

Council on Palliative Care

**Palliative Care
Week 2003
May 5-11**

“You matter because you are you and you matter to the last moment of your life and we will do all we can not only to help you die peacefully but to live until you die.”

Cicely Saunders

Music Therapy: A Noteworthy Approach

By: Deborah Salmon, MA, MTA, CMT

Music therapy is a wonderful tool in palliative care, and a perfect fit with the philosophy of whole-person care. Music, with its great breadth and depth and its universal appeal, can be adapted to address many of the needs faced by patients at the end of life. Consider the following scenarios, everyday stories from my practise of music therapy in palliative care.

An elderly woman, bed-bound, accepts a visit from the music therapist. We discuss the importance of music in her life, and explore what seems to bring her meaning and pleasure. She speaks of her youth in Hungary, and how she loved to dance. Soon we are involved in re-creating some of those memories and emotions. She chooses favourite Hungarian tunes from a book and provides rhythm on a tambourine while I play the melodies on my flute. Her husband arrives and begins to dance the folk-dances of their youth. Both reminisce, eyes sparkling, the love between them palpable in the room.

In another room, a middle-aged, hard-living bachelor is showing signs of confusion as he nears the end of his life. He is a connoisseur of country music, and we've spent several sessions listening to, singing, and discussing his favourites. On this day he is agitated, his thoughts disorganized. I wonder if we can use the predictable structure of a country-western song to help provide him with a greater sense of order and a means of expression. Slowly, by repeating the familiar chord progressions on the guitar, and incorporating his thoughts into lyrics, we compose a country song. What appeared disjointed in his speech, seems poetic in song and he is proud of his creation. The song is about going home, seeing his parents again, and the wish that he could return to his drinking buddies. Later, at multidisciplinary team rounds, his song provides the team with another way of understanding this patient.

Music therapy can also be used to

help control pain and anxiety. Some patients engage in music-relaxation techniques to focus their attention onto calm, nurturing stimuli. In one such case, a young man managed his night-time fears by breathing deeply to a tape of music and ocean sounds while focusing on the image of being surrounded by friends on a beach. Here the music therapist's role was to help him discover and practise the techniques which worked most effectively for him.

Music has the power to touch our hearts, lift our spirits, bind us together, give expression to the inexpressible, transport us to other times and places, and soothe or stimulate our bodies. It reaches us on so many levels and, as a therapeutic tool, has great potential to enhance end-of-life care.

For more information on music therapy, contact the Canadian Association for Music Therapy at 1-800-996-CAMT, or www.musictherapy.ca

The Council was established in 1994. Its mission is the promotion of increased understanding and availability of palliative care within and beyond the McGill University Health Centre (MUHC) network. It pursues this objective by working through health care planners, educators, practitioners and the community at large. Increased public awareness and public support of palliative care are its goals.

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S.M.I.L.E.S. Towards a Better Laughter Life

By Dr. Manny Borod

“A merry heart doeth good like medicine Proverbs 17:22”.

Folklore has maintained for thousands of years that laughter, if not the best medicine, is good for you. If one were to look at the history of humour one would find that ancient physiologists used the description of body fluids to determine one's temperament- as good or ill humour. Freud believed that humour arises spontaneously from the unconscious during childhood and into adulthood and has the potential to transform pain into pleasure. Norman Cousins first wrote in 1976 about his experiences dealing with a painful connective tissue disorder. He found that ten minutes of genuine belly laughter provided him with two hours of uninterrupted sleep. Since then much has been written about the potential benefits of laughter and humour.

Laughter may have many benefits. Physiological benefits may include stimulation of circulatory, respiratory and sympathetic nervous systems as well as increased pain tolerance.

Humour and laughter may improve communication between patients and staff, as well as amongst staff. It can enhance collaboration within a team by acting as a status equalizer, build teamwork, and create a positive work environment. It can help build trust, help break the ice, and reduce the fear of unfamiliar settings.

Psychological benefits of laughter may include improved coping mechanisms and relief of tension

and anxiety. It may serve as an outlet for hostility and anger as well as provide a temporary escape. A person dealing with a life threatening disease can use humour as a coping mechanism. Humour has been found to improve coping. Finally humour and laughter may have spiritual and social benefits. Rather **than treating the patient as dying at a time when life functions are ending, the patient is often treated as dying from the moment of diagnosis.**

Most efforts at humour and laughter take place on a day to day human level; no specific program is necessary to laugh. There are certain times when humour would clearly not be appropriate such as: the actual hours of dying, severe anxiety, dyspnea, presence of other patients who may be in distress, or presence of certain family members. As for content, it's more about what not to do. Avoid inappropriate humour as well as sarcasm and ridicule; this can cause anxiety, hostility, and embarrassment.

Humour has been defined as “actions or statements that are comical or amusing”; “whatever the individual thinks is funny”, “that which produces laughter”, “complex cognitive and emotional processes” as well as “being spontaneous and incongruent”. Every health care professional has to use their judgement and apply humour in accordance with their personal belief system and personality as well as those of their patients.

Happenings!..

Resource Folder

The Council has put together a Resource Folder relevant to palliative care in the Greater Montreal area to assist both families and caregivers to understand the issues and to help them find the necessary services. The folder has been distributed to CLSCs, the Victorian Order of Nurses (VON), hospitals and palliative care clinics and will be given, free of charge, to caregivers and families of patients who are terminally ill.

If you would like to have a Resource Folder, please contact any of these organizations or institutions or call the Council at 499-0345.

These Resource Folders are in memory of Evelyn Pearl and have been made possible by a donation from her family.

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Humour Cart

A 'humour cart' is a mobile, multi-media unit with audio-visual material with a humorous content.

Humour is widely accepted for its positive psychological and physiological effects in many different situations. It helps to minimize stress by facilitating the resolution of end-of-life issues as well as by promoting the release of tension and anger. These benefits, in addition to many others, are all supported by research. They allow those who are terminally ill, a greatly improved quality of life at this most challenging time. Living with a terminal illness is no easy matter; it affects not only the patients but also their loved ones and caregivers.

The Council has two Humour Carts which are

now on loan to St. Mary's Hospital Centre and St. Marguerite's Nursing.

The carts are loaned for a period of six months. If you would like to reserve one for your institution, please call the Council at 499-0345.

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Workshops

The Council had two successful series of workshops in February and March at the Kirkland Library and St. Peter's Anglican Church in the Town of Mount Royal.

More workshops are planned for the Fall. Details will be made available on our web site in September.

Remember, register early, as space is limited and the demand for the workshops is always overwhelming.

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WEBSITE:

HTTP:WWW.MED.MCGILL.CA/ORGSPALCARE/COPCHOME.HTM

*Palliative Care,
Improving quality of life for
patients and families*

