

## **Dignity-Conserving Interventions at End of Life**

<b>Factors and Themes</b>	<b>Dignity-related questions</b>	<b>Therapeutic Interventions</b>
<b>Symptom Distress</b>		
Physical distress	<i>“How comfortable are you?” “Is there anything we can do to make you more comfortable?”</i>	Vigilance to symptom management Frequent assessment Application of comfort care
Psychological distress	<i>“How are you coping with what is happening to you?”</i>	Assume a supportive stance Empathetic listening Referral to counseling
Medical uncertainty	<i>“Is there anything further about your illness that you would like to know?” “Are you getting the information you need?”</i>	Upon request, provide accurate, understandable information and strategies to deal with future crises.
Death anxiety	<i>“Are there things about the later stages of your illness that you would like to discuss?”</i>	
<b>Level of Independence</b>		
Independence	<i>“Has your illness made you more dependent on others?”</i>	Have patients participate in decision making, regarding both medical and personal issues
Cognitive acuity	<i>“Are you having any difficulty with your thinking?”</i>	Treat delirium When possible, avoid sedating medication
Functional capacity	<i>“How much are you able to do yourself?”</i>	Use orthotics, physical and occupational therapy
<b>Dignity Perspectives</b>		
Continuity of Self	<i>“Are there things about you that this disease does not affect?”</i>	Acknowledge and take interest in those aspects of the patient’s life that he/she most values See the patient as worthy of honor, respect, and esteem
Role preservation	<i>“What things did you do before you were sick that were most important to you?”</i>	
Maintenance of Pride	<i>“What about yourself or your life are you most proud of?”</i>	
Hopefulness	<i>“What is still possible?”</i>	Encourage and enable the patient to participate in meaningful or purposeful activities
Autonomy / control	<i>“How in control do you feel?”</i>	Involve patient in treatment and care decisions
Legacy	<i>“How do you want to be remembered?”</i>	Life Project (making video, audio, writing letters) Dignity psychotherapy
Acceptance	<i>“How at peace are you with what is happening to you?”</i>	Support the patient in his/her outlook Encourage doing things that enhance his/her sense of well being (meditation, light exercise, listening to music, prayer, etc...)
Resilience	<i>“What part of you is strongest right now?”</i>	
<b>Dignity Practices</b>		
Living in the moment	<i>“Are there things that take your mind away from illness and offer you comfort?”</i>	Allow the patient to participate in normal routines or take comfort in momentary distractions (daily outings, exercise, music, etc...)
Maintaining normalcy	<i>“Are there things you still enjoy doing on a regular basis?”</i>	
Finding spiritual comfort	<i>“Is there a religious or spiritual community that you are, or would like to be involved with?”</i>	Make referral to chaplain or spiritual leader Enable participation in spiritual practices
<b>Social Dignity</b>		
Privacy boundaries	<i>“What about your privacy or your body is important to you?”</i>	Ask permission to examine patient Proper draping to safeguard privacy
Social Support	<i>“Who are the people most important to you?” “Who is your closest confidant?”</i>	Liberal policies about visitation and rooming-in Enlist involvement of wide support network
Care tenor	<i>“Is there anything in the way you are treated that is undermining your sense of dignity?”</i>	Treat the patient as worthy of honor, esteem, and respect. Adopt a stance conveying this
Burden to others	<i>“Do you worry about being a burden to others?”</i>	Encourage explicit discussion about these concerns with those they fear they are burdening
Aftermath concerns	<i>“What are your biggest concerns for the people you leave behind?”</i>	Encourage the settling of affairs, preparation of an advanced directive, making a will, funeral plans.

Adapted from Chochinov MH. Dignity-Conserving Care. JAMA 2002. 287(17):2253-60