Graeme MacLaren

Music and medicine

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G. MacLaren
Cardiothoracic Intensive Care Unit, National University Health
System, Singapore, Singapore

G. MacLaren
Paediatric Intensive Care Unit, Department of Paediatrics,
University of Melbourne, The Royal Children's Hospital,
Melbourne, Australia

G. MacLaren (✉)
Cardiothoracic ICU, National University Hospital, 5 Lower Kent
Ridge Rd, Singapore 119074, Singapore
e-mail: gmaclaren@iinet.net.au
Tel.: +65-67-725275

I faced a dilemma in my last year of school about whether to study music or medicine at university. This was not through a lack of vocation for medicine but rather having a strong vocation for both. In the end I decided that it was easier to be a physician with an interest in music than a musician with an interest in healing, a choice not entirely free of regret but probably the correct one. It may seem obvious that the art of music solely concerns itself with communication but it took many years of medical practice and exposure to both sides of the doctor–patient relationship for me to make the simple realization that every art form is solely about communication, including the art of medicine. This communication, being able to reach out and meaningfully touch someone else's life, is a very special privilege.

Regrettably, this privilege is becoming harder to accomplish in intensive care medicine. The reliance on computers for documenting and charting and prescribing, the emphasis on single rooms and partitions, and the intensity of the workload can shift the focus of intensive care specialists away from trying to reach out and make meaningful contact with their patients, and risks oversimplifying everything to numbers and applied science. The Austrian ethologist Konrad Lorenz wrote at length about how the rapid advance of technology and advent of long-range weapons made it easier for mankind to distance itself from the horror of killing one's fellow man. He argued that most men could not be enticed to kill an animal with their bare hands because of deep-seated inhibitions, let alone another human being, but give the same man the means to kill from several kilometers away and it suddenly becomes easier. In the same way that technology can distance us from the rest of humanity and render it easier to kill, it can also interfere with healing. The physical barriers which we construct to improve patient safety and reduce the transmission of infection impede empathy. In his book *Le Phénomène Humain*, Teilhard de Chardin expressed it this way, "love ... dies in contact with the impersonal and the anonymous". I am reminded of this when I walk into the rooms of adult intensive care veterans and see photographs of them taken before they fell sick pasted to the walls. It inevitably stops me in my tracks as I realize anew that the patient before me is my cognizant, suffering brother or sister, my equal, not an exercise in applied pathophysiology. However, such epiphanies come at a cost. Although compassion is vital for patient care, it increases the emotional stress on the clinicians and takes a toll, particularly in pediatric medicine. Several years ago, I remember commenting to a pastoral care worker that I did not believe that it helped patients or families when their physicians cried. Coincidentally, as we talked, a friend and colleague quietly emerged from a patient's room with tears running down

his face. He had just withdrawn life support on a baby whom he had cared for over many weeks and the child's parents had specifically requested that he be with them as their son died. He was right, I was wrong; smothering these emotional responses is hazardous. Lorenz wrote that "repressing compassion ... can become dangerous because it can become habitual".

This is why playing and listening to music still continues to have a pivotal role in my life, constructively channeling emotional stress and helping put life and death in perspective. As I write, I am listening repeatedly to the ineffable, aching purity of *The Bridal Chamber* by Sir John Tavener, who sadly died on 12 November 2013. Listening to this haunting music reveals an earlier mistake; art is not solely about communication. The most profound art—the late works of Beethoven or JS Bach, for example—does not concern itself with mere communication. It sounds far greater depths. Communing would be a more apt

description, and in this respect the art of medicine seems to fade into comparative insignificance. I intensely admire artists blessed with this extraordinary degree of creativity. Non-medical friends may admire doctors for having what they assume are fulfilling careers saving lives, but I admire great musicians more. Who can lay claim to the more profound achievement, he who saves a life or he who makes life worth living?

Yet even fully realized great art is not all-encompassing. When we meet patients or parents of critically ill young children at major crossroads in their lives, crossroads inevitably overcast with sorrow and uncertainty, we have an opportunity to make a unique connection with them, one not found through any other means in life. Indeed, we are privileged. We have an opportunity to sound the depths, too.

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