**Author’s response to reviews**

**Title:** Music in palliative care: a qualitative study with patients suffering from cancer

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**Author’s response to reviews:**

Dear Editor, Dear reviewer,

We would like to thank you for carefully reviewing our paper PCAR-D-18-00057 entitled “Music in palliative care: a qualitative study with patients suffering from cancer”. We have read your comments with great attention.

Please refer to the document entitled "Response to reviewers" in the revision.

Thank you in advance for considering our work.

Reviewer reports:

Karin Oechsle (Reviewer 1): Overall, the study method remains unclear - or unserious? I’m not able to understand what they have really done and which qualitative methods they have used.

R: We added information about the methodology (Methods section, line 42, page 4) and uploaded the COREQ reporting checklist.
The introduction is very short and does not correspond to the presented results and discussion. E.g. the authors focus on "memories" without presenting a rational or literature introduction in this aspect. It remains also unclear if this was the major approach of their intervention.

R: We rewrote the introduction and added new references. Although some of the questions in the semi-structured interviews referred to memories, the themes were strictly derived from the transcripts. We mention this in the revised manuscript (Methods section, line 12, page 5).

It’s methodologically critical that the person who did the interviews also acted in her role as a psychologist.

R: We mention this in the methods section and in the discussion (line 22, page 14). The desirability bias is often present in qualitative studies and the interviewer tried to set clear boundaries between her roles as a psychologist and as a researcher.

The authors write that they did not use "data sets"? But didn’t they transcribe their interviews?

R: We changed this sentence (Footnotes, line 10, page 16).

In my opinion, the discussion is very interpretative but does not respect the comprehensive previous literature on this issue.

R: We added references to other studies (Discussion, line 25, page 12 and line 7, page 13). Our study is different from other studies about music in palliative care because the artists were not trained musical therapists. This is mentioned in the methods section (line 9, page 3).

The authors do not present any detailed results on intervention, e.g. duration of patient contacts?

R: We added this information in Table 2 (page 6).

Number of patient contacts? Patients alone or with family caregivers?

R: Caregivers could be present with the patient during the intervention. We added in the revised manuscript that only the patient and the interviewer were present during the interviews (Methods section, line 51, page 4).
They authors also missed to define the qualitative analysis they used (content analysis? Interpretative approach?). Depending to the approach they used, either the number of interviews or the duration of interviews is too small.

R: The number of interviews may be small however the themes appeared with sufficient consistency to produce a complete analysis. We are aware that we included less patients than average for a grounded theory study and mentioned it in the discussion (line 16, page 14).

They do not describe sufficiently their data assessment and analysis. How did they perform this „dual coding“? Overall, this manuscript shows major methodologic limitation. In addition, there are several previous studies on this issue of higher quality. Therefore, this study does not present any new relevant aspects.

R: We have read your comments with great attention.

Ruth L. Lagman, MD MPH MBA FACP FAAHPM (Reviewer 2): The manuscript was well written, clear and easy to read.

R: Thank you for your kind words.

The purpose was to examine the relevance of music therapy particularly to memory in a qualitative study. It is very hard to capture objective data in terms of patient's perceptions particularly in music therapy and sometimes a qualitative study is much more relevant and meaningful to the patient rather than evaluation in a numerical/categorical rating scale.

The study is small and confined to one hospital. It is a good start to begin to understand memory with regards to music therapy. In the future, may need to increase study size to bring out other relevant themes which may not have come up in this study. However, I understand this could be long and expensive. The process to collect data, both qualitative and quantitative, are ongoing as other music therapy providers are publishing their results.

The other weakness is that the clinical psychologist conducted the interview. It might have helped if someone who does not know the patient would have done the interview.

R: We made sure to mention these limitations in the revised manuscript. Thank you for reviewing our article.
Isaac Chua (Reviewer 3): Summary: Qualitative study to evaluate the effects of a musical intervention on patients within an inpatient palliative care unit. An actor and musician provided the musical intervention. 10 patients were interviewed by a clinical psychologist. Dual coding was performed by one of the palliative care physicians. Major positive themes that emerged regarding included increased patient satisfaction and well-being, patients appreciation of the attention provided by the artists, enhanced social ties among patients, family, and staff, and creation of new memories and emergence of old ones triggered by the music. Negative themes associated with the intervention included patient reflections on their loss of autonomy / current physical state, increased fatigue, the need for patients to become acclimated to the idea of a musical intervention (i.e. an adaptation period), reflections on one's mortality, and difficulty choosing songs.

Major Comments

Strengths:

1) A qualitative study is a wise approach to better understand the patient experience of music in the context of serious illness. It allowed an opportunity for an in-depth exploration and generation of themes in an area where there is a relatively small body of evidence. Great decision for a study design.

2) The questions in the semi-structured interview did not appear to be biased and were very open-ended.

3) Study population was clearly displayed and apparent to the reader.

4) You clearly delineated when you reached saturation.

5) The Positive Aspects section of your paper was robust and well supported by the quotes provided.

Limitations:

1) Please describe the musical intervention in greater detail. You do explain that the intervention included singing and playing a musical instrument. However, it would be helpful to know how your intervention differs or parallels prior music therapy interventions for cancer patients. Providing this context allows the reader to better understand the themes that emerge from your study and how the knowledge generated from your study is relevant compared to the preexisting knowledge in the literature.
R: We added details about the intervention, which included musical instruments: guitar, piano and percussion instruments (Methods section, line 42, page 3).

Of note, it would also be helpful to explain exactly what role the actor played in this musical intervention. If there was some other theatrical component in addition to just singing and playing an instrument, it should be noted.

R: The interventions in our study consisted exclusively of singing and playing musical instruments. To clarify, we now refer to the actor as an “artist” because his role in the intervention was only to make music (Methods section, line 9, page 3).

2) Please clarify what qualitative approach you are utilizing for this study. Although you do mention that you are taking an inductive approach, please be more specific. It appears that you are taking a phenomenological approach since you are focusing on better understanding the patient experience of the musical intervention. This is important because if you were taking a grounded-theory approach, you would likely need more interviews before reaching saturation.

R: We used Grounded Theory (Methods section, line 42, page 4). However, we made sure to discuss saturation and the small number of interviews at the end of the revised manuscript (line 16, page 14).

3) Please explain more clearly how the themes in the results section are related to memory. In your abstract, you mention that you "aimed to examine how patients hospitalized in the palliative care unit experienced a musical intervention with a focus on themes related to memory." However, when reading the results, some of the themes and quotes support this stated focus, whereas others do not. For example, the theme of "a vector for social ties and sharing" and the quotes within that theme do not have a clear link to memory. I would recommend either finding different quotes to support the assertion that your themes are related to memory or find another common thread that unifies your themes more cohesively.

R: Memory was mentioned in the interview guide, however the questions were open-ended and themes were coded using the interview material, where the theme of memory was not dominant. Therefore, we made sure not to place undue emphasis on memory in the revised manuscript.

4) Under the Limits and Difficulties section, please either consolidate the themes or flesh out each individual theme more thoroughly. Compared to the Positive Aspects section, each theme was not well supported since most themes only had one or two quotes.
R: We added new quotes (Results section, lines 23 and 38, page 10; lines 18 and 40, page 11).

Minor comments:

- For Table 2, it may be worth including some more specific information regarding the reason for hospitalization (e.g. pain crisis, hospice / end-of-life care). The clinical context significantly affects the patient's experience of music and will naturally affect the type and quality of quotes that you obtain from patients.

R: We added clinical details in Table 2 (Results section, line 24, page 6). Thank you for your comprehensive and helpful review.