

# Music in palliative care improves patient well-being, study finds

August 14 2018, by Gillian Kiley

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The study evaluated the effectiveness of music as a tool in improving the experience of patients who were receiving palliative and hospice care. Credit: Nick Dentamaro / Brown University

Hospice and palliative care patients who listen to live music in their rooms as part of their treatment feel better both emotionally and

physically, and request fewer opioid-based medications, a new study found.

At Kent Hospital and Women and Infants Hospital in Rhode Island, doctors working with seriously ill patients offered them the option to have a flutist play music in their rooms as part of their [palliative care](#), which focuses on improving quality of life and relieving symptoms for patients with serious illnesses.

The idea was that music might help hospice and palliative care patients contend with symptoms like pain and stress and improve their moods, according to the researchers. Studies have shown that patients who engage with visual arts, creative writing and other expressive activities report improved emotional and psychological and well-being, the authors wrote in the study.

"The field of palliative care is very mindful of the patient as a whole person, looking out for their spiritual and emotional well-being in addition to their physical health," said Cynthia Peng, a third-year medical student at Brown University's Warren Alpert Medical School and lead author of the study.

For the study, which was performed in 2017 with a cohort of 46 patients, music as supplementary treatment was integrated into routine visits by the palliative care physician. Often, according to the authors, the musician was introduced to patients during the physician's consultation. Typically, the musician played for the patient and any family or friends present shortly after that interaction.

The music was played by Peng, who is trained as a flutist and before coming to Brown was a musician with the Georgetown Lombardi Arts and Humanities Program. That program uses music, writing, dance and visual arts as part of therapeutic patient care at the MedStar Georgetown

University Hospital.

Patients could request particular songs or styles of music, or leave the choice up to Peng. She had a wide variety of music on hand for the patients' various needs and preferences, including classical music, folk songs, oldies, hymnals and jazz. Having that choice ensured that the intervention was patient-centered, Peng said. Even the option to decline or accept the intervention was a way of putting the patients, who relinquish so much control when they're in the hospital, in charge, she added.

"A lot of these patients are inpatient for long periods of time," Peng said. "People—family, friends—may visit, but for the majority of the time they're kind of either passing time or watching TV. Having an intimate, enjoyable experience for the patients is really valuable, especially when they're facing a lot of difficult decisions, symptom-management issues, maybe facing the end of life."

Peng designed the study, which was published in the *American Journal of Hospice and Palliative Medicine*, with co-authors Kate Lally, chief of palliative care and hospice medical director for Care New England, and Kelly Baxter, Care New England's lead palliative care nurse practitioner.

The team tracked both patients' opioid use and their self-reported states before and after they were treated to a mini concert in their rooms. Patients who opted for the music intervention filled out a six-question version of the Edmonton Symptom Assessment Scale, which is designed to get a patient's perspective on their symptoms. They answered questions about pain, anxiety, depression, nausea, shortness of breath and overall feelings of well-being before and after the music intervention.

Patients or their surrogates also answered four open-ended questions

about their experience with the music after hearing it. After reading those surveys, the researchers found the responses could be grouped into five general categories: spirituality, comfort, connection, escape and reflections.

"The music made me think of God, granting me peace, strength and hope," one patient wrote, while another said of the music, "It put me in a quiet pasture." Other patients said the music reminded them of playing music for their children years ago or choosing music to accompany their painting practice. One wrote, "I want to go home in a happy mood. I want to spend as much time as possible with my kids and grandkids as possible. I am now getting discharged in a good mood."

Of the 46 patients in the study, 33 used opioids, and the researchers tracked their levels of use before and after the music intervention. Unlike the broader population of patients, the use of opioids is not generally considered problematic for [palliative care patients](#), who must cope with many symptoms from their illnesses, and hospice patients, who are typically in the end stages of their lives, Peng said. These patients often require high doses, and although one might expect opiate use to increase after the physician visit, the authors wrote, the study gathered evidence that suggested a trend toward a decrease in opioid use.

While the study was performed with a limited timeframe and patient census, Peng said, "To demonstrate that in this high-symptom burden population that something non-pharmacological could influence their own usage is pretty remarkable."

Peng said she hopes that hospital and clinic administrators will consider incorporating music and other interventions in patient care.

"Classical music shouldn't just be for concert halls," Peng said. "It should be something that everyday people can participate in, take part in."

I hope more hospitals and healthcare settings can make [music](#) accessible as a source of comfort for patients and their families."

**More information:** Cynthia S. Peng et al. Music Intervention as a Tool in Improving Patient Experience in Palliative Care, *American Journal of Hospice and Palliative Medicine*® (2018). [DOI: 10.1177/1049909118788643](#)

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