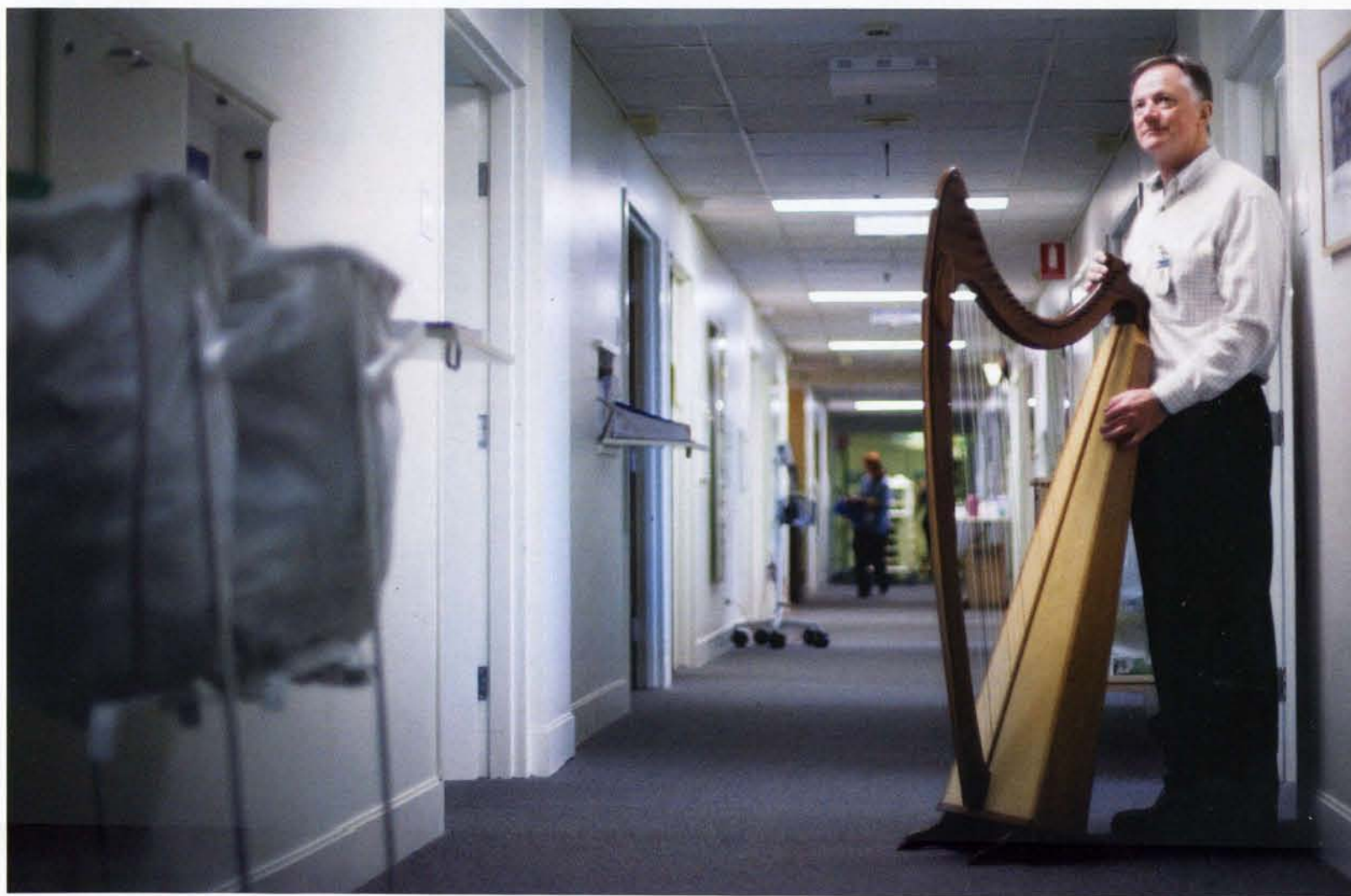


Mr Peter Roberts with his harp at St John of God hospital in Geelong.



A harp must be one of the more unusual things to be wheeled down a hospital corridor. Not so at Geelong's St John of God hospital, however, where Mr Peter Roberts — Australia's only music-thanatologist — has been conducting music vigils for the dying for more than five years.

One of the lesser known 'ologies', thanatology involves the study of death and society's attitudes towards dying. It explores the recognition that death is inevitable and looks at how to ease the process. The best of medical technology cannot relieve all suffering at the end of life, and is poorly equipped to deal with the more existential aspects. And as more people with terminal illness choose to die at home, GPs increasingly have to tackle such issues.

Music-thanatologists, lay practitioners trained in music and its physiological effects at the end of life, conduct bedside music vigils with the aim of diminishing agitation and ushering in a sense of calm.

The movement started in the 1970s in the US, where around 30 certified practitioners have since graduated from the two accredited training programs. Most work in the hospice or hospital setting. The US certifying body lists only five international music-thanatologists, most of whom are based in Europe.

Unlike its better-known counterpart, music therapy, music-thanatology does not require any interaction from the patient, and tends not to use 'old favourites' that may have emotional connotations. Practitioners do not use recorded music. Instead they play live music 'prescriptively' — attempting to tailor the pitch and tempo to the patient's vital signs, drawing pieces from their repertoire accordingly.

"I'll watch the patient's breathing and I may begin with a piece that's more general ... an introduction," says Mr Roberts. "But then I gradually start playing to their breathing, trying to draw the patient into the music, so that they start to connect with it. And then I may just gradually slow it down to help them

A comforting note

Meet the man whose music helps people find peace with death.

BY DR TARA CHATTERJEE

PHOTOGRAPH BY ANDREW MACCOLL

breathe more deeply."

Mr Roberts generally plays for patients three or four times before they die, typically using a folk harp, chosen for its portability and warm tone. Sometimes he sings unaccompanied. If a patient is discharged to home, he may continue to play for them there, a service for which he does not charge.

Although some music-thanatologists derive their musical inspiration from hymns and songs of praise, and the website of one American music-thanatologist organisation has religious overtones, the practice is generally seen as spiritual rather than aligned with any particular religion.

A pilot study conducted at Deakin University in 2005¹ flagged possible benefits of music-thanatology for palliative care patients. The largely qualitative study followed six patients for whom Mr Roberts played and found that breathing generally became easier after a music vigil, and in some cases slowed or deepened. Agitation diminished for some patients, and those who were able to respond verbally reported positive effects; sometimes these were profound.

Professor Helen Cox, Emeritus Professor of Nursing at Deakin University and co-

author of the study, attended music vigils with Mr Roberts for nearly a year in the course of the research.

She notes that the vigils had a cumulative effect, with patients being able to enter a meditative state with repeated sessions. One spoke of reaching "a haven, a place of no fear", she says. "He said that if he could learn to take himself to that place, that would be the place that he could die from, without feeling terrified of dying."

The benefits can be as great for the family. "Oftentimes, people don't know how to be with someone who's dying," says Professor Cox. "Sometimes you'd go in and they'd be sitting around the walls — right around the outside — trying to get as far away as possible. They didn't have any idea of how to be in that space. And [music-thanatologist] really helps people to be in that space."

It can also help the family let go. "The family would be struggling and crying and asking the person to hang on. And [Mr Roberts] was this very gentle presence, accepting death and helping the person to let go", says Professor Cox. The nursing and pastoral staff also reported that after a music vigil they found it much easier to talk with the family about final arrangements.

'I tried to hold and create a beautiful peaceful atmosphere, to allow the things that were going on in that room to just be held.'

Mr Roberts describes playing for a young terminally ill girl. He arrived at one session to find she had just died, but that the mother still wanted him to play. "The mother was absolutely distraught, and so I played for the young girl and I played in effect for the family. I tried to hold and create a beautiful peaceful atmosphere, to allow the things that were going on in that room to just be held. It sort of softened the situation," he explains. The family found the process so helpful they invited him to play at the funeral.

Unlike music therapy, which has recognised benefits in cancer care that may extend to relief of short-term pain², music-thanatology is a fledg-

ling therapy. So it's hardly surprising that research is scarce. Dr Adam Broad, consultant medical oncologist at Geelong Hospital and St John of God Hospital, acknowledges that music-thanatology is "very loosely evidence-based".

Dr Broad stresses the difficulties of conducting controlled trials in the palliative care setting — patients are often in extremis and unable to give informed consent. He also explains that patients and their families who elect to receive music-thanatology are a self-selected group who are open to such approaches and are therefore more likely to benefit from them.

That said, he has witnessed clinical benefits: "It creates an air of calm and peace, it allows patients to focus and settle into their therapy at a time of great trauma." For one patient with lung cancer and severe anxiety, Dr Broad noticed that music-thanatology had "very real therapeutic benefits for this patient's anxiety above and beyond what counselling or pharmacotherapy could achieve," allowing the patient to cope much better with chemotherapy.

He also thinks music-thanatology could have a role in the general practice setting, if offered to palliative care patients who had already benefited from it in hospital. Dr

Deb Harley, co-ordinator of the Geelong General Practice Association's palliative care training program, agrees.

"Ideally I would like to see palliative patients have access to anything that may improve their quality of life," she says.

For that to happen, we would need more music-thanatologists. Mr Roberts, who formerly had a furniture business, spent two years training in the US before returning to Australia as the country's first (and so far only) music-thanatologist (www.imim.com.au). In the hope that future therapists will be able to train closer to home, he and Professor Cox aim to secure funding to start Australia's first school of music-thanatology in Geelong.

Dr Harley welcomes this prospect. "When you think about it, if it helps to reduce discomfort or pain, it could really be as useful as a dose of morphine and probably have fewer side effects. Unfortunately, as far as the government is concerned, morphine is a lot cheaper."

References

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2. American Cancer Society http://www.cancer.org/docroot/ETO/content/ETO_5_3x_Music_Therapy.asp