Music Therapy Is Associated with Family Perception of More Spiritual Support and Decreased Breathing Problems in Cancer Patients Receiving Hospice Care

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Background: Music therapy has been extensively adopted amongst palliative care and hospice settings. Small studies have shown that music therapy might improve quality of life by decreasing the perception of pain and anxiety. There is also some evidence to suggest improvement in shortness of breath and spirituality. It provides an opportunity for patients to express their feelings and emotions. As well, other studies suggest that music therapy helps patients reflect on their own past and connect with others.

Objective: This study’s primary objective was to determine how music therapy affects the perception of patient’s families – for instance, their loved one’s symptoms, how well they were taken care of, etc.

Methods: Retrospective study looking at 10,534 cancer patients between 2006-2010 in a large hospice. Data was collected post-mortem from electronic medical records and Family Evaluation of Hospice Care survey. The survey was used to determine patient family satisfaction. Specific domains include physical, emotional, and spiritual aspects of care. Statistical analysis was performed using logistical regression. ~4000/10500 cancer patients received music therapy. ~4100 therapy sessions, average of 1.3hr/session. More females than males agreed to music therapy.

Findings: No difference in presence of pain/anxiety in those who received music therapy vs those who did not. No difference in overall family satisfaction. However, families of patients who received music therapy more likely felt that there was no shortness of breath and that spiritual care was satisfactory. None of these findings showed statistical significance.

Conclusion: This study demonstrates the need for more research in music therapy with fully powered randomized control trials.

Strengths:
1) Large sample size

Weaknesses:
1) Primary objective was over inclusive and almost seemed to have been constructed in aftermath
2) Pain and anxiety was a “yes/no” question, not a rating scale – 93% of patients said they had pain
3) No standardization of the amount of music therapy received
4) Did not take into account other confounding therapies/support services
5) No blinding or randomization

Relevance to Palliative Care: Most drugs have a side effect limiting dose. That is why there is always a need for non-invasive therapies that possess little risk or harm. When more studies come out, music therapy may prove to be one such example.