



Dignity **IN CARE**



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## Patient Dignity Inventory

Chochinov et al JPSM 2008

For each item, please indicate how much of a problem or concern these have been for you within the last few days.

1 = NOT A PROBLEM    3 = A PROBLEM    5 = AN OVERWHELMING PROBLEM  
2 = A SLIGHT PROBLEM    4 = A MAJOR PROBLEM

- 1 Not being able to carry out tasks associated with daily living (e.g. washing, getting dressed).
- 2 Not being able to attend to my bodily functions independently (e.g. needing assistance with toileting-related activities).
- 3 Experiencing physically distressing symptoms (e.g. pain, shortness of breath, nausea).
- 4 Feeling that how I look to others has changed significantly.
- 5 Feeling depressed.
- 6 Feeling anxious.
- 7 Feeling uncertain about my health and health care.
- 8 Worrying about my future.
- 9 Not being able to think clearly.
- 10 Not being able to continue with my usual routines.
- 11 Feeling like I am no longer who I was.
- 12 Not feeling worthwhile or valued.
- 13 Not being able to carry out important roles (e.g. spouse, parent).
- 14 Feeling that life no longer has meaning or purpose.
- 15 Feeling that I have not made a meaningful and / or lasting contribution in my life.
- 16 Feeling that I have "unfinished business". (e.g. things that I have yet to say or do, or that feel incomplete).
- 17 Concern that my spiritual life is not meaningful.
- 18 Feeling that I am a burden to others.
- 19 Feeling that I don't have control over my life.
- 20 Feeling that my health and care needs have reduced my privacy.
- 21 Not feeling supported by my community of friends and family.
- 22 Not feeling supported by my health care providers.
- 23 Feeling like I am no longer able to mentally cope with the challenges to my health.
- 24 Not being able to accept the way things are.
- 25 Not being treated with respect or understanding by others.

## Dignity Therapy Question Protocol

Chochinov JCO 2004

- Tell me a little about your life history; particularly the parts that you either remember most, or are the most important? When did you feel most alive?
- Are there things that you would want your family to know or remember about you?
- What are the most important roles you have played in your life (family, work, community service, etc)? Why were they important to you, and what did you accomplish?
- What are your most important accomplishments, and what makes you feel most proud?
- Are there things that you feel need to be said to your loved ones, or things that you would want to say again?
- What are your hopes and dreams for your loved ones?
- What have you learned about life that you would want to pass along to others? What advice or guidance would you wish to pass along to your child(ren), husband, wife, parents, other(s)?
- Are there important words or instructions you would like to offer your family?
- In creating this permanent record, are there other things that you would like included?

## The ABCD of Dignity Conserving Care

Chochinov BMJ 2007

A = ATTITUDE

B = BEHAVIOUR

C = COMPASSION

D = DIALOGUE

## Patient Dignity Question

Chochinov BMJ 2007

What do I need to know about you as a person to give you the best care possible?

## Dignity Model

Chochinov et al. Social Science and Medicine 2002

### Major Dignity Categories, Themes and Sub-themes

#### ILLNESS RELATED CONCERNS

- Level of Independence
- Cognitive Acuity
- Functional Capacity
- Symptom Distress
- Physical Distress
- Psychological Distress
- medical uncertainty
- death anxiety

#### DIGNITY-CONSERVING REPERTOIRE

- Dignity-Conserving Perspectives**
  - continuity of self
  - role preservation
  - generativity / legacy
  - maintenance of pride
  - hopefulness
  - autonomy / control
  - acceptance
  - resilience / fighting spirit
- Dignity-Conserving Practices**
  - living "in the moment"
  - maintaining normalcy
  - seeking spiritual comfort

#### SOCIAL DIGNITY INVENTORY

- Privacy Boundaries
- Social Support
- Care Tenor
- Burden to Others
- Aftermath Concerns