent

Client consent to any aromatherapy treatment is required at all times and this should be obtained on initial consultation. You should be confident that the client has understood what is involved and been allowed to ask questions. Some organisations require written consent and others verbal (by co-operation). It is not always necessary to get written consent each visit and any changes to treatment offered is usually by verbal consent after discussion with the client. The organisation may impose its own consent form but if not, your own consultation forms are sufficient.

Working in private practice still requires written consent as a professional and legal requirement.

10.0 Using essential oils during treatment

There are numerous different schools of thought regarding the use of essential oils with people with cancer. These guidelines offer some principles designed for their safe usage.

Consider the following issues when offering treatment to an individual.

- Not all individuals with a history of cancer that has been given the "all clear" by the doctor may be treated as any other individual. Some may still be on maintenance therapy, which may be impacted by regular, topically applied essential oils.
- Individuals who are currently under investigation or having treatment for early stages of cancer should be treated more cautiously with the use of oils in blending. In these cases, a 1% dilution of essential oils is advised in a massage blend.

Chemotherapy

There is no evidence to suggest that essential oils are harmful during chemotherapy treatment; however, neither is their data to confirm safety. To minimize risk, and in recognition of the multiple drugs prescribed for a client, it is advised that oils / massage treatments are kept to a maximum of 20 minutes and peripheries (preferably feet) are the preferred area for treatment. The following should also be considered when using essential oils.

- Use a maximum of 1% dilution in all blends and preparations

- Blend oils with a subtlety, that ensures there are no standout 'aromas', and avoid the use of single oils to prevent individual odours acting as a trigger (e.g., citrus oils) in the future
- Always consider that altered smell and taste can be a side effect of chemotherapy, which may influence the individual's preferences at each visit.

Radiotherapy

When an individual is receiving radiotherapy, essential oils are safe to use. However, the following should be considered when using essential oils.

- Liaise with clinical team to make them aware, and where possible, gain consent for treatment.
- Avoid the use of essential oils to the areas being treated, two weeks prior to commencement of radiotherapy, during and for six weeks after the completion of treatment. This is necessary to allow inflammation of skin and underlying tissues associated with radiotherapy, to settle down.
- Only use 1% dilution in all blends and preparations when treating other areas.

Surgery

- Prior to surgery, dermal application of essential oils is not advised. However, there may be great therapeutic benefits in terms of relaxation in using an aromatic hand blend or inhalation.
- Liaison with the surgical ward staff is recommended.

11.0 Using massage during cancer treatment

Massage can be an empowering experience (Tavares 2006). The key role of the therapist involves the 'skilful touch' with all cancer patients. Sometimes it can be 'essential touch and a way of communicating and nurturing'. Skilful massage treatments can sooth the mind and the body, increase self-awareness, reawaken senses and give some control back to the person. This 'hands on' approach can be an important medium for emotions to surface where the supportive role of the therapists comes into play, listening, advising, responding and helping.

Massage / touch is best offered only to feet (even hands can be a problem if the client becomes nauseated and they start to associate the smell of the oil blend with the nausea) – it means any potential reaction is 'contained' and session times limited to a maximum of 20 mins to avoid over stressing the body – 20 mins is more than enough to initiate relaxation.

However, those who have a recurrence or spread of cancer or are in the advanced stages may also wish to have aromatherapy. If the referral for treatment is not from a healthcare professional, communication with the local cancer team, district nurses, Macmillan nurse or hospice is important for your clinical support and advice. If the therapist does not feel confident to treat people with advanced disease, referral may be made to specialist units, as aromatherapy is often available in local hospices, support centres or NHS oncology units.

12.0 Massage for clients with a history of cancer

This should be the same as for any client, but a good medical history is important. For those who have had the 'all clear', be sensitive to changes to the body as they continue and return to have regular Aromatherapy sessions with their therapist.

The therapist may need to consider:

- How long since diagnosis and treatment outcomes & any recurrence.
- Any follow up to specialist or seeing GP for any reason.

- Any long term medication and side effects.
- Any lasting side effects of treatment. e.g., altered sensation to any limbs, prosthesis, scars, skin change, and lymphoedema.
- Discuss positioning for massage as normal.
- Observe any opportunity to explore the emotional impact on current health and lifestyle which may appear to stem from the cancer event.
- Essential oil use should be as normal for clients, treating the current problems.

For more detailed information, consult guidelines and reference books as listed in the appendices, or the client's consultant, oncology nurse or general practitioner for advice.

Continuing Professional Development

Your accountability and competence to practice with cancer clients relies on your own skills and knowledge. Anyone wishing to work more closely with cancer clients requires additional ongoing knowledge and experience to support this client group. Courses, research, reflection, and clinical supervision will help develop you. These guidelines are designed to help you make that journey but also to help the therapist to respond appropriately to the individual with cancer.

Post-Graduate Training

The Christie NHS Foundation Trust, Manchester, M20 4BX.
https://www.christie.nhs.uk/education/continuing-professional-development/the-christie-integrative-therapies-training-unit

Jennifer Young Training School, Staffordshire and Berkshire; offering oncology massage.
https://www.jenniferyoungtraining.com/

Disclaimer

IFPA has made every effort to provide accurate and safe information and guidance for the use of aromatherapy with patients who have or have had a diagnosis with cancer. However, IFPA cannot be held responsible for any actions made, implied or expressed by anyone as a result of this guidance. The therapist is individually accountable for their actions. IFPA will endeavour to provide professional support should a potential problem arise.

Sources of information on Cancer and its treatment

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