

On Being a Stranger in a Foreign Land: Providing Integrative Oncology Therapies to COVID-19 Medical Professionals

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In early 2021, in the midst of the third wave of the COVID-19 pandemic in Israel, an innovative program was initiated at the Carmel Medical Center in the city of Haifa. The program's goal was to improve the well-being of patients and health care providers in the hospital's COVID-19 departments. Integrative medicine therapies, which include acupuncture, manual-movement and mind-body modalities, were provided by a team of integrative oncology (IO) practitioners to relieve debilitating symptoms among patients, including dyspnea, a sense of isolation, pain, and fatigue. At the same time, the IO team began to provide treatments to reduce stress and "burnout" among the COVID-19 medical team. The program was headed by two physicians from "opposing" paradigms of medical care: The first, Sameer, the head of an internal medicine department in one of the main hospitals in northern Israel. The department had been converted into an isolated COVID-19 unit, treating patients with a staff of physicians, nurses and other personnel, all with no prior experience or training in integrative medicine. The second, Eran, a physician heading an IO program for the past 14 years, with a team of 22 physicians, nurses, para-medical and non-medical IO therapists. The IO program provides patient-centered supportive and palliative care to patients undergoing chemotherapy and active oncology treatment, and end-of-life care, and is situated within a public academic oncology service in northern Israel.

A dialogue between Eran and Sameer evolved during the planning and implementation of the program. IO models of care have, for many years, been playing a central role in patient care in leading oncology centers in the US and worldwide. The dialogue between the two physicians is an example of how IO therapies can be re-contextualized and transformed to the COVID-19 setting.

Phase I: Treating the Patients

Eran: Sameer, I suggest that we utilize therapeutic modalities from the field of integrative medicine in the treatment of your COVID-19 patients. I truly believe that my team of highly trained and experienced IO professionals will be able to significantly help ease their suffering and concerns.

Sameer: What do you mean when you use the term "integrative medicine"? Is there any evidence to support its effectiveness? My work in the COVID-19 department has increased my awareness regarding my own limitations, both professional and personal. While conventional medicine has served me well throughout the years, it has been extremely limited in enabling me to treat patients with significant COVID-19 symptoms. All we can really provide is supportive measures, with the hope that these patients will make it to the next day. What therapeutic methods do you intend to use? What is the expected "added value" of your interventions with respect to their effectiveness? And how about their safety?

Eran: Since there has been little research published on the impact of integrative medicine with COVID-19 patients, all I can provide is the published research and 14 years of experience in treating oncology patients. The primary goal of IO is to reduce the symptom load and improve patients' quality of life, using evidence-based IO interventions for patients undergoing adjuvant, neo-adjuvant, and palliative oncology treatment. For this purpose, we use IO modalities that have been researched extensively and found to be both safe and effective for symptoms such as pain, nausea, emotional distress and insomnia. These are similar to the symptoms and concerns you and your team have had to struggle with, in the treatment of your COVID-19 patients.

After a number of weeks in the COVID-19 department, the IO team had the following reflections:

Eran: Following your invitation, we began treating patients with a wide range of integrative modalities, from acupuncture to touch (acupressure, Anthroposophic medicine ointments, reflexology), movement, and mind-body medicine. We crossed the contaminated “threshold” while covered in protective clothing, equipped with acupuncture needles, ointments and oils to be applied with our double-gloved hands. We tried to sooth patients with muffled masked voices; provide therapeutic suggestions in sync with the monitor’s beeping. Sagi, one of our acupuncturists, approached an elderly female patient, offering to treat her anxiety. She was there with her husband, who was on mechanical ventilation and his condition deteriorating rapidly. In the next room, I worked with Galit, another IO-trained practitioner, who inserted acupuncture needles while I provided touch therapy to an awake and alert 35-year male patient on extracorporeal membrane oxygenation.

Phase II: “Healing the Healers”

Sameer: While we greatly appreciate the work you and your IO team are doing for the COVID-19 patients, our greatest challenge at the moment is to maintain resilience among our medical staff, who have reached their limit regarding exhaustion, stress, and burnout. Perhaps your IO team can treat not only our patients but also the medical and support staff in our isolated departments.

Eran: As we work with your patients it has become clear why you have suggested that the medical staff is also in need of our services, often without their realization.

Sameer: Yes, it is true. The physical and emotional stress have been taking their toll on my team, with burnout becoming more and more apparent. I can feel my own stress, despite the many years I’ve worked in internal medicine departments. I am very concerned about the well-being of my staff, who have been putting their own physical and spiritual health at risk each day, for weeks on end. Despite the extreme environment in which they work, both the medical and support team members are unwilling to utilize the psycho-social services which have made available to them by the hospital. In spite of their reluctance to “open up” and verbalize their concerns, I believe they will be open to the therapeutic modalities offered by your IO team of professionals.

Eran: So, now let us co-design a process of “healing the healers”. We can provide 40-minute integrative treatments to your staff, which can take place during their work hours. This will make this part of the program more accessible, and we can further our goal by providing treatments in a separate area which is adjacent to the COVID-19 departments. We’ll invite all team sectors: doctors, nurses, physiotherapists, respiratory therapists, occupational therapists, radiation technicians, secretaries and cleaning staff.

Phase III: Reflections on the Impact of the Program

Sameer: Yesterday was my own first experience with integrative medicine. It was a short 40-minute session, but I was able

to allow myself to enter the “secret garden” (I had to turn off my cellphone) and experience a sense of “being”, which contrasted with all of my “doing”. I understood why my staff looked forward to these treatment sessions, which provided an opportunity in all of this “madness” for each to be “I, myself”; “I, the healer”; and “I, the wounded healer”, if only for a short while. As the head of a conventional internal medicine department, who exalts the principles of evidence-based medical practice, I have become acquainted with concepts which had until then been foreign to me: “complementary medicine”, “integrative medicine”. I, like my staff, feel that the integrative treatment sessions are like an outstretched hand, saving us from a feeling of “drowning” in a sea of the hardships of ongoing work in the isolated COVID-19 department.

Eran: Your metaphor of entering the “secret garden” of integrative medicine resonates with the sense of privilege and appreciation of the IO team for the dedicated and seemingly endless work of the COVID-19 department. You and your staff have also opened a door for us, a door into an “inner sanctum” in which we were able to provide care not only to your patients but also to your medical and support team. A dialogue has begun, and we too find ourselves becoming those who need healing. I wonder how much of this process is about addressing our own exhaustion, anxiety and frustration? To what degree is it our own journey, in our search for compassion, resilience and posttraumatic growth?

Discussing the Conversation

Integrative oncology programs are increasingly becoming part of the rapidly evolving field of supportive and palliative services in many of today’s leading oncology centers, in the U.S. and across the globe.¹ However, these IO programs are invariably addressing only symptoms and QoL-related concerns among patients undergoing chemotherapy and other treatments. Psycho-oncology studies have shown that nearly a third of pediatric hematology-oncology physicians experience burnout,² leading to a lack of compassion and thoughts of leaving the medical professional’s job or specialty.³ As a result, many centers have developed programs addressing stress and burnout among medical staff, including those treating oncology and hemato-oncology patients.⁴

During the 9 weeks of the program, 305 integrative treatments were provided to 181 staff members in 3 COVID-19 departments. During these encounters, staff members described exhaustion, pain, despair, anxiety, trouble breathing, frustration, disturbed sleep, and other symptoms. The transition of the IO team, from treating oncology patients to treating patients and medical staff in the isolated COVID-19 department, was significant on a number of levels. The program required a “meeting of minds”: between Sameer, a conventional internist with no personal or professional experience with integrative medicine; and Eran, an integrative physician who had, until now, been treating symptoms and QoL among patients undergoing chemotherapy and other oncology treatments. While this transition required the two physicians to enter unfamiliar territory, both settings shared a need to overcome overwhelming physical, emotional, and spiritual-existential-related stress and burnout. Another aspect facilitating this process was the fact that both physicians, Sameer and Eran, were familiar with the health belief models of their Arab-Muslim and Jewish communities, sharing the concept

of what is considered in ancient Arab Alchemy as a “melting process”. This process entails the creation of a cross-cultural fusion, a so-called “Union of Opposites”, facilitated by the cross-cultural diversity of Arabic- and Hebrew-speaking personnel in their medical teams. The relationship created between the COVID-19 department staff and IO team was also the result of a multi-disciplinary commitment to the health of the entire team of doctors, nurses, cleaning staff, and others.

The dialogue between Sameer and Eran provides a number of insights into need of health care professionals to face unfamiliar situations which, with a non-judgmental attitude and flexibility, can lead to a collaboration which advances well-being in an evidence-based setting. The new and shared journey of Sameer and Eran was made possible by the COVID-19 pandemic. It was in this setting where conventional and integrative medicine worked side-by-side, each respecting the other, for the good of their shared patients. The contribution of the IO team to the physical and psycho-spiritual well-being of the COVID-19 medical staff needs to be extended to other settings as well, first and foremost in their “home-turf” of the oncology department. It is here, too, as well as other medical settings, where the IO team can help heal not only patients but also their “wounded healers”.

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Conflict of Interest

The authors indicated no financial relationships.

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