Palliative and Supportive Care

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One question

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Essay/Personal Reflection

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It was my 9-month oncology electives in the United States that helped me fathom the heterogeneity in cancer care infrastructures of countries across the world, particularly in integrative oncology. As a performing classical Indian musician for over a decade, I was fascinated by the advancement in academic and clinical research on the efficacy of music-based interventions in psycho-oncology. The growing research and clinical practice avenues in "music therapy" in the USA inspired me to think, while rich in music repertoire, why my home country country does not have a national – regulatory-body accredited music therapy program (Rajendran 2023). That's how, in 2019, I launched an advocacy lecture-concert program, "Oncology and Strings," traveling through the length and breadth of India, raising awareness on the importance of creating high-quality randomized controlled trials on local/indigenous music among oncologists, palliative care physicians, and medical students (Cash 2023). After my TEDx talk – where I spoke about my early experiences with my grandmother ailing with leukemia, music's cathartic effect on her, and my exploration of the intersection of music and medicine – patients, caregivers, medical students, physicians, and musicians from different parts of India reached out to me, mentioning how they were able to resonate with what I spoke (Rajendran 2019, 2022). Many wrote how playing favorite songs comforted them or someone they cared for; some wrote how they wished they had played music for a loved one but did not because they didn't know music had such an impact.

As a medical student in an oncology elective, I once offered to hold the hand of a patient undergoing bone marrow biopsy. In the end, the patient expressed how thankful she was for doing so throughout the painful procedure. That incident taught me that bringing a small intervention, as simple as holding a hand, would offer so much comfort and solace. What music does is something similar. It serves as a company. A distraction. Playing patients' preferred music during an uncomfortable or painful procedure may bring a sense of calmness.

Music preferences are a personal choice, and how music is associated with and influenced by autobiographic memories is fascinating. A particular musical piece might be perceived by two people in different ways, regardless of the popular perception of the tune as pleasant or melancholic. It would not be surprising if the same musical piece evokes different emotions in the listener at different periods in life. Conferring the ability to choose with the patient might bring the best patient outcome. But when do we ask a patient for their choice of music?

Once, I was discussing a case I had just seen with the attending oncologist, and I remarked that to my question of what the patient does for fun in life, the patient replied he was a motorbike fanatic and was planning for a long bike ride. The attending asked me to include this detail in the notes so that at the next follow-up visit, we can chat about this. What the attending taught me that day is a lesson I will keep with me as long as I practice medicine! Developing training programs, establishing accreditation/licensing processes, and instituting music therapists in hospitals may take a few years; meanwhile, can we ask our patients a small question? Can we note the patient's favorite musical pieces? Listening to favorite music during an uncomfortable procedure, alone, away from loved ones, and encircled by unfamiliar faces, may help bring a sense of comfort and calmness. In intensive care units or isolation care, the gift of music may offer warm company amid the beeps or silences. All it takes is one question.

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