Kay Faulkner woke up chilled and shaken from a weekend in pain.

"You can't expect to feel good when you're dying of cancer," Faulkner said.

But her day would soon be looking up. Her Monday morning massage was about to begin.

"It's the highlight of my week," she said.

With the help of massage therapist Cedron Sterling, Faulkner climbed onto the cushioned table set up in her Edmonds living room.

Faulkner, who was diagnosed with ovarian cancer six years ago, receives half-hour massages twice a week through a study designed by researchers at the University of Washington and Bastyr University.

They are comparing the effectiveness of massage, guided meditation and visits from volunteers for soothing the dying and improving quality of life at the end of life.

So far, 150 people, mostly from King County hospice programs, have enrolled. Results from the study, which started in 2003, are expected next year. Researchers hope to sign up a total of 300 patients before recruitment ends next July.

The participants are randomly assigned to receive either massage, meditation or so-called friendly visits and are interviewed frequently about their physical and emotional well-being, including questions about intellectual ability, if they feel at peace with themselves and their fear of death.

Faulkner, 59, has tried most everything medicine has to offer to treat her disease, including multiple surgeries and three rounds of chemotherapy.

In May, after another surgery revealed her cancer had spread, she decided it was time to let go.

"I need to realize that now is the time to stop with the surgeries and stop with the chemotherapy and just let the end come," she said.

She signed up for hospice care through Evergreen Hospital Medical Center and enrolled soon after in the Comfort Care Study, which is funded by the National Cancer Institute and the Hecht Memorial Foundation, a private foundation in Vancouver, B.C., that supports complementary and alternative medicine research.

Wrapped in warm blankets fresh from the dryer, carried by her husband, Neil, Faulkner joked and chatted with Sterling. When he asked if there were any problems with the last massage, she replied: "Like always, it was an hour and a half too short."
The Faulkners moved into their home on the curve of a cul-de-sac on July 3 and 4 in 1976. The house, painted bright blue, with a red door and white trim, is a year-round tribute to their move-in date.

"It's been the most comfortable home to be sick," Faulkner said.

She no longer has the strength to go for walks and her doctors have told her to stay off the treadmill. Massage keeps her muscles limber and improves her range of motion, she says.

"Being very immobile, I think this is just very good for me," Faulkner said.

Massage also makes the pain more bearable and lifts her spirits, Faulkner says.

"I'm like a cat. I love to be touched," Faulkner said. In between Sterling's massage visits, her husband rubs her feet on Thursday nights -- date night, says Faulkner.

"Touch that's given from a conscious and caring place really makes a difference," said Sterling, a massage therapist for 24 years who joined the Comfort Care study two years ago. "(Massage) is kind of like a timeout in which they can really just be with themselves and just receive."

Hospices around the state have been integrating alternative care for years.

A recent survey found that 86 percent of hospice organizations in Washington offer some type of complementary care such as massage, music therapy, meditation and art therapy.

But because hospice often relies on volunteers, those therapies can be sporadic or infrequent, said Leila Kozak-Gilroy, a study researcher from Bastyr.

If the study finds massage and meditation are more effective than a simple visit, the hope is that insurance companies will be more inclined to pay for them, Kozak-Gilroy said.

Previous studies have linked massage with improved feelings of well-being in dying patients, but none has been as rigorous as the Bastyr-UW study, say researchers. Evidence about the effectiveness of meditation is even more limited.

"We have lots of anecdotal (information) that says our patients do better and find relief from a variety of comfort measures, but it's not as good as reliable studies," said Sue Ries, a registered nurse and hospice administrator at Group Health Cooperative.

Meditation has long been a source of comfort and clarity for Doris Jean Powers.

Now, it's helping the 84-year-old plan for -- and even laugh about -- death.

Powers has meditated (although the Kansas native who lives in the Renton Highlands didn't call it that) all of her life. She visits an imaginary park with plants, trees and a stream before she falls asleep and when she wakes up.

"I just stay real quiet and away I go," said Powers, whose heart is failing. "When I was quiet I could figure out what was going on."

Two years ago, she enrolled in the Comfort Care study and started meditating with the help of a guide.

During a recent session, she saw herself in a casket in the park being carried to her grave by her grandsons.
"The bottom fell out of my casket," said Powers, who has eight children, 18 grandchildren and 12 great-grandchildren. "The look on their faces, I wish I was an artist. It was hilarious."

Dr. William Lafferty, director of the Health and Policy Research Track at the UW's School of Public Health and Community Medicine and the study's lead investigator, said he first became interested in comfort care for the dying while working with HIV and AIDS patients during the '80s and '90s, when the disease was still mostly a death sentence.

"I think it's safe to say this is a neglected area of modern medicine," Lafferty said. "I'm not sure as a society we like to think about dying and how to make it better and to plan for it consciously."

TO ENROLL

The CAM (Complimentary and Alternative Medicine) Comfort Care Study is looking for participants. Hospice patients diagnosed with a life-threatening illness may qualify if they have no cognitive impairments. Those not currently in hospice care may also qualify if they have advanced cancer or AIDS. For more information, call 425-602-3380.

P-I reporter Julie Davidow can be reached at 206-448-8180 or juliedavidow@seattlepi.com.

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