

*Guest Article*

# Complementary therapy for the hospitalized child: Humor, clown doctors, and magic

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**[Editors Note:** *Abu Dhabi Nurse welcomes articles from our colleagues, fostering further cooperation and sharing of knowledge amongst the multidisciplinary team.]*



*The arrival of a good clown exercises more beneficial influence upon the health of a town than that of 20 asses laden with drugs (Dr Thomas Sydenham; 17<sup>th</sup> century physician)*

The healing power of laughter has been known for thousands of years. Western medical practitioners increasingly recognize the need to escape the limitations of a bioreductionist view of health and disease. The clown doctors and other performing artists for hospitalized children, act as modern day shamans, providing the adequate psychosocial sustenance that is often lacking in Western medicine. More recently the advocates for the above concept have been a radical physician and clown doctor Patch Adams and the journalist Norman Cousins who attributed his recovery from ankylosing spondyloarthritis to high dose vitamin C and laughter [1,2]. Limited research has attributed benefits of humor and laughter to neuro-endocrine as well as neuro-immunological enhancement. Specifically, cortisol levels are decreased and immunoglobulin level increased [3]. In the above context, our aim is to highlight some of the applications of humor and magic in hospitalised children.

The clown doctor program has been available in selected countries in Europe, North America and Australia as early as the eighties. These programs are flourishing and well appreciated by the patients, their parents as well as the medical staff. All programs require that the clown doctors, who consist inter-alia of magicians, singers, puppeteers and other professional artists, undergo intensive instruction before being released on the wards. Not all artists are suitable and neither do all applicants make the grade. Besides technical skill, these artists have to show understanding of the basic psychology of children, display empathy, maintain confidentiality and subsume their performing personalities to the needs of the child. Clown doctors typically roam the hospital between the outpatient and inpatients wards. Therefore a vital component of their training is that of infection control to prevent the transmission of germs. Visits are usually scheduled on a regular weekly basis at the very least.

The overall aim of the clown doctor program is to spread joy and mayhem wherever children might be found in what is an environment often not designed with children in mind. As much as their focus is to provide fun therapy, at the same time this provides an important distraction to the children, freeing them of the burden of illness if even for a limited time. In addition, the gentle parody of medical routines (e.g. of visiting the CT Scanner, mimicking the doctors examination), desensitizes them to the real doctors and procedures. This is a vital component for the chronic patients who are subject to multiple traumatic experiences both psychologically and physically. Children who are expected to benefit the most include those diagnosed with cancer, cystic fibrosis, heart disease or a kidney disorder.

Insofar as the endpoints of such a therapy goes, researchers who attempt to measure qualitative issues like psychological well-being and stress of the experience with quantitative measures like days of admission and mortality rates are unlikely to document any benefit. Those researchers who remain

skeptical of the importance of laughter and humor in health need to realize that health is much more than just survival and the absence of disease. It is also about truly thriving in the holistic sense of spiritual well-being and a positive outlook. To a great extent, such benefits are largely intangible. It is said that humor is as powerful as prayer as prayer in that both have the ability to transform. From a purely empirical scientific point, the evidence favoring humor is relatively weak [4]. By analogy, how many of the skeptics would be unwilling to admit to the benefit of prayer? On the assumption that most would admit to the benefits of prayer, one could contend equally that proof is lacking (but common sense prevails). A skeptic once remarked that if the laughter therapy had any benefit, then comics who live by their wit should outlive everyone. This argument holds no more merit than stating that doctors should outlive their patients and be in the optimum of health.

Another commendable program is Project Magic, which was introduced and endorsed by David Copperfield during the eighties. It is a program whereby simple magic tricks are taught to selected patients. The aim of such a therapy is to improve fine and gross motor movements, improve cognitive skills, improve concentration, exercise muscle groups and enhance self-esteem. The occupational and physical therapist work together with a magician for patients with an array of diagnosis from strokes to neural palsies. Resource material on the healing of magic has been recently made available and is used extensively in hospitals throughout the United States [5].

In most hospitals the central cog around which most of the mentioned programs are coordinated is the child-life therapist. The clown doctor program would typically need funding to sustain the costs of the performing artists and their equipment. Other

projects like Project Magic require the one off cost of the training resources and the option of working together with a magician. It is likely that the popularity of these programs, which are largely unknown to many parts of the world, will increase. However the sustained support and campaigning by medical staff is necessary to procure funding. To this end, the medical staff can truly act as advocates of child health.

While one should not be blindly optimistic, and regard the exceptional case of Norman Cousins as a metaphor for good health and recovery rather than a prototype for all recovery, one need hardly wait for FDA approval before embarking on projects like those mentioned. The cost benefit ratio of these projects in hospitalized patients is very favorable and the use of prestidigitation, puppetry and play is likely to have fewer side effects than Prozac. Children are less enculturated into the orthodox medical belief system that values pharmaceutical and surgical intervention over "magic". The use of clown doctors and other such artists can improve patient satisfaction and compliance, especially in children, which may contribute to a more positive clinical outcome.

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# VISA and VRSA

Vancomycin-Intermediate/Resistant *Staphylococcus aureus*

When I think of "VISA" the first thing that comes to my mind is a stamp in my passport or a card from the bank, now the term 'visa' takes on a whole new meaning. VISA and VRSA are specific types of antimicrobial-resistant staphylococcus aureus bacteria. *Staphylococcus aureus* are bacteria can be commonly found on a healthy person's skin and in their nose, see the article on MRSA in this magazine. Occasionally, staphylococcus aureus can cause infection; most infections are minor (such as boils, pimples, and others) and most can be treated without any antimicrobial/antibiotic remedy, however sometimes they can cause serious infections (such as bloodstream infections, surgical wound infections, and pneumonia). Over the last half of a century, the treatment of infections has become ever more difficult because some bacteria have become resistant to various antimicrobial/antibiotic treatments. While most staphylococcus aureus bacteria are susceptible to the antimicrobial agent vancomycin, including that of 'golden staph' or methicillin-resistant *Staphylococcus aureus* (MRSA), some have developed resistance. VISA and VRSA cannot be successfully treated with vancomycin because these organisms are no longer susceptible to vancomycin.

**R** *Staphylococcus aureus* bacteria can be classified as either VISA or VRSA based on special laboratory tests. Laboratories perform tests to determine if *Staphylococcus aureus* bacteria are resistant to certain antimicrobial/antibiotic agents. Laboratories conduct tests to see how much of a treatment, such as Vancomycin, it will take to hold back the growth of an organism in a test tube. The result of the test is usually expressed as a minimum inhibitory concentration (MIC) or the minimum amount of antimicrobial/antibiotic remedy required. Therefore, *Staphylococcus aureus* bacteria are classified as VISA if the MIC for vancomycin is 8-16 µg/ml, and classified as VRSA if the vancomycin MIC is  $\geq 32$  µg/ml.

VISA and VRSA infections are rare. Only eight cases of infection caused by VISA in the USA from 1997 to 2001 and two cases of infection caused by VRSA have been reported in the United States in 2002. These patients that developed VISA and VRSA infections had other medical problems (such as diabetes and renal disease), a history of previous infections with MRSA, invasive procedures (such as intravenous [IV] cannulas), were hospitalised, and

all had recent contact with vancomycin. There have been other cases reported around the globe and this is becoming an issue that the Center of Disease Control (CDC) in the USA, along with other Health Departments and Ministries are working together and monitoring closely.



There are several important lessons from the development of resistant bacteria. The most important lesson for the Health Professional is the use of universal or standard precautions (such as using barrier devices when contacting body substances) and hand hygiene (always wash your hands) will reduce the spread of infection including VISA and VRSA. VISA and VRSA are only part of the larger problem of antimicrobial/antibiotic resistance in hospital and the CDC advocates four strategies that health professionals should use to prevent resistance: 1) prevent infections, 2) diagnose and treat infections effectively, 3) use antimicrobial/antibiotic treatments wisely and 4) prevent transmission. The CDC has also published clinical guidelines to prevent the spread of vancomycin resistance in hospitals, see another article in this magazine on the use of clinical guidelines.

Patient and Family education is also important with any infection in order to prevent unintentional contamination. *Staphylococcus aureus* bacteria spread occurs with close physical contact with infected patients or contaminated material. Thus family having close physical contact with infected patients while they are in or outside of the hospital should: (1) keep their hands clean by washing thoroughly with soap and water, (2) avoid contact with other people's wounds or material contaminated from wounds. Teach the patient and their family the importance of the hospital infection control practices and how they can help stop the spread of infection; it could stop the infection becoming an outbreak.

Further information on MRSA, VISA and VRSA contact your hospital infection control committee member or see the CDC online at <http://www.cdc.gov/ncidod/hip/vanco/vanco.htm>

Picture courtesy of <http://www.designedtoat.com/>

# Watch your back”

You may have heard this expression from someone when you try to implement something new, want to make a change at work, get a promotion or even when voicing an opinion. This saying should no longer have the negative connotation against our colleagues, but rather we should shout it out; ‘Watch your back and prevent injuries’.

The best way to treat a back injury is to prevent one from happening. Bending, lifting, twisting, and reaching are all in a typical working day. Have you ever thought about how much pushing, pulling, or carrying you do each shift in a hospital? According to the United States Bureau of Labor Statistics, back injuries are the most common job related injuries in the health care field and over half a million back injuries in the U.S. happen each year.

It’s not surprising, especially considering the hundreds of back movements that health professionals do every day. Stress to back is applied daily with everything from sitting to standing. Over a period of time the accumulation of this daily stress can lead to torn, pulled muscles and ligaments, herniated disc, and pain. Although back injuries may happen in the patient care setting, there are steps we can take to protect and care for our backs.

There are numerous causes related to back injuries. Nurses, for example, have high demands in patient care due to more debilitated patients, staffing shortages, time constraints, and extended work hours have been identified as contributing factors. For other health professionals too, these same contributing factors may be found along with extended periods sitting at equipment, transporting goods etc...

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Most back injuries are not credited to a single event. It is often years of abuse from overexertion while lifting, pushing, or pulling can cause the discs to wear out, muscle fibres to tear causing scar tissue, and ligaments to weaken or stiffen from overuse and poor conditioning. Minor strains and sprains to the back are usually left uncared for. If we sprain our foot or ankle at work we usually rest, ice, and elevate. How often do we do that for our aching backs? These seemingly minor damages to our back gradually add up. This accumulative trauma makes us vulnerable to that one particular motion or action that can cause an acute episode.

## A few ways to prevent an injury:

- First of all, take note of the warning signs. Just like any other injury, the aches and pains we feel in our back are warning signals. Recognise and report symptoms for early conservative treatment. Conservative treatment may include a short time off for rest, an anti-inflammatory, and ice to the injured area. Remember, taking care of you first enables you to take care of patients later.
- Invest in a pair of slip resistant, supportive shoes. This may seem simple, but small things do add up. Comfortable, closed, supportive shoes can make a day go much easier. Unrestrictive and protective clothing at work helps allow for movement. Remember, the equipment we bring to work is as important as the equipment supplied by an employer; your clothes should help protect you and not limit your movement.
- Think good posture. Work at a comfortable height that does not require bending over for any length of time. Tighten abdominal muscles, shoulders back and good body alignment are important for proper lifting. Carry items close to your body. Move with your feet in the direction of choice, not with your waist. This will alleviate the twisting that can cause sprains, strains, and pulled ligaments. Remember, maintaining good posture in everyday activities will help minimize harmful stress to the spine.
- Maintain a healthy weight range. The lower part of the back holds most of our body weight. Remember, excessive weight, especially in the abdominal area can add significant strain to the back.
- Incorporate proper lifting techniques at home and at work. Remember, back injuries are accumulative and can happen anywhere, by doing the right thing at home, it becomes a habit and you will also do the right thing at work.
- Decrease your stress level. Stress makes the muscles tense causing greater chance for injury. If you talk to people who exercise regularly, most of them will tell you it’s a great way to reduce stress. Stress causes muscles to tense - including your back muscles, and as some of you may already know, tense back muscles can mean back pain. Remember, exercise and reduce stress. Remember, reducing stress is also a way to reduce back injuries.

- Keep your muscles conditioned. Conditioning is maintaining healthy strong muscles, and bones. Simple stretching and toning exercise for the entire body can relieve stiffness and tension. A few light stretches along with some leg and arm exercises can be easily done at home a few times a week. Remember, body conditioning can help increase flexibility to prevent muscles from over stretching or tearing.
- Push rather than pull. Pushing incorporates arm and leg muscles. Pulling should include arm and leg muscles but many times only back muscles are used. Keep your feet shoulder width apart so that you have a wide base of support. Make sure you have a good grip on the object or person you are about to lift. Squat instead of bend. The squatting technique will use the long and strong muscles of your legs instead of your back. Remember to always think before doing, especially if you are unsure when it comes to size and weight.
- Reduce the amount of repetition. Repetitive motions add up. We have a tendency not to maintain good body posture and lifting techniques when we are doing something in a repetitive fashion. Remember, repetition can create stress to the back muscles making them more vulnerable to an injury.
- Utilise all the equipment and lifting devices that your facility offers. With a push of a button, powered beds can become height adjustable and helpful with patient positioning. Some mattresses can be inflated or deflated to relieve pressure areas for patients without the nurse having to manually turn or reposition the patient with a lot of effort. Remember your facility has this equipment to help you.
- Get the patient to help. Some health professionals may find this more trouble and faster to do it themselves, but even the weakest of patients may be able offer some assistance. Remember, this will encourage strength, confidences and self esteem in patients, and may even lead to a faster recovery.
- Try making it your policy to never lift by yourself, no matter how small or easy something may seem. Remember a load shared is a load halved.

You can also impact on your working environment. A facility such as a hospital is also an industrial environment, we don't often think of it in this way. Think of a hospital in terms of what we actually do, moving products around to different areas where it undergoes different procedures, in a hospital those products are people and those procedures are important tests and interventions. Just like in a factory, someone is responsible for Occu-

pational Health and safety, find out who is responsible for occupational health and safety in your facility and ask about an Ergonomics programme. An Ergonomics programme assists in preventing injuries by identifying and controlling risk factors found within the work environment. Work place intervention programs have been found to be effective in reducing back injuries. Also, advocate for lifting devices and powered equipment to assist in your work. There are numerous lifting devices on the market. Incorporating overhead lifting devices, portable total lifts, sit-to-stand lifts and lateral transfer devices should be utilised to ensure the safety of patients and health professionals. These devices should be maintained, plentiful, readily available and part of the Occupational Health and Safety programme of your facility.

You should talk about the position, type and location of equipment in your work area. Monitors should be placed at angles and heights that do not require twisting, stretching, or reaching that would cause undue stress and injury to back muscles. Computers on correct computer tables. Ergonomically designed equipment such as bigger wheels to beds, wheelchairs, and equipment offer ease and less strain when moving an object. You can even request a training update on proper lifting techniques and usage of equipment to your facility training or education department. There are numerous ways to improve your work environment. The safety of patients and others can be established through a collaborative process by enlisting ideas from other health professionals and departments

Finally, back injuries can be serious. They can involve surgeries, put you out of commission for a long time, decrease your quality of life and financial capabilities, and cause you pain for a very long time. The best prescription for our back is prevention. With the advent of new technology, we have the ability to provide quality care not only to our patients but also to ourselves as health professionals. Lets talk about back injuries and say to our colleagues; 'Watch your back and prevent injuries'.

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