

FROM THE INSIDE



Beyond bleeps and alarms: live music by the bedside in the ICU

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“The greatest grace a musician can have is to play for a patient who is in a critical care unit. Instead of hearing the cold harsh bleeps and alarms of a medical machine and impersonal voices, he hears a beautiful flow of Bach or a melody or tune that is soothing” (Andrew Schulman). Andrew Schulman was a professional musician and guitarist. He was not expected to survive, and when he was out of the coma, he knew it was music chosen by his wife that had reached him.

Nothing can really prepare a patient for waking up in an Intensive Care Unit (ICU): the lights are too bright, there is a lot of unfamiliar equipment, there is a tube in your mouth, and you cannot speak. Alarms bleep and phones ringing are part of the aural landscape, 24 h a day. Hearing appears to be the only sense that still works. A patient is in and out of consciousness. When awake, everything is foggy, permeated only by pain when medications wear off. The reality of awakening in the ICU is still beyond anyone’s comprehension. Confusion and fear are the emotional responses.

More than one third of critically ill patients experience critical illness delirium. Sedation increases the likelihood of delirium.

The last thing patients might expect to hear is the voice of a young musician saying: “Hi, I am a guitarist; would you like me to play for you?”

That is exactly what we have done at the intensive care unit in Desenzano del Garda, Italy.

Following an “open ICU” environment, we are heading toward a “sedation-free” model, thus facilitating sensorial perceptions of everything happening around a patient.

Thanks to an agreement with the musical high school “V. Gambarà”, Brescia, young but clever musicians come

to the unit every week to play live classical, soothing and relaxing tunes, using flutes, guitars, cellos and clarinets (Fig. 1). Patients’ relatives and friends can be present. Live performances have a pleasantly strong impact on patients’ moods, being a welcome respite from the constant frightening noise of the ICU. When possible, there is an enjoyable interaction between patients and musicians. Performances, lasting 30–45 min, do not interfere with the medical team’s communications or impede communication with the patient.

Questioning patients after discharge, one commented: “I was lying on a bed, unable to speak or control my own pain relief, when I heard live cello and flute playing, easy on the ear, harmonious, melodic. It blocked out the hospital noise, reminding me I had a life to go back to.” There were smiles from relatives as their loved ones responded. A wife said: “To have a music performance where my husband was seriously ill was not inappropriate. It was a welcome and heartening grace.”

The health care team welcomed the initiative: “Live music performance seems like something unexpected in the ICU. But to relatives it is a sign that the ICU team really takes care of all aspects of patients’ well-being, and it helps to build a deep and special relationship with critically ill patients and their families” (nurse and medical staff).

Live music may not affect the length of stay, but it reduces anxiety and increases patient satisfaction, suggesting a physiologic relaxation response as one possible mechanism of action. However, how much of the effect is due to this relaxation response and how much is due to cognitive distraction or to another mechanism is not known.

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Fig. 1 Young musicians playing live in the intensive care unit

Live music by the bedside is an additional, simple and inexpensive factor in the open ICU, aiming at reducing the incidence of delirium and transform the critical care setting into a more familiar and domestic environment.

Compliance with ethical standards

Conflicts of interest

The corresponding author states that there is no conflict of interest.

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