Many years ago, in the basement of Fairview Southdale Hospital, a ragtag group of physicians gathered on Sunday nights to play music. Dubbed the “Doctor’s Band,” it drew its members from all specialties and from a wide range of ages. Luckily for most of us, there were no auditions and no expectations about quality of musicianship. We scrounged our music mostly from the Chatfield Brass Band lending library and, playing mostly marches, the musician physicians dusted off their skills and gradually got to the point where the cacophony became a reasonable facsimile of what the composers intended. We eventually escaped our subterranean practice room and played a few gigs, usually for friendly audiences like the medical staff and spectators at the Edina July 4 parade. Our most prestigious appearance was on a float that passed the review stand of the Norwegian ambassador in a parade in downtown Minneapolis. We weren’t great, but we were enthusiastic.

Recruiting for the band was surprisingly easy. Seemingly every doctor I spoke to had played an instrument, and many were willing to break it out of the closet and try again.

Music and medicine are bedfellows. And that’s what the founders of the Longwood Symphony Orchestra (LSO) in Boston found. In 1982, they scoured Longwood Avenue, the main drag of Boston’s medical district, for health care professionals with a passion for playing music. After hours, they donated to charity, thus fulfilling one of the group’s goals of giving back to the community.

So what could motivate this proliferation of talented, time-starved professionals to spend time each week making music? Much of Lisa Wong’s book tries to answer that question. In her many profiles of LSO members, themes recur. Music and medicine demand many of the same skills. According to Wong, “Ensemble musicians are making multiple high-level decisions at every moment—decisions about rhythm, pitch, harmony, tempo—constantly adjusting to who is playing and what is going on around them. Physicians, too, are making decisions about the intonation of the body, the rhythm of the heart, the pitch, harmony and tempo of a patient’s life. Both endeavors require emotional intelligence and close collaboration in order to achieve success. They demand focus, intent listening and communication. When you’re playing in a chamber ensemble or treating a patient, there can be no success without a key ingredient: empathy.”

Music heals everyone—physicians and patients. Says pediatrician Susan Pauker, one of the physicians profiled in the book, music “helps me to do my job. It refills my tank in a way that allows me to give to patients. I give all day long …, and this is a chance for me to receive healing. When we played at my mom’s assisted-nursing home, she and all her friends there were crying because they were so moved. They said, ‘Come back tomorrow.’ That was a big deal. That’s healing.”

Wong extensively explores the burgeoning field of music therapy, from the mini-application of Susan Pauker singing “Row, Row, Row your boat” to assess a child’s development to the current use of music in the treatment of autism spectrum disorders to “engage and foster their capacity for flexibility, creativity, variability and tolerance of change in order to balance the more structured and behaviorally driven education required in school settings” to the prediction of oboist neurologist Michael Barnett that someday a “music prescription” will be written for specific diseases.

Music and physicians share a special bond, a motif to which Wong returns again and again, and which anyone who has gone to medical school or played in a musical group understands.

Most members of our physicians’ band have stashed their instruments back in the case, but I have continued to play my trumpet. Recently, a 79-year-old patient told me about playing “Bugler’s Holiday.” I asked him, “Did you hit the high C at the end?” His eyes twinkled, “Yup, you get it.”

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