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June 2004, Volume 7, Issue 6

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**Editorial:** by Jennifer (Jay) Sherwood BScN, MEd.

# Palliative Care: Philosophy, Definition & Policy Initiatives

Our son is dying of cancer. He is 39 years old. In spite of new technologies and treatments of this life threatening disease, one death in four can be attributed to cancer. Our son is in the advanced stage of the disease but will not necessarily die within a short time. In his case there is no chance of cure but chemotherapy, if effective, can prolong his life. It has been described to him that care is now palliative i.e. it is directed towards caring rather than curing and providing him with the highest quality of life that is possible for him. Perhaps it is wrong to say that he is "dying" of cancer. Palliative care, even at this early stage of his involvement in the program has taught him to view his situation as "living" with cancer.

The World Health Organization (WHO) defines palliative care as "the active total care of patients and their families by a multiprofessional team when patient's disease no longer responds to curative treatment".<sup>1</sup> This kind of care provides a support system that integrates the physical, psychological, social and spiritual aspects of care with the aim of helping patients and their families to come to terms with their own death as fully and constructively as possible. The overall objective is help patients live with cancer until death and to see remaining time as "last days but not lost days".<sup>2</sup>

Our family lives in Edmonton and our son has become part of the Regional Palliative Care Program in the

Capital Health Region of Alberta. This program like others in Canada adheres to the philosophy and definition of palliative care (as stated above) and includes the notion that the program is in place to "complement and enhance treatment of the disease at anytime during the disease trajectory".<sup>3</sup> The services are provided in a coordinated network and delivered by an interdisciplinary team. This particular palliative care program, using a definition that is consistent with the Canadian Hospice Palliative Care Association extends earlier definitions of palliative care by taking it from being primarily end-of-life care to offering support earlier in a disease.

We are fortunate to live in an urban area where a coordinated program of support is available to us. In rural areas, long distances, the impact of adverse weather conditions and health professional scarcities are but a few of the challenges that must be met. Palliative care is a relative newcomer to the health care system and even more so in rural areas. Since the number of palliative care cases in rural areas is small, the expertise of providers in helping patients in managing their needs can be limited. Advances in technology (such as telehealth etc.) have alleviated some of these limitations. At the same time however, rural communities have strengths and informal resources that many urban areas lack. Rural programs tend to be more flexible than their urban counterparts, using informal networks, community churches and other

organizations as integral parts of care and support.<sup>4</sup>

There are seven identified issues in palliative care that are deemed to be pan Canadian. These are: availability and access to services; education for health care providers; ethical, cultural and spiritual considerations; public education and awareness; research; support, family, caregiver and significant others; and surveillance. To address these issues and develop a national action plan 150 representatives of a broad spectrum of stakeholders participated in a workshop in March 2002. This workshop was the first step in developing the action plan. Next steps involve the collaborative efforts between the Health Canada Secretariat on Palliative and End of life care and the project Steering Committee. Their job is to take the recommendations for action from the workshop and assure that there is "follow through" on the workshop report.

Senator Sharon Carstairs, Minister with Special Responsibility for Palliative Care, has said "Canada has the opportunity to take an international leadership role in establishing priorities (in palliative care)... (so that health care) is truly comprehensive from cradle to grave". Those of us who are the beneficiaries of these programs and those health care providers working within them will no doubt applaud the initiative that highlights the important issues and suggests concrete actions to address them.

For more information about palliative care policy initiatives please visit the Health Canada Website [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca). For information about standards, philosophy and guidance about the delivery of palliative care visit the website of the Canadian Hospice Palliative Care Association [www.cPCA.net](http://www.cPCA.net).

1. World Health Organization. Cancer Pain and Relief and Palliative care. Technical Report Series No. 804. Geneva: World Health Organization.
2. Twycross R.. Palliative care helping patients and families, OIP 1994:1:2-3
3. Capital Health Regional Palliative Care Program, Edmonton and Area. Annual Report(s). April 1, 2000 – March 2002:
4. Health Canada. Palliative Care in the Arms of the Community. Farm Family Health:7:2

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- |  |  |
|--|--|
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|--|--|

**8 or more "yes"** — you're practically a Yukoner already! Better get your resumé together and call us.  
**7 or 8 "yes"** — all you need is a bit of encouragement! Better get your resumé together and call us.

**5 or 6 "yes"** — we're pretty sure we can work something out! Better get your resumé together and call us.  
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- Always be honest.
- Do not use slang or foul language.
- Do not smoke during the interview.
- Make sure that there are no loud noises or conversations going on in the background.
- Be enthusiastic, it comes through over the telephone.
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# PAIN: The Constant Insufferable Condition and Challenge

by Steven KH Aung, MD, FFAFP

## Introduction

Pain, in all its many horrible manifestations and torturous sensations — who can hope to define it, either quantitatively and/or qualitatively? Certainly a research team can investigate and finally report, for example, that a certain group of subjects in a specific randomized control trial suffered from migraine and were relatively relieved of their pain and discomfort, which is often a generally expected, 'statistically significant' outcome. These various and diverse projects may indicate that the excellent 'wonder drug' Aspirin® or some other biomedical therapeutic product or modality was equally effective or perhaps ineffective or even perhaps that a complementary approach such as acupuncture and related therapies had some comparable analgesic effects. The actual daily clinical key, however, is that the patient leaves the practitioner's office in better condition than she or he arrived there in the first place (for a reasonable fee for service, which may be free of charge for those in need).

As physicians or other qualified health care practitioners, we also suffer from our own painful conditions. Not one living person today, yesterday or tomorrow is, was or will be totally immune from pain — physically, mentally or spiritually. Even if we seem to manifest perfect health and are pain free for the time being, we cannot help but feel the pain and sorrow of our loved ones as well as our beloved patients. It seems, unfortunately, that no one on this planet is totally free of some kind of pain at all times during their lives due to the impact of illness/disease, injury/accident, evil, old age and dying.

## 32 or More Kinds of Pain

There is no standard number of the kinds of pain — 32 or more or less seems to be a reasonably conservative listing — which sentient beings are susceptible to experiencing. From a Buddhist medicine perspective, there may be only one general kind of pain, a complex condition encompassing greed, ego, anger, confusion, corruption and their derivatives. Such conditions are most efficaciously treated with the application of 'hands

on' loving kindness in the purifying integrative partnership between healers and their patients within the essence of the recognition and inculcation of good karma.

The traditional Chinese medicine (TCM) perspective may or may not be more specific, depending on the mutual health of the patients and practitioners and the overarching and inspiring energetic 'aura' of compassion, competence and creativity. In a book constructed several years ago together with my colleague Dr. Huang Bingshan and our esteemed associates at the Heilongjiang University of TCM, Harbin, China, we were able to categorize at least the following 32 main modalities/patterns of pain commonly encountered in general TCM and medical acupuncture practice:

- |                                  |                             |
|----------------------------------|-----------------------------|
| 1. Headache                      | 17. Pain of the lower limbs |
| 2. Facial pain                   | 18. Pantalgia               |
| 3. Eye pain                      | 19. Knee joint pain         |
| 4. Chest pain                    | 20. Foot pain               |
| 5. Breast pain                   | 21. Sprain                  |
| 6. Dysmenorrhea                  | 22. Ear pain                |
| 7. Renal colic                   | 23. Toothache               |
| 8. Hypochondriac pain            | 24. Sore throat             |
| 9. Shoulder pain                 | 25. Neck pain               |
| 10. Wrist pain                   | 26. Back and spinal pain    |
| 11. Herpes zoster                | 27. Low back pain           |
| 12. Bi syndromes                 | 28. Coccyalgia              |
| 13. Pain of the upper limbs      | 29. Stomach ache            |
| 14. Elbow pain                   | 30. Abdominal pain          |
| 15. Local skin pain              | 31. Urethralgia             |
| 16. Pain at the end of the limbs | 32. Anal pain               |

This listing is not exhaustive, since pain exists and manifests in so many diverse modalities and multi-dimensions, which in TCM are viewed in terms of 'syndromes' involving various forms and degrees of Qi dysfunction and disablement, and the deleterious impact of one or more pain modalities upon each other cannot be ruled out. Indeed, it is most likely the case that each one of us suffers her or his own unique pain in relation to our own unique illness/disease conditions. It must be noted that the concept of 'Bi syndromes' (#12 in the above listing) is a complex set of painful conditions centred around arthritic modalities. Bi syndromes encompass wandering Bi (migrating pain) caused primarily by pathogenic Wind, painful Bi (severe pain) caused primarily by pathogenic Cold, and fixed Bi (soreness, heaviness and numbness) caused primarily by Damp — and there is also sometimes a sudden invasion of Heat Bi, often appearing as a sudden fever caused by the invasion of various known and unknown pathogens. The recent World Health Organization (WHO) listing of the provisional indications of acupuncture, encompassing over 60 specific conditions, most of which are painful or, at the very least, discomforting, should be viewed as an important 'work in progress' involving many dedicated clinicians and practitioners around the world. Cancer pain, in all its manifestations, including direct invasion of the tumour and also the iatrogenic effects of biomedical treatments such as chemotherapy and radiation, undoubtedly will be included in the WHO acupuncture indications in the years to come.

Naturally, these personally experienced and professionally perceived diagnostic and energetic patterns or syndromes — or 'synergies' — will differ from practitioner to practitioner, from patient to patient and from researcher to researcher as well as from practitioner to patient and from patient to researcher and back to the practitioners and researchers and patients, and so on, like cycles or spirals of healing Qi/Shen flow. It is vitally important to try to avoid confusion and premature categorization and therapeutic installation with respect to these effects and efforts. It appears likely that genuine medical acupuncture



Dr. Steven Aung is a geriatric and family physician and a TCM practitioner and teacher. At the University of Alberta, Dr. Aung is an associate clinical professor in Faculty of Medicine and Dentistry and an adjunct professor in the Faculty of Extension. He is a World Health Organization advisor on TCM. Dr. Aung was awarded a Professional Excellency from the Académie Diplomatique de la Paix in 1986, the Alberta Order of Excellence in 2002 and the Queen Elizabeth II Golden Jubilee Medal in 2003. His primary interest is the integration of TCM and Western biomedicine within the context of a more natural and compassionate approach to health and primary health care.

practitioners will naturally attract patients who holistically resonate with the model of practice being whole-heartedly offered with respect to their own specific conditions. Everyone is a patient from time to time, and that fact must be carefully considered and respected.

However, it is what may be termed the 'energetic heart and soul' — or 'Shen' — of qualitative, evidence-based clinical practice for therapists to try their utmost best to fill in the 'xxx' blanks and connect the '...' dots correctly in their clinical apperception and to perform/fulfill the best of their most excellent preventive/curative healing theory, strategies, tactics, therapies, ability, service and genuine human responsibility appropriately for the benefit of all concerned and for the benefit of all sentient beings, which is a set of the most challenging tasks ever imaginable, if not quite impossible, in the ever-developing and enveloping qualitative and quantitative art and science of huwo/mane medicine.

The basic fact in all systems of medicine from natural to biomedical pertains to the perception that how, why, when and where there is pain there is a problem, where there is a problem there may be a solution and the solution may involve temporary symptom control (pain relief) — or it may entail a bold attempt to arrive at the root of the problem, engage in vital energetic balancing/harmonization and cure both the illness and the disease at one and the same time. In this regard, the eminent medical anthropologist Arthur Kleinman must be given credit for emphasizing the distinction between 'illness' (how patients within their social milieu experience and cope with the pain and discomfort of a disease) in conjunction with the 'disease' itself (the organic, terrifying and sometimes deadly physiological attack of pathogenic factors).

## Select Case Examples: Theory & Practice

The following three brief case examples serve to illustrate the challenge of pain and its modern clinical treatment in TCM. Generally, the TCM system regards pain as a kind of byproduct of disease and illness caused by the impact of external pathogenic factors and exacerbated by negative internal emotional conditions and situations which somehow seem to work together deleteriously to impact on the free flow of Qi (vital energy) in the meridian/organ system (pathways of regular Qi flow interconnected with the major internal organs and other extra circuitry) and their relevant acupoints (specific gates controlling the level and force of Qi flow on the regular and extra meridians).

See PAIN page 5



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find yourself here

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**International Career Opportunities**

**PAIN from page 4**

Acupuncture and other TCM therapeutic modalities help to regulate Qi flow and restore one's natural Qi harmony, which relieves pain and facilitates good health. As a general model, it might be said that acupuncture works relatively quickly from the outside in (from the superficial level of the meridians and acupoints), dietetics and herbal medicine work from the inside out (within the deep level of the internal organs) and other modalities such as Qi Gong and Tai Chi Chuan work from both directions at once (internal/external).

It must be noted that the TCM system in China and other Asian countries is strongly oriented toward dietetics and herbal medicine, both in terms of prevention and treatment. Certainly, it would be nice if every patient we treated turned out to be a success story, completely cured and totally pain free for the rest of their life. But this is not always the case, unfortunately.

**Only 'Mild' Pain: the Case of 'Pietro'**

A 40-year old male construction worker who was recently referred to me by his family physician due to the chronic pain he was suffering in his right elbow. This was apparently caused by his daily work in lifting and carrying heavy objects. After carefully diagnosing his condition in TCM terms, I evaluated it as a fairly common syndrome known generally as Qi Stagnation pertaining the Large Intestine (LI) meridian. This is because the LI meridian (which runs from the index finger to the elbow, shoulder and up to the nose) has an important Qi junction at the elbow, namely, the acupoint LI.11, which is the He Sea point of the LI meridian. In TCM theory, He Sea points are the gates of Qi flow where the Qi interconnects from the superficial to the deeper level. Therefore, LI.11, was one of the key acupoints indicated for treating this individual. It was a vital part of a treatment plan together with other relevant acupoints that served to alleviate the Cold invasion/stagnation associated with Pietro's condition, which was essentially stagnation of Qi due to overstrain or sprain. This may also be known as 'tennis elbow' or other similar disorders. Clinically, these manifest as a tender swelling with Heat around the local area. In the biomedical system, anti-inflammatory medications and physical/occupational rehabilitation modalities are often indicated.

In Pietro's case, I treated him successfully once a week for a month, and I also applied TCM massage/manipulation therapy and recommended certain herbs and foods to complement the primary treatment protocol. His response has been positive, and I continue to see him from time to time for maintenance and preventive purposes.

**More 'Severe' Pain: the Case of 'Alice'**

Alice, a schoolteacher in her early 30's, was referred to me by her rheumatologist for the chronic pain she was suffering in her fingers, wrists and elbows, together with stiffness swelling and slight deformations in these joints. This also involved her shoulders, neck and back. Her joints were red and warm to the touch. In TCM theory, Alice's condition was due to the invasion of Wind and Dampness. This syndrome becomes more severe in cold weather, especially in the transition from fall to winter. Biomedically, this condition is commonly diagnosed in terms of 'rheumatoid arthritis,' and this complex autoimmune condition is usually treated with anti-inflammatory medication as well as various forms of physical therapy.

For such conditions, I have found acupuncture in conjunction with moxibustion (application of herbal heat to acupoints to reinforce Qi flow and remove Dampness) and cupping (application of suction cups to acupoints to smoothen Qi flow and remove Wind) to be valuable and, of course, nutritional and herbal approaches are also effective as well as gentle manipulative therapy and massage (An Mor Tui Na). Dietetically, it is important for patients like Alice to avoid the excessive intake of raw, cold or sweet foods. Her condition is serious, one which takes as much time or more to cure than to develop, since the Dampness and Wind tends to become deeply ingrained within the organ/meridian system. In the case of Alice and other similar patients, I always advise disciplined meditation exercise programs such as Tai Chi Chuan (gentle slow motion stretching exercises) and Qi Gong (physical, mental and spiritual Qi alignment and harmonization exercises). I continue to work with Alice in communication with her family physician and rheumatologist to help us attain enhanced quality control of her disease and illness.

**'Intractable' Pain: the Case of 'Jon'**

Jon, a middle-aged car salesman was referred by to me his oncologist for pain relief associated with multiple myeloma. He was suffering from intractable pain and was not responding to morphine and other strong narcotic analgesics. This is a serious condition of cancer of the bone marrow, which is often accompanied by multiple fractures of the bones. This condition metastasizes extremely rapidly and is extremely difficult to manage. It is an extremely painful condition, and in Jon's case he was suffering from severe pain in the neck (radiating to the arms), back pain (radiating to the legs) and temporal headache on the right side. In TCM theory, his condition is perceived in terms of Kidney Blood Stasis combined with general Yin Deficiency, which causes bone marrow disorders, fractures and pain often associated with immune system disorders and cancer. Biomedically, the usual approach in such cases involves pain killing

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# HEALTHbeat Stress Relief

Dr. David Rainham, M.D.  
Author, Speaker, Stress Management Consultant

## IS IT JUST 'STRESS'?

*"Everyone is a moon and has a dark side which he never shows to anybody".* Mark Twain

Are you feeling anxious, on edge – and yet tired all the time, waking early, feeling as if you haven't slept? Do you no longer enjoy things which used to be fun? If so, you may not be just 'stressed' but suffering from a common, sometimes disabling illness – Depression.

Other symptoms of depression include: Loss of concentration and memory; Feeling sad and down for no reason; Significant change in appetite or weight; Chronic pain; Loss of interest in sex, or even in just being around people; Excessive use of alcohol; Feeling like a failure; Having no hope for the future – and possibly thoughts of suicide.

Most of us occasionally have symptoms like this, but in depressive illness at least five major symptoms are present most of each day for longer than two months. Depressive illness is often not diagnosed because sadness and crying are not always the main complaints. In children signs of depression include losing interest in school or hobbies, sleeping poorly, and complaining of head and stomach aches. In the elderly, depression may present as pain, increased confusion or alcohol abuse.

Depression is more than normal sadness after a loss, it's a physical condition in which low levels of the chemicals serotonin and nor-epinephrine interfere with the function of the 'mood centre' of the brain. It's associated with other disorders such as PMS, fibromyalgia, migraine, panic disorder and obsessional worrying. It also plays a major role in many other illnesses, including heart attacks, obesity and chronic pain.

Severe depression is like a grey fog blanketing one's life, sapping energy, taking away joy, and making it very difficult to function normally for any length of time. You can't just 'pull yourself together' or 'snap out of it'.

Causes vary and are often combined. Bouts of severe depression or just chronic dissatisfaction and pessimism often run in families. Deeply buried, painful emotions such as anger, fear or guilt, and childhood abuse or neglect may set the stage, stress overload can set it off and it's more common if you are poor, in a job that seems meaningless or have a chronic illness. Women suffer depression more than men, possibly because of hormones and brain chemistry, burning out from a constant 'caregiver' role in life, or holding anger inside.

If you feel stressed and are not coping well, tell your doctor about all your symptoms because once diagnosed, 85% of depression responds well to treatment, with a combination of:

Counselling to help change distorted, negative thinking and identify hidden emotions such as anger and guilt. Antidepressant drugs which help normalize the brain chemistry, improving sleep and increasing energy and motivation. Activity – such as exercise and/or some herbal remedies, acupuncture and meditation may help.

The big danger in depression is suicide. It's vital to get expert help if you are experiencing feelings of isolation, loss of hope for the future, or intense, recurrent suicidal thoughts. Remember, depression is not a sign of weakness or insanity – in fact taking the steps needed to recover may well give us an opportunity to grow stronger and eventually have a happier, more fulfilling life.

For more information, on assessing depression, you can visit [www.moodsmag.com](http://www.moodsmag.com).

Dr. David Rainham is a family physician, author and speaker. Find out more at [www.StressWinner.com](http://www.StressWinner.com).



### PAIN from page 5

medication, chemotherapy, radiation therapy as well as orthopedic, hematological and oncological consultations.

In Jon's case, I treated his Kidney organ/meridian system and also the Bladder meridian (which is the 'partner' of the Kidney meridian). Acupoints of special importance in this case were GB.39 (an acupoint on the Gallbladder meridian, which is the 'influential point' for bone marrow), BL.17 (an acupoint on the Urinary Bladder meridian, which is the 'influential point' of the blood cells) and GV.14 (a regular acupoint on the Governor Vessel meridian, located at the base of the neck on the back midline, which enhances the immune system). SP.10 (an acupoint on the Spleen meridian commonly used to harmonize blood flow and for immunoenhancement) was also part of the treatment plan. This was enhanced with nutrition and herbal medicine in order to balance the deep Yin/Yang and relieve the patient's pain. TCM does not claim to cure cancer but only to help reduce the patient's pain and improve the quality of life within the context of a natural method of approach. Jon eventually passed away from his condition, with dignity.

#### Concluding Remarks

Strangely enough, one's apparent lack of pain may also be a major problem, since the inception of illness and disease often goes unnoticed, sometimes until it may be too late for any kind of efficacious therapy, which is why it is advisable for both patients and practitioners to keep well tuned to their past, present and future health care potentiality. This is an essential ingredient in the integrative medical quest for the 21st century and beyond. While there are various empirical measures of pain, the best clinical approach is try to fully understand and appreciate the scope, situation and structuration of what our dear patient is suffering. Some people even experience a kind of phantom pain which is immeasurable except with respect to the sufferer and the diligent, mindful practitioner. Diseases and illnesses, like arthritis and cancer, involve multiple pathology and pain, which is a constant challenge to try to relieve. Overall, TCM has proven to be a useful integrative, natural and holistic approach in treating various physical, mental and spiritual painful conditions.



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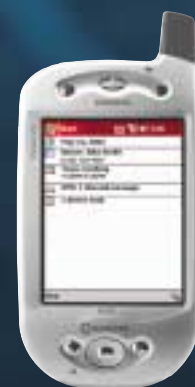
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