



PALLIATIVE CARE CASE OF THE MONTH



Music Therapy in Palliative Care
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Case: Mrs. K is a 58-year old woman who was diagnosed with head and neck cancer. She was admitted to the hospital through the emergency room after complaining of shortness of breath. Other medical issues include a history of hypothyroidism, hearing loss, and breast cancer. Upon entering the hospital she had undergone surgery and received a total pharynx laryngectomy. She has severe anxiety about being hospitalized and the procedures that she must undergo. This anxiety has led to several panic attacks, which in turn, negatively affect her respiratory status. Since the surgery, Mrs. K has remained hospitalized and has had increased pain and anxiety. Her husband practically lives at the hospital, spending most of his time by her side. Mr. K went from counting days in the hospital to counting weeks, and then months. At this point, he was the only one that could calm her during anxiety attacks.

The Palliative Care Team referred Mrs. K to Music Therapy (MT) because she had stated an interest in the use of complementary medicine. The team discussed goals such as distraction from pain, increased coping skills, mood elevation, stress and anxiety reduction, and increased quality of life. The patient stated that she loved music, especially Rock and Roll.

Mrs. K experienced “setbacks” and was transferred to the ICU several times during her stay. During one stay in the ICU, the music therapist was able to visit and the patient and her husband requested “happy music” to distract them from the situation and to “liven things up.” In another session with the therapist, the patient was undergoing Physical Therapy and Occupational Therapy. The music therapist played music that reflected the movements: for example, an ascending scale for arm raises and a descending scale for lowering the arms. The patient used the rhythm of the music for timing her exercises and she continued the exercises for the duration of the song.

The therapist stopped by Mrs. K’s room another day to check up on her. The physician was in the room at the time. The music therapy intern waited for the physician to finish and asked him if he thought music would be good today. He stated that it was very beneficial the day before and it was a great time. The therapist entered the room and

Mrs. K’s affect appeared frightened and anxious. Her husband said she was doing better today than yesterday. When the therapist asked if she would like to hear some music she nodded her head and smiled. Her husband requested something slow and soft. The therapist played a few songs that they knew, and she closed her eyes during those songs. Her husband reached over to hold her hand. Even though her eyes were closed, she was not sleeping. She mouthed some of the words to the songs, which showed the therapist that she was engaged in the music. The last song that the therapist picked was *Lean On Me*. Mrs. K smiled as soon as the therapist started. She proceeded to sing along and opened her eyes. Her husband stated that he had not seen that smile for a while. He said it was good to see it again.

Discussion: Music Therapy, in this particular setting, was beneficial for both the patient and her husband. It was a time for them both to relax and have some enjoyment in their day. For Mrs. K it was a distraction from the pain that she was in, painful procedures that she was undergoing, and the intense anxiety that she was feeling. Mr. K was spending every waking moment at her bedside. He was basically living at the hospital. He looked worn out and tired. Music was a way for him to escape and “take a breather,” even if only for a few minutes. It was a time that they could spend quality time together, forget they were in the hospital, experience intimacy, and express emotions. They were able to smile, laugh, and sometimes even cry. There are many ways that music can be used therapeutically with palliative care and hospice patients. In music in palliative care, the therapist uses music experiences within the context of a supportive relationship: to provide comfort or diversion, to help in managing pain, anxiety or stress, or to improve the quality of life during the final stages before death.¹ Furthermore, music therapy is a great addition to the care of patients. It gives patients the opportunity for life review, emotional comfort, emotional intimacy, stress and anxiety reduction, enjoyment, and a way to bring normalization to the environment.

References:

1. Bruscia, Kenneth E. *Defining Music Therapy*. 2nd ed. New Hampshire: Barcelona Publishers, 1998.

For further information please contact the Palliative Care Program at PUH/MUH, 647-7243, beeper 8511, ShadySide Dept. of Medical Ethics and Palliative Care, 623-3008, beeper 263-9041, Perioperative/ Trauma Pain 647-7243, beeper 7246, UPCI Cancer Pain Service, beeper 644 – 1724, Interventional Pain 784-4000, Magee Women’s Hospital, 641-2108, beeper 917-9276, VA Palliative Care Program, 688-6178, beeper 296. For ethics consultations at UPMC Presbyterian-Montefiore, and Children’s call 647-5700 or pager 958-3844. With comments about “Case of the Month” call David Barnard at 647-5701.

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