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Dear Dr Zimmerman

When the Society offered, I happily volunteered to travel to the 2018 'Medicine for ICU musicians' conference. I studied music. Integrating it to support pain and agitation management practice seemed obvious. My delirium and pharmacology work taught me how challenging musical exposure is to measure. When I purchased bedside radios/CD players to encourage multimodal pain/agitation management in a quality improvement project, I humbly realised music's effect went well beyond whether the patient listened to music, and that I hadn't planned sufficiently to measure it.

Methodological challenges notwithstanding, the current PADIS SCCM guidelines, which I had the privilege of vice-chairing, integrate music as a non-pharmacological intervention, weakly echoing my pro-found conviction that music is beneficial for patients and caregivers. I set off eager to learn; 'Scientific American' had just published its June issue describing all the ways music stimulates the brain, the sun was shining over the Berkshires, and I arrived in Pittsfield for the 'Medicine for Musicians' course.

Nothing prepared me for the wonder I experienced. The organizers, participants and agenda provided an irresistible mix of presentations, stories, and hands-on demonstration. All present- including myself, at the end- bought in to the provocative premise that a live artist's impact is very different from patients being exposed to recordings. The 'medical musician' provides empathetic musical comfort, with its personalized sound and vibration, and in so doing offers, and can provide, a distinct form of healing.

The course's goals and objectives were to familiarize 'talented, mature, emotionally generous musicians with a large & flexible repertoire' with the ICU environment and other acute care areas (trauma, ER, recovery room). In addition to didactic overviews of ICU-specific disease entities (sepsis, shock, delirium) and descriptions of ICU routines and equipment, medical presenters spoke of the deformity and disfigurement experienced by sick patients; of empathy, compassion, and resilience; of spirituality and its relationship to music; and of organisational logistics and reasons to support (and pay) medical musicians. These presentations alternated with the medical musicians themselves. Julia Langley, Georgetown University Hospital's Arts and humanities program director, compellingly described the many art forms (including music) that can help support healing and compassion; the video can be found at <https://lombardi.georgetown.edu/artsandhumanities/programs>, 'Creating a healthy hospital'.

Each musician's familiarity with suffering (their own or that of a loved one, sometimes both) deepened their understanding of just what their medical musician task was about. Andrew Schulman, the talented guitarist whose passage from near-death to rapid recovery is described in his book (Waking the Spirit: A Musician's Journey Healing Body, Mind, and Soul), provided a moving testimonial for the motivation leading to the course's inception. Dr Marvin McMillen (the course organiser, a trauma/ICU physician and

kidney transplant recipient, and Mr Schulman's physician) related the failure in earlier attempts to recruit music therapy interns from the hospital's music therapy department who had neither the suffering nor the musical experience that, when combined, seemed to predict success.

The hands-on demonstrations provided insight into Andrew Schulman's mastery and contribution to the critical care environment. We followed him while he walked, minstrel-like, through the ICU, past one nurse's almost caricatural grumpy rebuff, softly playing in tune and rhythm with the sound of monitors and ventilators until a family beckoned him to a bedside. The patient appeared to have just returned from the OR. The single monitor-echoing notes turned to Bach within minutes, Andrew's eyes on the hemodynamic monitor to ensure there were no untoward rises in heart rate or blood pressure. Several nurses went about their tasks imperceptibly moving a little closer to the music. He is part of the team, has regular hours, and participates in weekly rounds (and is a SCCM member). To this naïve observer, it appears clear he provides for both patients and caregivers.

I asked the musicians who trains and/or certifies them in their therapeutic role. Of the four organizations providing these services, none, as far as I can assess, have national recognition or formal and official organizational certification status (no judgement or inference intended). Julia Langley teaches in the department of oncology at Georgetown University's School of Medicine, which integrates music among many art forms provided in the NIH hospital's medical environment. Several attendees were familiar with, and certified by, an organization called Music for Healing and Transition Program (<https://www.mhttp.org>); I learned of Harp for Healing (<https://www.harpforhealing.com/clinical-musician-certification-program>) and The National Standards Board for Therapeutic Musicians (NSBTM). No one outside this Medical Musician workshop, to my knowledge, provides the acute/ critical care exposure this course has established. None, and this statement may also reflect my limited exposure, has its local historical and practical perspective. After all, this is the hospital center where Yo- Yo Ma played for his very ill friend in the CCU, and where, once Andrew Schulman and Dr McMillen integrated musicians, the hospital's COO noticed that exposure to these (then) volunteers yielded very positive feedback as to care. This led to the pragmatic recommendation that some institutional funding be provided to finance an intervention so appreciated by patients.

Pedagogical goals and objectives can be tweaked, but what Dr McMillen and Andrew Schulman have created is a very mature, innovative and exceptionally positive learning environment. I believe the Society can provide medical musicians interested in critical illness with opportunities to test, and scientifically prove, their intervention's impact on patients, families and carers. Downstream, it is tempting to imagine medical musicians could impact the complications of critical illness (PICS and PICS-F, compassion fatigue) identified as problematic within the SCCM community, and provide specific, actionable humanization to the ICU environment, a call echoed by ICU humanists around the world (<https://healthmanagement.org/c/icu/issuearticle/humanizing-intensive-care>). Meanwhile, I think it would be a pity to not provide the Medical Musician Workshop organizers with a broader audience, or to deprive SCCM members of this opportunity to learn about their initiative.

I am grateful for the opportunity provided by the Society to witness this and offer my support.

With cordial regards,



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