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A recent issue of the *Canadian Journal of Emergency Medicine* has two articles on overcrowding in emergency departments. From time to time I work in an emergency department in an Ontario city where patients often wait more than 4 hours to see a doctor. While health care workers and administrators struggle for solutions to this multi-factorial problem, what can be done in the meantime to make the waiting time a little more tolerable for patients and family members?

In the good old days, which really weren't that great, pain and suffering, long waits and harried staff working just this side of chaos were accepted as part of the emergency landscape. Over the years a number of "quality of life" improvements have found their way into emergency departments. A few EDs have upgraded to more comfortable chairs in the waiting room — not quite enough of them for the peak times; however, not enough good chairs are better than insufficient backbreaking ones. 24/7 cable TV in the waiting room also helps a few patients pass the time. One place where I work is considering putting pillows back on the patient stretchers. The other day, in one ED's pediatric room, I entered just in time to share with my young patient and her mother the last few minutes of *Shrek* on the VCR.

We are making progress. On the treatment side of things, procedural sedation is a positive innovation for patients with broken bones that need a quick fix. Could there be a role for conscious sedation for all of us who spend long hours in emergency departments, both staff and patients? I'm not thinking here of intravenous medication but rather intra aural sound, in the form of Samuel Barber's *Adagio for Strings* or Jesse Cook's *Vertigo* CD. Could music in the treatment rooms help to humanize our windowless big box emergency departments?

Many years ago, as a family practice resident, I worked with a singing surgeon. Six thirty in the morning would find us making rounds on his patients, a number of whom he'd recently operated on for cancer of the bowel, esophagus or pancreas. As we moved from bed to bed you could just hear him sing in his tuneful baritone the chorus from that old Hall and Oates pop classic, *Maneater*. "Watch out boy, she'll chew you up, She's a maneater." He and most of the individuals in his care were probably oblivious to the ironic juxtaposition of those lyrics and the status of his postoperative patients. My point is that the music added a lightness to his step and cheerfulness to his early morning demeanor, which probably benefited his patients.

One Christmas morning I was working in the emergency department in Lethbridge. As I emerged from behind a plaid curtain I heard the opening bars of *Silent Night*. Seated out of harm's way, behind the nursing station, the pastoral care worker was playing guitar, joined by his wife on recorder. Without fanfare or introduction they played instrumental versions of three carols and then quietly put away their instruments and moved on to another area of the hospital. That rich musical memory has lived with me long after less salutary reminiscences of other holidays spent in the ED have turned to dust.

The other day I found myself lying on my side on a chiropractor's narrow table waiting for her to manipulate my right sacro-iliac joint. My pain seemed a little less in the tidy emptiness of her examining room, especially when I stopped for a moment to attend to the recorded solo piano music drifting down on me from the speakers in the ceiling. Erik Satie's *Trois Gymnopédies* may serve to reassure us in a way that a poster of the human skeleton or an article on the health care system in *Maclean's* can't begin to.

The music of Muddy Waters or the contrapuntal themes

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of the Goldberg Variations could pay unexpected dividends in the ED. A former cafe owner explained to me how he used to choose the music for his cafe. He considered music, especially the blues with its ubiquitous low frequency bass line, as a buffer for private conversation among the patrons at the crowded tables. Music in the emergency department would add another layer to the illusion of confidentiality provided by the insubstantial curtains drawn around individual stories of injury and disease.

Music can also be a pleasant diversion. As I travel from place to place doing locum emergency work, I occasionally find joy, sometimes consolation, in the music that percolates out of the car speaker or the bedside clock radio. I'm partial to programs like CBC's "Music and Company" with Tom Allen, Ross Porter's "After Hours" jazz show, or Saturday evening's "Finkleman's Forty-Fives." I'm not trying to promote the national network but offer these examples of music free of advertisements that might help to transform our work environment in an unobtrusive way.

I recall a man with angina I recently admitted to hospital. He spent 14 hours waiting for a bed in the institution. During the final couple of hours of his stay in the ED he suddenly lost consciousness and, despite intensive efforts to revive him, died. Could John Coltrane or John McDer-

mott or John Lennon have altered the quality of his precipitous and unexpected death in a strange place, in ways that Doctor Bob, Nurse Betty or Administrator Ron couldn't? I've heard it said more than once that hearing is the last sense to go. Perhaps music can ease the often slow, and sometimes painful and disorienting passage of patients through the emergency department.

Tuning our emergency soundscape to a more healthy wavelength for everyone will present challenges and decision points, perhaps opportunities for research. Live music or recorded? Public radio or ED "disc" jockey? Overhead broadcast versus MP3s or Minidiscs? Hip hop, blue grass, or the three tenors? Initially it may be difficult (and probably not necessary) to get everyone singing from the same page of sheet music. We should begin now to sort and sift our collective musical heritage if for no other reason than it's also time to do something about all that empty space on the ceilings above the patients' stretchers. I understand the Canadian Art Bank is back in business and eager to start circulating some of its extensive collection.

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