

Practitioner Education



Learn with me

Evolving Concepts in Care

Carla Wrenn.

Integrative Naturopathic Practitioner

carlawrenn.com

A close-up photograph of several lavender flower spikes. Two bees are visible, one on the left and one on the right, both appearing to be foraging on the small purple blossoms. The background is a soft, out-of-focus field of more lavender flowers.

Our Place in Palliative Care

December 2025

Carla Wrenn.
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Carla Wrenn

- Degree Qualified Naturopath & Nutritionist in practice for 23 years.
- Founder of Vitae Mosaic – Naturopathic Functional Medicine practitioner training program.
- Founder of PROSPER Naturopathic Oncology supporting patients to use CM before, during & after cancer treatment & training practitioners in cancer support.
- Owner & Director of Peninsula Herbal Dispensary & Naturopathic Clinic in Mornington, Victoria.

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Learning Objectives

By the end of today's session, you will:

- Review palliative care in the modern Australian setting.
- Recognise how integrative and complementary medicine can safely support patients at end of life.
- Explore evidence-based ways to ease pain, nausea, fatigue, sleep and anxiety.
- Learn how to guide nutrition, hydration and comfort eating with broths, smoothies, purées and teas.
- Strengthen your skills in communication, compassion and collaboration within multidisciplinary teams.
- Stay clearly within scope while still making a meaningful contribution to care.
- Reflect on your own emotional wellbeing and self-care as a practitioner.

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What I have learnt
about supporting
patients with evidence-
based complementary
medicine at end of life.

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We need to reframe palliative care as active, compassionate, multidisciplinary care. Not “the end of hope,” but the beginning of whole-person support.



Reframing Palliative Care

- Palliative care is not about giving up, it's not the end!
- Patients and their family often actively avoid discussing palliative care.
- In reality, I believe palliative care is about a specialised stream of healthCARE.
- It focuses on whole person wellbeing - comfort, dignity, connection and helping patients live well, right until the end.

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A close-up photograph of an olive branch with several small, green olives. The branch is in the foreground, and the background is a soft, out-of-focus sunset or sunrise sky with warm orange and yellow tones. The overall mood is peaceful and natural.

NOT Terminal Care
It's Palliative and Supportive Care

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The Modern Palliative Care Philosophy

Core Principles:

- Patient and family centred, the care is designed to align with the person's values, not just their diagnosis.
- Aims for interdisciplinary collaboration: doctors, nurses, psychologists, social workers and spiritual care providers work together.
- Holistic wellbeing: physical, emotional, social and spiritual aspects all matter.
- Quality of life becomes the central metric, not tumour markers or survival curves.

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The Palliative Care Team

Collaborate with:

- Palliative care Physicians & Nurses
- Oncologists
- Dietitians (Nutritionists)
- Occupational Therapist & Physiotherapists
- Speech Pathologists
- Psychologists &/or Counsellors
- Pastoral &/or Spiritual Care Workers
- Social Workers

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Key Collaboration for a Team Approach

Palliative care physicians - for pain, symptom and medication management.

Oncologists/Cardiologist/Specialist - for ongoing disease-specific decisions and handover of care.

Palliative care nurses - for daily symptom tracking, medication adjustments and patient-family liaison.

Allied health:

- Dietitians - especially those with palliative experience.
- Occupational therapists - for mobility, home modifications, energy conservation.
- Speech pathologists - for swallowing issues.
- Physiotherapists - for gentle mobility, breathing support.

Psychologists / counsellors - for emotional processing, grief and existential distress.

Pastoral / spiritual care workers - for patients who want this dimension of care.

Social workers - for support with family dynamics, advanced care planning and community services.

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The Evidence of Integrative Approaches

Emerging research shows complementary interventions can:

- Reduce pain, anxiety and nausea.
- Support sleep, appetite and mood.
- Improve patient and caregiver satisfaction.
- Enhance quality of life scores (EORTC, FACT-G).
- Reduce hospitalisation frequency through better symptom control.

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Listen

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Whole
Family
CARE

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[Review](#) > [Cancer](#). 2001 Jun 1;91(11):2181-5.

doi: 10.1002/1097-0142(20010601)91:11<2181::aid-cnccr1247>3.0.co;2-l.

Complementary therapies in palliative cancer care

E Ernst ¹

Affiliations + expand

PMID: 11391600 DOI: [10.1002/1097-0142\(20010601\)91:11<2181::aid-cnccr1247>3.0.co;2-l](https://doi.org/10.1002/1097-0142(20010601)91:11<2181::aid-cnccr1247>3.0.co;2-l)

Abstract

Background: Complementary medicine has become an important aspect of palliative cancer care. This overview is primarily aimed at providing guidance to clinicians regarding some commonly used complementary therapies.

Methods: Several complementary therapies were identified as particularly relevant to palliative cancer care. Exemplary studies and, where available, systematic reviews are discussed.

Results: Promising results exist for some treatments, e.g. acupuncture, enzyme therapy, homeopathy, hypnotherapy, and relaxation techniques. Unfortunately, the author finds that the evidence is not compelling for any of these therapies.

Conclusion: These results point to some potential for complementary medicine in palliative care. They also demonstrate an urgent need for more rigorous research into the value (or otherwise) of such treatments in palliative and supportive cancer care.

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Review > Agri. 2006 Jan;18(1):26-32.

[Complementary therapies in palliative cancer care]

[Article in Turkish]

[Yasemin Kuzeyli Yildirim](#)¹, [Çiçek Fadiloğlu](#), [Meltem Uyar](#)

Affiliations + expand

PMID: 16783665

Abstract

The use of complementary and alternative medicine (CAM) has grown in popularity both among the general population and among the cancer patients. Cancer patients often use CAM, which is a treatment that is not commonly used in the conventional setting. However, the prevalence of CAM use appears to vary substantially, with reported frequency of use of at least one CAM therapy ranging from 20% to 83.3%. Complementary medicine has become an important aspect of palliative cancer care. Acupuncture, aromatherapy, homeopathy, hypnotherapy, massage, reflexology, relaxation techniques, and spiritual healing are frequently used forms of treatment. The purpose of this article is to provide information about some complementary therapies that are commonly used by cancer patients in the palliative care.

[PubMed Disclaimer](#)

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> [J Pain Symptom Manage](#). 2022 Apr;63(4):599-609. doi: 10.1016/j.jpainsymman.2021.11.002.
Epub 2021 Nov 14.

Do Palliative Care Providers Use Complementary and Integrative Medicine? A Nationwide Survey

[Anurag Ratan Goel](#)¹, [Charles R Henderson](#)², [Manney Carrington Reid](#)³

Affiliations + expand

PMID: 34788656 PMCID: [PMC9121789](#) DOI: [10.1016/j.jpainsymman.2021.11.002](#)

Conclusion: To the best of our knowledge, this is the first national survey to characterize PC providers' CIM recommendation behaviors and assess specific therapies and common target symptoms. Providers recommended a broad range of CIM but do so less frequently than patients report using CIM. These findings should be of interest to any provider caring for patients with serious illness.

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> [Support Care Cancer](#). 2020 Sep;28(9):4405-4412. doi: 10.1007/s00520-020-05296-1.
Epub 2020 Jan 9.

The use of complementary medicine in palliative care in France: an observational cross-sectional study

[Marilene Filbet](#)¹, [Janet Schloss](#)², [Jean-Baptiste Maret](#)¹, [Helene Diezel](#)², [Per J Palmgren](#)³, [Amie Steel](#)^{4 5}

Affiliations + expand

PMID: 31919664 DOI: [10.1007/s00520-020-05296-1](#)

Abstract

Purpose: Palliative care for cancer deals with physical, psychosocial, and spiritual issues faced by cancer patients, their families, communities, and healthcare providers. Research on complementary medicine (CM) use in France is limited despite high rates of reported CM use in other countries including by palliative patients. This study describes the use of CM by individuals receiving palliative care in Lyon, France.

Design: This study employed an observational cross-sectional survey design.

Setting/participants: The study was conducted in three palliative care centers in Lyon, France; two tertiary hospitals and one palliative care unit (3 sites). Inpatients and outpatients visiting the palliative care clinic with a primary diagnosis of cancer at each study site were invited to participate.

Results: Of 138 eligible patients, 100 completed the survey (RR 72.4%). The majority (90.7%) reported using CM in the previous 6 months or since their primary cancer diagnosis. Participant CM use was either the same (20.7%) or increased since their primary cancer diagnosis (33.7%). Average out-of-pocket expenses associated with CM use in the previous 6 months or since diagnosis were €157.40 (SD €330.15). The most common CM health professional visited was an aromatherapist (72.7%), a Coupeurs de feu (38.6%), osteopath (28.6%) and naturopath (15.3%). The most common CM used were aromatherapy oils (33.7%), homeopathy (30.0%), and vitamins (29.4%).

Conclusion: This second survey on CM use in France; is the first conducted in palliative care centers. Results show people with cancer in Lyon, France, have a very high prevalence of CM utilization.

Keywords: Complementary therapies; France; Health services; Palliative care.

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Observational Study > [BMJ Support Palliat Care](#). 2022 May;12(e1):e47-e58.

doi: 10.1136/bmjspcare-2020-002269. Epub 2020 Aug 11.

Complementary medicine visits by palliative care patients: a cross-sectional survey

Amie Steel¹, Janet Schloss^{2,3}, Helene Diezel², Per J Palmgren⁴, Jean Baptiste Maret⁵,
Marilène Filbet⁵

Affiliations + expand

PMID: 32788276 DOI: [10.1136/bmjspcare-2020-002269](#)

Abstract

Background: The paucity of empirical research examining complementary medicine (CM) use in palliative care in France compared with other countries results in a gap in scientific knowledge. This study aims to describe the frequency and the cause of palliative care patients consulting with a CM clinician along with the conventional physicians.

Methods: This study is an observational cross-sectional survey conducted in three palliative care centres in Lyon, France, between July 2017 and May 2018: two tertiary hospitals and one palliative care unit in a private hospital. Inpatients and outpatients visiting the palliative care clinics with a primary diagnosis of cancer were invited to participate in the study. Using a 19-item paper-based survey instrument, we collected data on the participants' personal characteristics, health service utilisation and attitudes towards CM.

Results: From the 138 participants meeting the inclusion criteria, 100 (72.4%) were included in the study. On average, they were 62.9 years old (SD 12.4) and the majority were women (60%). The primary cancer site was mostly colorectal (29.0%), breast (15.0%) and gynaecological (11.0%). The most commonly visited CM clinician was the aromatherapist (72.7%), recording more than six consultations (78.1%) for symptom management (21.9%). Visits to an osteopath were reported by 28.6% of patients, and 45.8% of osteopathy users reported visiting an osteopath more than six times for symptom management (62.5%). Participants visiting a naturopath (15.3%) reported less than four visits and indicated symptom management as the most common reason (76.9%).

Conclusions: Our findings show a substantial proportion of palliative care patients visit CM clinicians and primarily seek symptom management from CM clinical care.

Keywords: cancer; communication; complementary therapy; supportive care.

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Randomized Controlled Trial > Asian Pac J Cancer Prev. 2023 Aug 1;24(8):2729-2739.

doi: 10.31557/APJCP.2023.24.8.2729.

Effectiveness of Aromatherapy in Early Palliative Care for Oncology Patients: Blind Controlled Study

Engy Abdel Rhman Khamis ¹, Ahmad H Abu Raddaha ², Waleed Hamdy Nafae ^{3 4}, Amirat A Al-Sabeely ^{5 6}, Elturabi E Ebrahim ⁵, Shaimaa Mohamed Elhadary ⁷

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PMID: 37642059 PMCID: PMC10685211 DOI: 10.31557/APJCP.2023.24.8.2729

Abstract

Background: Palliative care is the active holistic treatment of people of all ages who have serious health-related suffering as a result of severe illness, and especially of those who are close to the end of life. Palliative care is provided to cancer patients who experience serious suffering that cannot be relieved without professional intervention and that compromises physical, social, spiritual, and emotional functioning. A straightforward, low-risk, and affordable palliative care approach may be provided through aromatherapy, a type of complementary and alternative medicine. The study objective is to assess the comparative effectiveness of massage, aromatherapy massage, and massage combined with aromatherapy inhalation on cancer patients receiving palliative care.

Methods: A total of 100 participants who were divided into four groups at random. The first group, designated as the control group, received standard hospital nursing care, the second group received massage only (using the odorless almond carrier oil), the third group received massage with lavender oil, and the fourth group received combined (inhalation and massage) aromatherapy. The Rotterdam Symptom Checklist (RSCL), given two weeks after aromatherapy, was used to examine participants' perspectives of care.

Results: On the RSCL, combined aromatherapy performed best. In terms of reported physical symptoms, psychological symptoms, and activities, there were statistically significant differences between the scores of the control group and each of the experimental groups. Nonetheless, the total quality of life score showed no significant difference between the control group and the massage only group ($t = 0.529$, $p = 0.60$).

Conclusions: When paired with aromatherapy inhalation, massage has a positive effect on physical, psychological symptoms, activities, and overall quality of life for cancer patients receiving early palliative care. Nurses and other healthcare providers are recommended to support programs that provide message therapy to reduce reported bodily symptoms, psychological problems, and limited activities among cancer patients.

Keywords: Early palliative care; Quality of Life; aromatherapy; cancer.

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Your Role in Palliative Care

- Support symptom management within CM scope
- Optimise comfort and quality of life (not curative intent)
- Stop curative supplements – time to simplify
- Provide nutrition support adapted to stage
- Provide emotional support adapted to stage
- Facilitate communication with care team
- Maintain clear scope boundaries

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Staying in OUR Beautiful Lane

DO - CM based symptom relief, diet & nutrition strategies plus emotional support. Carer support.

DO NOT - Adjust medical prescriptions or active treatments or give prognoses news.

Tips:

- Document & share care plans with the team.
- Write letters or attend case discussions
- Frame your work as complementary, not alternative!

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CM Without Overstepping

- Be clear about your scope:
 - You *can* offer CM based symptom relief, nutrition strategies, emotional support, lifestyle adjustments.
 - You *cannot* manage prescription medication changes, make medical decisions about stopping active treatments or provide prognoses.
- Document clearly - what you provide and communicate this to the team to avoid duplication or conflict.
- Ask for permission to be part of case conferences - (if the patient consents) so your care aligns with the whole team.
- Use the language of complementing, not replacing - eg. “In addition to your palliative care doctor’s plan, we can add X to help with Y.”

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Shifting Goals of Care – Cancer Example

When cancer moves from treatment to palliation, patients' needs change:

Before

Cure or remission

Tumour shrinkage

Treatment side-effect management

Nutritional optimisation

Now (Palliative Focus)

Comfort and meaning

Symptom control

Emotional, spiritual, and family support

Enjoyment, ease, dignity

Our role: Help patients redefine health in the context of dying, focusing on what still brings life.

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Complementary Palliative Care Ideas

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Foods for Comfort, Hydration & Nourishment

Broths • Smoothies • Purées • Teas • Comfort Snacks

Guiding Principles

Comfort first: Food is for pleasure, hydration, and connection, this is not a therapy or correction.

Ease of eating: Small, soft, smooth, moist textures.

Senses matter: Flavour, aroma, and temperature can support appetite and calm.

Hydration counts: Broths, teas, and smoothies are often better tolerated than solids.

No guilt: Eating less is a natural part of this stage, small bites and sips matter.

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Our CM Support Pillars

5 Key Pillars

- 1. Nutrition**
- 2. Supplement with Nutraceutical/Herbal Options**
- 3. Other gentle natural therapies**
- 4. Movement/Massage**
- 5. Lifestyle Medicine Foundations**

Integrate with prescribing team; document scope & communicate plan

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End of Life Nutrition

Move from promoting health to personalised comfort & enjoyment

- Small meals divided or snacks
- Soft or easy to chew foods
- Moist foods if the mouth is dry
- Puréed or thickened foods for swallowing issues
- Adjust flavours for taste changes & nausea
- Easy preparation for carers
- Avoid any rigid or restrictive diets
- Gentle CM like Iberogast, bitters & enzymes

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You don't need to eat to be loved

From nourishment → comfort

Shifting goals- eat for pleasure, hydration, ease of swallowing, symptom management.

Addressing taste change, dysphagia, nausea, reflux, constipation.

Let's work to enjoy broths, smoothies, purees, teas and comfort snacks.



CM to Consider

Pain - Curcumin, PEA, Saffron, Traumeel, CBD

Fatigue - Withania, American Ginseng, gentle movement, mindfulness

Sleep/Anxiety - Magnesium, Lavender, Passionflower, meditation

Nausea - Ginger, peppermint or cinnamon inhalation, Nux vomica

Bowel care - Soluble fibre, 'Old School' fibre, Kiwi fruit, massage, fluids

Skin integrity - Calendula cream, rosehip oil, massage

Oral Care - Chamomile, green tea or sage rinses

Engage with homeopath, massage, reiki &/or

Acupuncture therapists

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Common Symptoms I Support

Pressure sores

Pain

Sleep

Anxiety

Fear & Spirituality

Reflux

Digestive Discomfort incl bloating

Constipation

Itching

What simple interventions would you usually consider for these symptoms?

Acute Care at it's best!

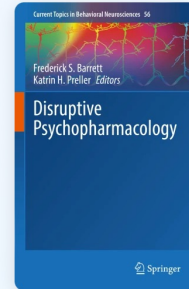


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The Potential of Psychedelics for End of Life and Palliative Care

Chapter | First Online: 28 December 2021

pp 169–184 | [Cite this chapter](#)



> [J Pain Symptom Manage.](#) 2022 Nov;64(5):e260–e284. doi: 10.1016/j.jpainsymman.2022.06.002.
Epub 2022 Jun 12.

Cannabis in Palliative Care: A Systematic Review of Current Evidence

[Marjan Doppen](#)¹, [Stacey Kung](#)¹, [Ingrid Maijers](#)¹, [Mary John](#)¹, [Harriette Dunphy](#)¹,
[Hermaleigh Townsley](#)², [Allie Eathorne](#)¹, [Alex Semprini](#)¹, [Irene Braithwaite](#)³

Affiliations + expand

PMID: 35705116 DOI: [10.1016/j.jpainsymman.2022.06.002](#)

[Free article](#)

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<https://youtu.be/81-v8eXPd4?si=8j7jxzFvKXuQ9Wy8>

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Louis Schwartzberg asked Dr. Spence how magic mushrooms might help guide a patient going through the transitional death experience. He asked how mushrooms might help people face what for many is their greatest fear, the fear of dying. This was Dr. Spence's response:

Our Western culture teaches us to push grief away, push death away and we do everything we can to distract ourselves from dealing with terrible pain, whether it is physical pain, grief pain or fear of death. I really see the future of psychedelics in helping us deal with existential distress.

I have already seen transformation working with bereaved parents, which is probably one of the worst types of grief people can face and have to live with. I have seen the transformative power of mushrooms in their journey. I am yet to offer "the Medicine", which is what we call it, to people who are in transition, but for me there is already evidence that it is really helpful. We want to work with that.

Mushrooms are not part of our culture in Jamaica, using cannabis as medicine certainly is, but psychedelics are not. We have a way to go to start to introduce it, but I am very keen to start working with my palliative care patients and, certainly all I have read, and my own personal journey experience, supports this.

Mushroom medicine helps us reconnect with who we are and with nature. Disconnection from nature is one of the most traumatic things that has happened to us in the West. Mushroom medicine, I hope, will bring us back and give us access to our original connection with nature, which I believe is so important.

<https://psyence.com/2021/10/20/the-potential-for-psychedelics-as-part-of-palliative-care-louis-schwartzberg-talks-to-dr-dingle-spence/>

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End of Life Movement

Not formal exercise, more of a pleasure experience

- Massage
- Shower
- Shared walk, maybe outside
- Slow dance
- Shared activity
- Physiotherapy

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Lifestyle Medicine Foundations

The simple things are still important:

Sleep

Rest/Relaxation

Social Connection

Spiritual Connection

Purpose



Strengthen Communication

- Allow advance care planning discussions if patient or carer wants
- Practice active listening & CARE
- Discuss Legacy, reframe experiences
- Discuss their meaningful lives
- Be available this becomes about support as it's needed not appointment times
- Have your own support Practitioner CARE Plan.

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Practitioner Care Plan



From burnout to resilience

Wellbeing Wheel

Step 1

Review yourself on the Wellbeing Wheel & note positive steps you could adopt in the lifestyle audit.

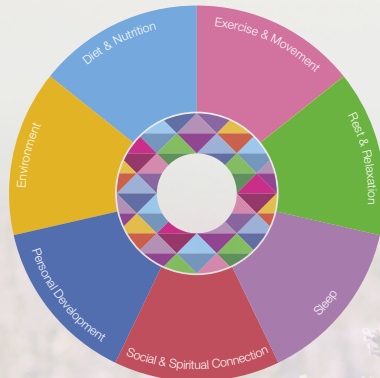
Example: Environment

How healthy is your working environment?

Poor / Acceptable / Excellent

Now note positive changes you can make to improve your Environment. How can you reduce your stress levels & any negative impact of your patients & clinic consulting on your wellbeing.

Positive Lifestyle Step – If working from home, shutdown your computer and close your office door at the end of your clinic day or take work emails off your personal phone.



Lifestyle Audit

Diet & Nutrition
Exercise & Movement
Rest & Relaxation
Sleep
Social & Spiritual Connection
Personal Development
Environment

Have your own support Practitioner CARE Plan.

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Welcome to Violet

Life brings many chapters, and planning for them shouldn't feel overwhelming.

Over 30,000 Australians have turned to Violet for help with life's later chapters - whether caring for a loved one or planning ahead for yourself. We're here to help you make sense of what's next, with practical guidance and emotional support.

Not sure where to start?
We've got you.

Violet offers a free 30-minute Welcome Session where you can talk with a Violet Guide over the phone at a time that works for you.

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Build Confidence & Competence

Short palliative care courses for CM practitioners, lots available!

- Learn about palliative care teams, state & local
- Join local palliative networks locally
- Build a trusted resource list for patients
- Learn more about cultures & traditions
- Death Doula
- My Grief App

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Learning about
death, dying and
the meaning of it
all.

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“Palliative care is where integrative medicine finds its deepest purpose - to relieve suffering, honour the whole person and walk beside them through one of life’s most sacred transitions.”

- IGP



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<https://youtu.be/81-v8eXPd4?si=8j7jxzFvKXuQ9Wy8>

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Support people using semaglutide and related medications including nutrient preservation, gut health, metabolic resilience, lifestyle strategies and side effect prevention. Consider complementary medicine interventions to naturally support GLP-1 pathways. GLP-1 agonists are here to stay and not just for weight management, let's build your confidence in supporting these patients health and wellbeing goals.

Supporting Bariatric Surgery Patients - 13 November 2025

Integrative strategies for pre and post-surgery support. From nutrient optimisation, gut adaptation, metabolic health, weight maintenance, mental health to microbiome considerations for better long-term results for people considering or having undergone bariatric surgery.

Our Place in Palliative Care - 4 December 2025

Let's explore the role of Naturopaths, Nutritionists & Integrative Practitioners in palliative end-of-life care. From symptom management, dietary choices, pain, sleep, energetics, quality of life metrics to communication and the safe use of evidence-based interventions in collaboration with a palliative care team.

Cancer Prevention Strategies for All Patients - 22 January 2026

Implement evidence based strategies in personalised cancer prevention. Let's explore wellbeing diets, food as medicine, nutraceuticals, and lifestyle interventions for cancer prevention across all patient populations.

The Andropause Shift - 12 February 2026

Recognise, assess and manage hormonal changes, metabolic impacts, mood, cardiovascular risk and evidence based natural and complementary medicine support for men through midlife and beyond.

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3. Supporting Bariatric Surgery Patients - 13 November 2025 - [Buy Here](#)
4. Our Place in Palliative Care - 4 December 2025 - [Buy Here](#)
5. Cancer Prevention Strategies for All Patients - 22 January 2026 - [Buy Here](#)
6. The Andropause Shift - 12 February 2026 - [Buy Here](#)

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"Your patients are asking about the topics you never learned in college from palliative care, GLP-1 meds, bariatric surgery recovery, cancer prevention, libido and more.

Are you ready to meet them where they're at?" - Carla Wrenn

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