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## Thoughts on Healing in an Endoscopy Unit in the Queen Elizabeth II Hospital

By Shuna Watkinson, Member of the Healing Trust and Guild of Professional Healers supported by Patricia Swann, Lung Cancer Specialist Nurse and Chest Consultant Dr. She Lok

### Abstract

I have been privileged to work as a healer in an NHS Endoscopy Unit in the UK. I will share with you some of my journey as a healer and how it led to my working in a voluntary capacity as part of the endoscopy team in an environment of integrative care. I will explain some of the medical procedures involved, include patients' comments, and the views of Patricia Swann, the Lung Cancer Specialist Nurse who so quickly recognized that energy healing might be of value in the department. I will also offer some insights into the effects of healing upon individual patients. I am inspired by the way that healing and clinical care have come to what seems a natural – as integrated care. This surely is the way forward!

Key words: healing, endoscopy, medical procedures, [integrative care]

### My path into healing

Healers and healing have been known throughout recorded history. Healing has always been a natural part of life. We all have the ability to give healing – whether through a kind word, a loving touch or a caring intention towards another.

Trained healers learn to open themselves to this loving energy, allowing it to be channelled through their hands to the recipient by using gentle touch or by placing their hands a short distance from the body. The fact that it is non-invasive is especially important to those undergoing challenging treatments. The healing energy supports the body's own self-healing mechanism to bring the whole system into greater balance. This benefits the physical, mental and emotional state of the patient.

Most people experience healing as warmth – a feeling of comfort, deep relaxation and peace. Sometimes healing facilitates the release of past traumas and fears, letting in a sense of relief and wellbeing. Others feel nothing at the time, but might notice changes later on. Every experience of healing is different.

Some people know from childhood that they are healers. I'm not one of them. When I was ten I discovered the cello and soon decided that music would be my life. I made it my career and for many years had the privilege of playing great music with very fine musicians. Music is without doubt a healing art, and has much in common with hands-on healing, not least in its ability to speak to the very depths of people without the necessity for words.

As a musician I had enjoyed working with patients in hospices and hospitals. When my playing career at that time came to an end due to a rare auto-immune disease which damaged the nerves of my hands and arms, I found myself drawn to work as a volunteer in my local hospice, Isabel Hospice in Welwyn Garden City, near London. For the first four years I was involved in the Inpatient unit, helping to care for patients and families and making lots of cups of tea! It was while sitting there with a dying patient one day that I first realized that I needed a more focused and intense way of offering comfort and loving-kindness.

I was receiving healing for myself at that time, and my healer urged me to apply for the excellent National Federation of Spiritual Healers (NFSH - now called the Healing Trust) healer training. I was accepted, and completed parts 1-4 over the period of two years. At the same time I was taken on as a student healer at the NFSH Healing Center in St Albans. This was a marvelous learning experience. Much later, I also completed parts 1 and 2 of the Reiki Healing training.

Once qualified as a healer, I began to work as Volunteer Complementary Therapist at the same Hospice, seeing outpatients one morning a week. It was obvious from the start that patients found healing relaxing, comforting and beneficial.

I saw some people regularly over a long period of time and they told me how valuable they found the sessions. They enjoyed the relaxation it offered – time out from their troubles, experiences of seeing colors and beautiful landscapes, and in the case of one young man, seeing those of his family who had already died, waiting to welcome him.

One gentleman had a surprisingly gentle release of old, traumatic memories. He relived his being bombed in an air-raid shelter in London when he was a child, and seeing his friend killed just next to him. It was something he had never once spoken about and I am sure that being able to release those memories made a difference in the last weeks of his life.

Other patients told me how it helped their pains and their fears, how they gained in wellbeing in spite of their disease, and how they experienced peace amidst their suffering. I stayed there for eight more years and have warm memories of many of the patients that I became close to at that time.

I later joined Healing Hands Network and went for three two-week visits to Sarajevo to work with survivors of the concentration camps and victims of the war in Bosnia. Those weeks were among the most intense of my life. We saw seven patients a day for about fifty minutes each. This was very challenging but it moved me forward as a healer faster than anything else I had previously done. Working with death is one thing, but working with people still living with the effects of deliberate evil intention I found to be quite another. The level of grief, pain and trauma in those people is appalling and their endurance and stoicism is heartbreaking in itself.

Their gratitude for healing is huge. So many of them told of feelings of peace; of having bad memories taken from their bodies and spirits; of being able to shut their eyes without fear and sleeping without nightmares. One young man would release these with violent shaking of his

whole body – so much so that at first I was concerned that he might fall off the treatment couch. Another lady who had lost twenty-three members of her family in the war told me “we are cared for in our bodies but you (healers) care for our souls. Thank you so very much for this!”

Others were able to be free from their constant physical pain, at least for a while. The memories of these brave people remain in my heart. While I and others who came to offer healing were able to help a few of these traumatized people, the need does not diminish, and more and more new clients are still finding their way to Healing Hands through their local Concentration Camp Victims Associations - even now, so long after the end of the war.

### **Bringing healing into a hospital**

It was while I was still at Isabel Hospice that I became involved with the Endoscopy Unit of the Queen Elizabeth II Hospital, Welwyn Garden City, part of the East and North Herts NHS Trust, UK. I had attended the excellent “Healing in Hospitals” workshop by Angie Buxton-King and her husband Graham King a few years previously, and was inspired by the amazing and pioneering work they have been doing at University College Hospital in London. There, the Sam Buxton Sunflower Healing Trust supports seven healers in the Oncology and Hematology departments. If you do not already know about Angie and Graham I urge you to find out all you can about their extraordinary work, healing within several Hospitals here in the UK ([www.cancertherapies.org.uk](http://www.cancertherapies.org.uk)).

One day I was present at a regular multi-disciplinary meeting in the Hospice where there was discussion about a patient who was to undergo a thoracoscopy, where a rigid scope is inserted into the lung cavity with the aid of ultrasound scan under local anesthesia and sedation. This procedure was introduced into the Trust by Dr Lok, the Respiratory Consultant. It has been hugely beneficial, as patients no longer need to be transferred to the regional thoracic surgical center 35 miles away.

This patient was extremely anxious about the procedure. I was a bit surprised to hear myself asking if it might be possible for me to accompany her as a complementary therapist, and after a moment of silence around the table, a doctor rang through to the hospital and gained the consent of Dr Lok.

I went to meet the patient, a lovely young woman, who had also trained in Reiki but had never been well enough to practice it. She was enthusiastic about the idea and we went together into the hospital, just next door, where I was allowed to offer her healing in one of the patient bays after she had been admitted. I was then permitted to accompany her into the treatment room where, having been offered a stool, I gave her healing through her feet during the procedure, where I was not in anyone’s way. The staff were all extraordinarily kind and accepting of my presence.

When the procedure was over, I was asked when I was coming back! Not wishing to let such an opportunity go, I asked for a meeting to discuss the possibility of future work. The result is that I have been going in to the Endoscopy Unit almost every Thursday morning over the past two years.

I am officially attached to the Respiratory team, but the Unit also carries out other endoscopic procedures such as colonoscopy and gastroscopy. When time permits, I offer healing to those patients too, although I less often accompany them into the treatment room.

## How healing helps in the hospital setting

When patients first arrive, they are often anxious about the procedure as well as the possible diagnosis, which may include problems requiring surgery, such as cancer. Some find the very fact of being in a hospital is stressful in itself. After they have been admitted, I speak to them to gain their consent before offering healing for gentle relaxation before and/or during their procedure. Most accept and tell me how grateful they are for the calm and reassurance it brings.

For a lot of people their illness is just one of the difficulties they may be facing. I often hear stories of stress, worry, family problems and tragedy. To be able to offer healing to the whole person is immensely valuable. Just to have time to listen can help.

Healing can help with pain, with fear of needles, and to support patients while being given distressing news. Elderly and confused patients can be soothed into sleep.

For instance:

- I gave healing to a young lady who was in pain. She was waiting for the results of tests. Her pain eased, I was asked by Patricia and Dr Lok to continue the healing while they gave her very upsetting news. As she gradually recovered from the shock, both she and her husband (who was with her) expressed their gratitude for the comfort and support the healing had brought.

- A young man who was very agitated before healing told me afterwards how the healing had taken him back to a memory of the last time he felt truly happy – on holiday with his parents at the seaside when he was a child. His breathing deepened, he said he was able to feel more optimistic about what had seemed a very dark future.

- A lady was disappointed when her healing was curtailed because it had transported her back to her native Ireland where she was about to catch a big fish in a loch!

- I was asked to assist in relaxing a very anxious patient, enabling her procedure to take place and preventing an unnecessary referral to another department where she would have had to undergo a general anesthetic.

- Other people are grateful just for feeling more peaceful and relaxed, for the warmth that brings them comfort and reassurance – different people experience it in different ways.

The Sister in the Unit, Jill Dickinson, encourages members of staff to come for healing whenever they want. There has been an enthusiastic response in less busy moments! The staff work incredibly hard. Their day is often stressful and demanding, and it's great if healing is able to help them by providing relaxation, and at least in one case some relief from long-term pain. Everyone in the Unit has been amazingly positive, helpful and welcoming. I couldn't imagine being made to feel more part of the team and valued as such. Their own experiences of healing makes them fine and generous advocates to the patients.

An audit was arranged to evaluate the benefit to patients and staff members. A simple questionnaire was designed and fifty replies collected. The results were very encouraging indeed, published on the [Healing Trust website](#). So many of the comments showed how valuable patients find the service. Many said they thought that healing should be available in all departments and there was much appreciation for the peace, calm and warmth experienced.

Here are a few samples of these quotes:

As a first timer I was pleasantly surprised by the experience both mentally and physically. Having been advised effects can continue for a while I await with anticipation. Not surprised patients benefit from this now.

How relaxed I feel!

Gives peace. Like the therapy in procedure room gives reassurance

Made me feel warm and I focussed on this instead of the op which relaxed me

The therapy I had today made me feel extremely calm and relaxed and took away the constant thinking of my back pain; a great therapy and would definitely have again

This is a very good way of calming your body and mind before a procedure. I think all departments should have a healer.

Wonderful to be given this relaxation therapy before treatment while waiting for delayed procedure due to emergency patient. I'd always welcome the treatment because the waiting is usually the most stressful with the fear of the procedure to come

After the audit was completed, Patricia arranged to meet Angie and Graham to discuss the possibility of their charity, the Sam Buxton Sunflower Healing Trust, supporting the funding of a healer. They very kindly agreed and funding has been offered for fifteen hours a week initially for one year to cover both the Queen Elizabeth II Hospital and the nearby Lister Hospital. This post will soon be advertised nationally.

I have also been involved with the Lung Cancer Support groups both in the Queen Elizabeth II and the Lister Hospitals. These sessions provide an opportunity for patients and their carers to come together to chat over a cup of tea. Several people in both venues enjoyed healing.

## **Moving forward**

Patricia Swann the Lung Cancer Specialist Nurse and I were invited to give a presentation to the Mount Vernon Cancer Network. It met with great interest, and the Lung Consultant from Watford General Hospital immediately asked if he could set up a similar project. A colleague, Kyong-sook Cheek will be starting there shortly!

More recently, the Unit hosted a Study Day for the East Anglian Endoscopy Associates Group. We presented the findings of the audit to over 50 staff members from all over the area. It generated great interest and enthusiasm. I was delighted that both Graham King and Kyong-sook were able to join me, and between us we had had more requests for healing than there was time for.

It has been a wonderful experience for me. The staff are second to none in their professionalism, kindness and care, and working alongside them is a huge privilege. I am enormously grateful to Patricia Swann for her enthusiasm, persistence, hard work and encouragement. In her words "Whatever is good for the patients..."

I would also like to thank Dr Lok for his support and acceptance from the start, as well as Dr Dent, Dr Gareeboo and Dr Gore for their goodwill. Thanks too must go to all the staff in the Endoscopy Unit, and also the Clinical Audit department.

As a footnote, here is an addendum about the lady I first accompanied into the Hospital: In spite of the fact that she was never well enough to practice her Reiki, I was able to tell her before she died that she opened the door for me to bring healing into the hospital. I know it made her very proud.

Dr. She Lok has kindly written a few words about the introduction of healing on this unit.

### **Working with a Healer**

Dr She Lok – Consultant Chest Physician  
East & North Herts NHS Trust

I remember my very first contact with the healing service very vividly. When I was asked by the lung cancer nurse specialist whether a patient about to undergo a local anaesthetic thoracoscopy could have a healer sit in and support her during the procedure, I just stared at her. My contact with complementary therapy has been at arm's length. It's not that I have any objections but have always thought that it was a last resort course of action. I have never thought that I would use it side by side with conventional treatment.

Having met the patient a few days earlier to discuss the procedure and the various options, I knew she was very anxious and was wondering how she would cope. If the healer was able to help with this side of things to make the procedure more tolerable for the patient I was all for it. My perception on healing was not the issue and if she could complement (and not interfere) with what I was doing to make the process much more patient-centred it seemed appropriate to use this facility.

I met the healer on the day and she explained what she was going to do. She came in with the patient and sat at the foot of the surgical table. The procedure was straightforward. I did not have to give additional sedation as I had thought I might need and the patient was calm throughout.

The healer made an impression on me that day. If her presence was able to have a calming influence on anxious patients it would be ideal in situations where they were undergoing procedures requiring sedation. We therefore suggested she continues to support the respiratory service. She is available to us to support endoscopy on the day of the procedure. She has now been part of the team and has had an impact on the service we provide. A patient satisfaction survey has shown that all those that used her service were more relaxed and calm and had a positive mental attitude towards the procedure being done.

The survey was used with a group that agreed to the healer's input and therefore were biased towards her. However 50% of our patients who were offered the service agree to her intervention, suggesting the need of such a service. It would be difficult to evaluate if healing has an effect on the amount of sedation used but if 50% of our patients who used the service found it beneficial in their tolerance of an uncomfortable procedure it suggests we should continue.

The success of the healer's input has made us think of other ways that one can use her skills in the treatment of our respiratory patients. It has made me consider the options in areas where the need of the patient's "well being" is important. It has opened my eyes to their role in complementing the management of our patients.

I also share a few words here from Patricia Swann, Lung Cancer Nurse Specialist, who has been a tremendous support in facilitating this integration of healing on the Endoscopy Unit (Swann, 2010).

Having being approached by a healer to offer support to patients in the unit I found myself thinking what do they do? Perhaps they may help! My preconceived ideas about healing had to be banished.

After discussion and some research I found myself thinking this could help patients and staff. It was being offered free so the team agreed to trial the service. Service improvement was also a thought in my mind.

What an impact, a calming effect appeared to develop in the unit. Staff were more relaxed, felt more confident to deal with the anxious patient.

Some of the comments by patients:

- Wonderful to have, as I was nervous
- When having a procedure it helped to calm me down
- Wonderful relaxing experience
- Made me feel warm
- Nice to see it was available
- Liked the therapy in the treatment room

The healer is now seen as part of the team providing support to patients, carertakers and even the medical staff.

The audit of the service has concluded that providing healing can provide:

- Relaxing interaction that has benefited patients
- Reassurance to individuals
- Positive response physically and mentally of those having a treatment.

I would recommend being able to have this service available. It has indeed improved the patient pathway and there has been positive engagement by patients and staff. It has helped us reflect on our practice and reminded the team that the cancer journey starts at the referral and not when a diagnosis is made.

## **Reference:**

Swann, Patricia. Providing a healing service in the Endoscopy unit at East and North Hertfordshire NHS Trust: The impact of the healer in the endoscopy unit ([.pdf download](#)). December 2010

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