For the Inaugural Edition of the Ommega publication

Journal of Palliative Care and Pain Management, I have chosen to write a short editorial on a topic not often included at the forefront of palliative care; music therapy. At the launch of an important journal that encourages articles addressing quality of life, while offering an educational forum for healthcare professionals to maintain relevance, it seems fitting to raise a topic that does not receive adequate attention in many palliative care settings.

According to the World Health Organization

“Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual”[1]. There are often many interdisciplinary team members who are part of the patient’s circle of care, all striving to achieve these goals listed in the definition. Complementary and alternative therapies are being included more often in palliative care settings. Music therapy in particular, is a highly effective treatment that may assist patients with a variety of issues. As a music therapist and registered psychotherapist, I do not see music therapy as a complementary or alternative therapy. I believe with the strong growing body of evidence supporting the efficacy of music therapy in end-of-life care, that it should be a core therapy available when indicated for patients. While music therapy is very cost effective, it is still not a principal component of many interdisciplinary treatment teams. Therefore I encourage interdisciplinary teams to learn more about music therapy and yes: add it to the care plan for your patients.

Music therapy began as a formal profession in the United States after World War II. Musicians and music educators were bringing music into hospital settings to improve motivation for patients towards rehabilitation[2]. They saw benefits of simply providing and sharing music and that was the impetus for music therapy degrees to be designed and for the development of various music therapy models and interventions. With respect to palliative care, music therapy emerged in the late 1980s. A variety of music therapy techniques may be implemented in palliative care and may be classified in one of four categories: receptive, creative, recreative, and combined[3]. Receptive techniques involve music experiences where the patient has a more passive role and include music listening, song choice, entrainment, lyric analysis and music and imagery. In the creative area patients are involved in songwriting, vocal or instrumental improvisation, dedicating songs to others and creating music and song legacies. Recreative approaches include singing pre-composed songs and playing instruments; and the combined category includes music with other modalities such as art and movement[4].

Music therapy research in palliative care was primarily qualitative in nature until 2005. The few quantitative studies that were done demonstrated promising results but lacked statistical significance due to small sample sizes and inability of the research to randomize participants[5]. In 2011 a Cochrane review was conducted including 30 trials and 1891 patients. This review highlighted the importance of music therapy with respect to improving mood, reducing pain perception, enhancing quality of life, reducing anxiety as well as heart, respiratory and blood pressure rates in persons with cancer[6]. Further, the last 20 years has seen a steady increase and growing body of research and literature demonstrating the efficacy of music therapy with this population. To learn more
about the emerging trends in palliative care music therapy and the research that supports this I encourage you to read the following text: Voices of the Dying and Bereaved: Music Therapy Narratives[7].

Music therapists have at a minimum a bachelor’s degree in music therapy, and certification with a professional association. Music therapists receive considerable training in understanding the rationale of music as a therapeutic medium and are also accomplished musicians able to play several instruments. Those choosing to work in palliative care often have advanced degrees and additional certifications. It is my hope that this short communiqué will peak your interest to learn more about the discipline and benefits of music therapy.

References