

Essential Oils and Cancer. Proceedings of the 4th Aromatherapy Conference on the Therapeutic Uses of Essential Oils. San Francisco, November 10 -12,2000. Kurt Schnaubelt (ed) ©Pacific Institute of Aromatherapy 2000

End of Life Care with Aromatherapy **Laraine Kyle**

Integrative medicine refers to the combination of allopathic medicine with the use of complementary care modalities. As a nurse and aromatherapist who has helped transition many people into death, in various settings, I have long explored and observed the uses and benefits of essential oils and other aromatics with end of life care.

For ages, dying happened at home with family and clergy close at hand to tend to the person's practical care and spiritual needs. Funeral and grieving rituals often involved whole communities. By the 1950's most deaths occurred in hospitals. Today, approximately 20% of deaths are preceded by hospice care, offered by 3,000 hospices in the United States. There is a growing trend for home deaths with the support of family, friends, hospice services and end-of-life consultants including home funeral ministry. The hospice movement has challenged conventional hospital deathing procedures and has brought a new understanding to our approach to dying. Palliative care refers to a form of comfort-giving care that recognizes that a cure is not possible. "The main goals of palliative care are to provide relief from pain and other distressing symptoms, to provide psychological and spiritual care, and provide support for the family during the illness and during the grieving period that follows." (Dollinger, 1997) Death is accepted as a natural part of life and the dying process is neither hastened nor prolonged.

According to current trends in patient centered care, the Patient Bill of Rights has been mandated by the joint Commission on Accreditation of Health Care Organizations which honors the belief systems and personal preferences of the individual receiving health care, "the care of the patient must include considerations of the psycho-social, spiritual, and cultural variables that influence the perception of illness. The provision of patient care reflects consideration of the patient as an individual with personal value and belief systems that impact upon his/her attitude and response to the care that is provided by the organization." (Dossey, 1995) This statement provides the basis for the use of any desired complementary care modalities in health care, including end of life care, The use of Aromatherapy is currently being integrated in hospice care in the United States, England, Australia, New Zealand and other countries.

While there is some research available to substantiate current uses of aromatherapy, there is an obvious need for additional research. The National Institute of Health has earmarked research funds for management of symptoms at end of life such as pain, dyspnea (shortness of breath), nausea, depression, fatigue and delirium. The stated primary goals for the NIH funded research are to improve the quality of life for those at the end of life as well as decrease distress for their caregivers.

The choice of the best place for a person during deathing, whether a hospital, hospice or at home can depend on many factors such as the need for specialized medical care and the availability of family or friends to assist caregiving. With adequate care available, being at home during this final rite of passage has many advantages. Caregivers have more control over routines and more care can be given to creating a personalized sacred space for inner spiritual work and use of a variety of complementary care modalities. Having worked in and consulted with various hospice settings, I am convinced of the multiple benefits of aromatics and other complementary care measures in the deathing process.

Physical Symptoms

There are many physical symptoms associated with the dying process which can be aided with the use of essential oils. Primarily, these include pain and physical comfort, infection control, alterations in gastrointestinal and respiratory functioning, and skin and wound care.

There are different types of pain which can be assisted with the use of analgesic essential oils such as Peppermint (*Mentha piperita*), Lavender (*Lavandula angustifolia*), Sweet Marjoram (*Origanum majorana*),

and Roman Chamomile (*Anthemis nobilis*). Topical applications of these oils are most typical, although the inhalation of sedative and calming essential oils can also support one's general coping ability in the presence of pain. Individuals transitioning into death usually desire to be consciously present for as long as pain can be effectively managed. One of the particular challenges in end-of-life pain management is finding a balance between pain control without compromising one's level of consciousness.

One of the most common uses of analgesic essential oils is by massage, or embrocation, the skilled application of an ointment or a lotion such as an aromatherapy blend. Comfort touch refers to specialized touching techniques that serve to convey reassurance, comfort, a sense of connection and relief of tension. These techniques are performed slowly, with the intention to provide comfort, and can be easily taught to empathetic caregivers, ancillary staff and volunteers. Aromatherapists can prepare individualized comfort blends for end-stage hospice clients and by leaving them properly labeled at the bedside, family, friends, hospice volunteers and staff can apply as desired.

A moral dilemma that often occurs during end of life care is whether to employ the use of antibiotics in the case of opportunistic infection, such as pneumonia. In cases where the use of antibiotics is not a choice, the use of essential oils can be utilized as a complementary holistic treatment for symptom relief and to help those present feel that they are doing something in the care of the loved one living with an infection without the benefit of allopathic treatment. Anti-infection and immune enhancing essential oils such -- as Tea Tree (*Melaleuca alternifolia*), Spike Lavender (*Lavandula spica*), Eucalyptus (*Eucalyptus globulus*, *radiata*, *dives*), Niaouli (*Melaleuca viridiflora*), Cajeput (*Melaleuca leucadendron*), Ravensara (*Ravensara aromatica*), Rosemary (*Rosmarinus officinalis* ct. *verbenone*) and other essential oils can be used to support the immune system and assist in providing comfort, if not effective infection control.

Gastro-intestinal care challenges include nausea and vomiting, decreased appetite, food refusal, and constipation. Smell sensitivities and odor preferences can change during the letting go process. Certain odors, including essential oils, can often provoke nausea.

What was once perceived as pleasant and comforting may become an odorous irritant. The aromatherapist needs to carefully assess odor preferences, as well as identify possible causes of nausea associated with fragrances.

Decreased appetite and food refusal is typical at the end of life as the body's energies dissipate. While attempts to encourage eating and drinking can seem reasonable and perhaps easily encouraged through the use of essential oils that are generally recommended to stimulate the appetite, they are not necessarily appropriate at this terminal stage of letting go.

Constipation is a common side effect of morphine and other opiates and can be a factor in the development of terminal restlessness and delirium. Castor oil compresses have been reported to be helpful in this regard but the patient will need assistance from a caregiver in the application of such a pack enhanced with the use of essential oils of preference. Some essential oils to consider for abdominal massage, compress or inhalation for the gastro-intestinal system include Ginger (*Zingiber officinalis*), Peppermint (*Mentha piperita*), Lemon (*Citrus limon*), Black Pepper (*Piper nigrum*). Gastro-intestinal *supporting* herbal teas may also be considered.

Irregular breathing, including shortness of breath, commonly occur at end of life as the respiratory center weakens. Changes in breathing, including the Occurrence of increased lung congestion, can cause fear and anxiety. The use of *environmental* diffusion, spritzing, or topical application of sedative and respiratory supporting essential oils can serve to help in these cases. The recommendation is to use a low dilution so as not to overpower someone who is in a weakened condition. Essential oils that can be useful to decrease anxiety and support respiratory function include Frankincense (*Boswellia carterii*), Fir Needle (*Abies alba*), Lavender (*Lavandula angustifolia*), Cypress (*Cupressus sempervirens*), Ravensara (*Ravensara aromatica*), Spikenard (*Nardostachys jatamansi*) and others. In an in-patient hospice situation, the aromatherapist needs to be mindful of possible aromatic sensitivities of the patients in nearby rooms. What generally suffices in these situation is to post a sign on the door that says, "Odor Free Space" or "Allergic to Citrus Oils", or whatever specifically applies.

Individuals who are on continual bed rest are at risk for pressure bedsores *even* with the use of special

mattresses and frequent repositioning. Skin and wound care, including preventative care and the care of ulcers, can easily incorporate the use of essential oils and floral waters. Essential oils can be used with massage, bathing, including whirl pool treatments and foot soaks. The care of infected wounds needs special assessment, including culturing the organism, if possible. The use of essential oils and floral waters in wound care is often combined with allopathic interventions. To aid malodorous wounds, apply a drop or two of the essential oils of Lemon (*Citrus limon*), Lemongrass (*Cymbopogon flexuosus*), or Wintergreen (*Gaultheria procumbens*) directly to the external side of the dressing. In cases of odorous lesions and drainage, the use of incense, smudging, diffusing and spritzing is also useful for the comfort of family and friends in the diminishment of negative memories later on.

As the body's energies begin to disperse, those dying often feel anxious, weak, depressed and confused. End stage delirium, often referred to as terminal agitation, is an especially challenging aspect of end of life care, characterized by nonsensical verbalizations, expressions of fear and panic, the impulse to wander, and various degrees of agitation and insomnia. The dying individual may speak to individuals not present or visibly seen in the room. Anti-anxiety and anti-psychotic medications are often given in these situations but often render the individual to a somnolent or comatose state. I have not personally conducted aromatherapy research, nor do I know of any studies with the use of aromatics for end stage delirium, but it would be worthy to explore if the use of calming essential oils such as Chamomile (*Anthemis nobilis*), Matjoram (*Origanum majorana*), Spikenard (*Nardostachys jatamansi*), and Lavender (*Lavandula angustifolia*) could result in the reduction of the use or dosage of allopathic sedatives and anti-psychotics to minimize loss of consciousness. The use of mindful, therapeutic presence while speaking slowly in simple phrases, and incorporating breath entrainment techniques can help regulate a disturbed breath pattern. The use of prayer, meditation, relaxation exercises, and imagery can also be useful in stabilizing emotional alterations that often occur at the end of life.

Spiritual Care

It is of utmost importance to identify the spiritual issues and concerns of the dying patient and their family. Some of these issues include one's spiritual beliefs and resources, closure issues such as guilt, forgiveness and life review. For this final rite of passage the goals of aromatherapy are to support a sense of serenity, confidence and centering in the letting go process. The client and family's choice of fragrance is the guide in selection of essential oils or other aromatics such as incense or plant smudging.

For the subtle uses of aromatherapy, the concentration of the essential oils used are generally at a minimal dilution of approximately 0.5 -1% for topical use, or 3-6 drops per ounce of carrier for a topical application. In my experience, the most frequently chosen essential oil at end of life has been Lavender, even in cases when the exotic floral essential oils have been offered as options. Essential oils that can be used for subtle blending to support the energy dissolution for an enhanced sense of trust and wellbeing include Cypress (*Cupressus sempervitens*), Myrrhh (*Commiphora myrrha*), Frankincense (*Boswellia carterii*), Spikenard (*Nardostachys jatamansi*), Sandalwood (*Santalum album*), Lavender (*Lavandula angustifolia*), Rose (*Rosa damascena*), and Neroli (*Citrus aurantium*).

Whether at home or in a hospice or hospital setting, creating a sense of sacred space is of utmost importance. For some people end of life is a time for reminiscing, and simple blends that re-create favorite life events can be comforting. Other interventions to create a supportive spiritual environment can include creating a simple altar with objects of special significance such as family centered or religious photos, or statues representing one's religious affiliation. Favorite music can be an integral part of end of life care. The use of an indoor water fountain with plants and flowers can support a calming atmosphere.

It is often said that hearing is the last sense remaining at death. I have been told by several Tibetan Physicians that the sense of smell lasts through the final breath. It sometimes happens that ambient odors become annoying where previously they seemed to be helpful. If possible, it is best to clarify early in one's treatment what kinds of fragrance one might prefer for end stage comfort care. Of course, one can't predict if odors will later provoke nausea or be unhelpful at some point. Generally speaking, as the energy centers begin to weaken it is best to allow the person to be undisturbed, while offering reassurance as needed. This can include the subtle use of aromatics, such as floral water misting or

incense from a nearby space.

The use of flowers and various other forms of aromatics in relation to death are ancient practices. "Anoint my head with oil" is referred to in the 23rd Psalm. To physically anoint someone who is dying or has just passed on is a privileged experience. Anointing blends can include any fragrance that the individual especially enjoyed or is comforting to the family. I have often wondered if the ethereal qualities of aromatics used after death continue to assist the dissolution of the spirit as it passes on to other realms of -- consciousness. Fragrant oils that have historical precedent for anointing include Spikenard (*Nardostachys jatamansi*), Rose (*Rosa damascena*), Frankincense (*Boswellia carterii*), Myrrh (*Commiphora myrrha*), and Benzoin (*Styrax benzoin*).

Many cultures throughout history have used incense and smudging in conjunction with death rituals. The use of floral waters with bathing the body in the preparation of viewing or transfer to the funeral home also provides a supportive ritual of respect and emotional closure for the family. Some spiritual traditions recommend that the body rest undisturbed for three days following death to facilitate the continuation of internal dissolution processes. Fresh flowers, incense, aromatic diffusion and spritzing can be appropriately used during this time. .

We will all, personally, during our lifetime, come in contact with family and friends who transition from life and are experiencing grief and loss. The many uses of aroma therapy can enhance the physical, emotional and spiritual care of those dying in ways never before thought possible. We can work with our own immortality as we work in the care of others who are experiencing end of life transitions. I have found hospice care to be privileged work which utilizes all that I know as a nurse, aroma therapist and a human being attempting to live in a state of compassionate, mindful awareness. If you haven't already, I invite your personal discovery regarding the use of aromatics in the care of those transitioning from physical life. You will discover many personal rewards in doing so.

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