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# Musician as Physician: Interwoven Artistry for Complex, Cancer Pain Management

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# Musician as Physician: Interwoven Artistry for Complex, Cancer Pain Management

## **Abstract**

The author, who is both a classical musician and a physician, reflects on how to interweave the skills he has from experience in both realms to become a more "complete" palliative care physician when working with patients.

## **Keywords**

Cancer; Emotional Functioning; Music and Healing; Music Therapy; Palliative Care; Receptive Music Methods; Recreative Music Methods

## **Disciplines**

Music Therapy | Palliative Care

**Musician as Physician:  
Interwoven Artistry for Complex, Cancer Pain Management**

**Douglas E. Brandoff, M.D.**

I am a classical musician. I am a palliative care physician. And now, in my mid-40s, I am yearning to consciously integrate these two fundamental parts of my being in my personal and professional lives.

I began playing piano at age 6, and cello at age 8. I had excellent teachers throughout my youth and formative teenage years, and I continued intensive study as a music major in college. I learned many important values and developed good habits as a musician: listening, collaborating, non-verbal communication, nuance and subtlety in meaning, respect, blending, clarity, reliability and presence. As a listener, and a performer, I have experienced intense, transformative emotions from music, and it has impacted my levels of sensitivity and tolerance.

In reflecting upon my medical practice – now 13 years and counting – I increasingly ponder how my background, training and identity within music can enhance my practice as a physician. I purposefully call upon these musician’s qualities with equal frequency and importance as I provide care to cancer patients, many of whom have significant pain as part of their illness. I think about how music itself can be a tool, and music therapy an effective treatment modality, for patients themselves. I contemplate how best to incorporate music and music therapy, to offer the most complete array of treatments and relief of suffering.

Patients with complex cancer pain often express strong emotions during our office visits together. They frequently experience distress given the lack of control their cancer illness and its related pain have imposed. Some have shared a sense of feeling dehumanized and demoralized by the enormity of the illness and its treatments. Some patients have reported feeling isolated, misunderstood and/or even ostracized when trying to pick up prescriptions from their pharmacy, or when the topic of their cancer illness is broached with friends and loved ones. Anxiety can be prominent, with pain generating worry that their disease is progressing, and it may be a harbinger of increased suffering or even their untimely death.

I recall one such instance, when caring for a patient who was also a cellist. She came in having received distressing news earlier in the day and with poorly controlled pain. After listening together to excerpts from Schubert’s *Cello Quintet in C Major, Op. 163, D 956*, she felt more calm and peaceful, as it helped cultivate a relaxation response for her.

I think of another patient with a dormant cancer condition whose life had felt forever transformed given the impact of her treatment. Once a singer, she could no longer join a choir or take vocal lessons, given limitations in her voice and stamina. We had traded stories about meaningful pieces, spellbinding artists and breathtaking performances. It

fostered both a therapeutic connection as well as a renewed sense of meaning and purpose for her.

I reflect upon a patient with a background in guitar (he owned over 20!) and drums, and how his loss of sensation and dexterity in his fingers had left him feeling condemned and robbed of a singular pleasure in his life. Sometimes, he told me, he just wanted to bang the daylight out of the drum, to punctuate his existential frustration. At other times, he longed to play a simple guitar riff, just for the sake of it.

I reminisce about my patient, dying of metastatic cancer, who told me, “*Dr. Brandoff, all I want to do now is go home, sit at the bottom of my stairs, and play my keyboard.*” When I mentioned an upcoming performance of *The Swan* from *The Carnival of the Animals*, by Camille Saint-Saens, she asked me if we could simply listen to it together. This provided us three minutes of precious, sacred silence from the disease. It felt profoundly healing.

Indeed, for many, music is emotionally evocative. It can be grounding, engaging and portably accessible. It has the potential to restore one’s sense of humanity and assist in providing at least a modicum of sense of control. And, as patients have taught me, it can simply help them feel better, whether by promoting a relaxation response, by giving them space to process difficult news, or by helping alleviate their physical pain.

How then to integrate and interweave these skills, so I am a more “complete” palliative care physician when working with patients?

| <b>Musical Skill</b>                                   | <b>Experience as Musician</b>  | <b>Experience as Clinician</b>   |
|--|--|--|
| Deep, purposeful listening                             | Chamber music partnership  | Helping patients feel heard  |
| Modulating my tone, inflection, tempo of speech        | Emotional expression, variety, integrity to the music  | Seeking <i>mot juste</i> in communicating difficult news, offering support, not overwhelming patients with medical jargon or too much information too quickly      |
| Improvisation  | “jamming,” bringing spontaneity to musical expression  | Responding to patients’ needs in real time and “meeting them where they are at”  |
| Empathy and yearning to understand others’ experiences | e.g., Beethoven was deaf yet a masterful composer; Shostakovich was censored by Josef Stalin yet politically active and expressive through | Antidote to patients feeling misunderstood, dehumanized, marginalized, ostracized, isolated, etc.; help cultivate a more compassionate therapeutic presence for my |

|   | his music   | patients   |
|---|---|--|
| Curiosity   | Exploring a new composer, work, genre within music  | Being nonjudgmental and open-minded when addressing patients' challenges and concerns                          |
| Enabling an outlet and range of means of expression | Artistic authenticity; becoming "one" with the music and "letting oneself go" as a musical artist | Clinical authenticity, i.e., being able to listen and discuss difficult topics with patients in a "safe space" |
| Experience vulnerability                            | Having to hit a high note, or play through a difficult passage while feeling "exposed"            | Working with very sick patients, encountering many episodes of pain, emotional and existential trauma          |

I am a classical musician. I am a palliative care physician. I am a physician artist. These parts of my background are interwoven, and frankly, have been so throughout my career. And now I am awakening to it. It is time to study it, reproduce it, evolve it further and openly embrace it.