Music therapy provision in adult palliative care is still relatively uncommon in the UK, and the scope of music therapy practice is often unfamiliar to the multi-professional team. Although longer-term work is viable with many hospice patients, it is not always possible. A single music therapy session might be all that is achievable before a patient leaves the hospice, or deteriorates and dies. This paper is based on my clinical experience of 10 years working as music therapist in a hospice. It aims to illuminate the value and potential for music therapy within the constraints of very short-term work.

Using case vignettes, three different approaches will be introduced and discussed: receptive work, improvisation and songwriting. Receptive approaches focus on active listening using live or recorded music. This can facilitate reminiscence, relaxation and/or visualisation. Improvisation offers interaction, a musical dialogue. Using simple instruments and supported by the therapist’s music, there is the possibility for creativity, new and transformative experience, and the expression of feelings. Songwriting brings together words and music with the potential to create something lasting. It provides the opportunity to articulate and to understand feelings, and often patients report unexpected pleasure and pride in their achievement. A recorded song might have a purpose and life of its own, such as being given or left as a gift, placed in a memory box or played at the funeral.

In my experience music’s unique qualities help establish an atmosphere where a trusting therapeutic relationship can develop very quickly. Its flexibility and adaptability enables work at depth even in very short-term work, which can meet the both holistic needs of the patient and their loved ones. Recorded patient songs will be used to illustrate this presentation.