

# Music and love help dying defy the doctors

By **MELISSA FYFE**  
HEALTH EDITOR

THE man facing death has gone somewhere. It's a place with "no cars, no buses, no trains, no pubs, no drunks, no smokers". There is instead water, children, trees. This is where Stuart Heywood travels — far from the lung tumours that may destroy him — when Peter Roberts plays his harp.

A long-legged tower of a man, Mr Heywood knocked about the alleyways of Depression-era Collingwood and once, as a homeless and damaged war veteran, slept with his young family in the Flagstaff Gardens.

He is not inclined to hippie, new-age ideas. But the 82-year-old — who went on to be a successful businessman and motivational speaker for football clubs — is convinced the harp is helping him defy his doctors: death was due months ago. The sincerity and love with which Mr Roberts plays, he says, is the nourishment his immune system needs.

"Music on its own will not do a complete job, we all know that," says Mr Heywood in the Portarlington home he shares with his lifelong love and wife, Ida, 80. "But music is nourishment and the body needs love. When Peter plays for me, I know I am in good hands. I am no longer frightened. The more he plays, the more I am deadset certain I am not going to go this time."

For nine years, Peter Roberts has quietly dispensed his lullabies to departing souls around Geelong. The gentle Mr Roberts is no ordinary harpist. He is Australia's only music-thanatologist; a specialist in palliative care, or care for the dying. He uses music to ease agitation and pain, calm breathing and give solace to the dying, their family and hospital staff.

Soon he will be in the international spotlight, after Deakin University measured his work's impact in the health system. The study has projected Mr Roberts and Dr Helen Cox, a Deakin emeritus professor, on



Miles away: Stuart and Ada Heywood lie back and dream as Peter Roberts plays his harp for cancer patient Stuart in their Portarlington home.

PICTURE: SIMON O'DWYER

to the global conference speaking circuit, including a request from the Mayo Clinic, the prestigious American research institute.

The study, which followed six of Mr Robert's dying patients over eight months, found that music-thanatology should be part of the health system, as an "ethical imperative". The findings also reveal the system's failings in dealing with death — so commonplace in hospitals, yet little thought or resources are spent on a "good death" rather than a "good enough death".

Death in hospitals, the report says, is seen as failure of medicine, it is sanitised and hidden. But research shows palliative-care patients want

more than just pain relief when dying: they want help overcoming fear and help finding hope, meaning and spiritual strength.

"I have seen an awful lot of the 'good enough death'," says Dr Cox, a matronly woman who began nursing in 1965. "I have thought about times where medicine and nursing could have done it better, and regretted it that sometimes people didn't die as well as they could have."

The report recommends that music-thanatology is properly funded and a school is set up to train practitioners.

Mr Roberts was taught music-thanatology in St Patrick Hospital in Montana, USA. A key tool is "entrainment", when the harpist matches the

patient's breathing, then draws them into the harp's rhythm. Meanwhile, he uses the different sounds to uplift or comfort, depending on the patient's needs.

He is not, however, a jukebox for the dying. Playing familiar songs can evoke emotions that snag a person's ability to let go. There's no *Take Me Home, Country Roads* or even *Stairway to Heaven*. Instead it can be Gregorian or Celtic music, ancient chants, and sometimes he sings. Unlike music therapy, it is not a singalong; the patient is required to do nothing.

In the report, pastoral care staff said their interactions with patients after a vigil was different, with much more depth to

their conversations. Many patients come more easily to terms with their own death.

Although he does a nice line in valedictions, Mr Roberts also does funerals, weddings, parties — anything to pay the bills. Before he took the family to America, including two daughters out of private school, to learn the harp, Mr Roberts was a successful, if empty-feeling, furniture retailer. He now lives on a \$10,000 charity grant to play in nursing homes, private homes and the public hospital, and is part-time at Geelong's St John of God private hospital.

He has no regrets about his "crazy" mid-life overhaul. But he does struggle financially, due to a core economic prob-

lem with his business: he does not want to charge people. "It is wonderful, but the reality is that the practicality of living is challenging."

Back at the Heywoods' house, Ida and Stuart recline together as Mr Roberts tunes his harp. Mr Heywood, who is breathing better now compared to several months ago, has been known to jump up after a vigil and passionately kiss Ida, declaring himself the luckiest man alive.

"The last time Peter played for Ida and I," he says, "I felt really, really good. So I rang up Geelong and said, 'I am ready to play football for the firsts.'"

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