

Dignity Therapy for dying patients

The dignity therapy process has been shown to enhance the dying patient's sense of dignity and life purpose and is completed in two sessions (unless revisions are needed). The process includes meeting with the patient, alone, and asking the ten dignity therapy questions. The interview is recorded and transcribed verbatim. From that manuscript, the therapist then writes a narrative document from a third person view point and, when complete, meets again with the patient. At this time the therapist reads the document over with the patient, giving them a chance to correct any errors, further elaborate or decide the document is complete as is. This part of tends to be the most therapeutically powerful.

The finished document is then left for the patient to disperse as they see fit.

Dignity Therapy was developed by [Dr. Harvey Max Chochinov](#) to assist people dealing with the imminent end of their lives.

This brief intervention can help conserve the dying patient's sense of dignity by addressing sources of psychosocial and existential distress. It gives patients a chance to record the meaningful aspects of their lives and leave something behind that can benefit their loved ones in the future.

During a 30 to 60 minute session, the therapist asks a series of open-ended questions that encourage patients to talk about their lives or what matters most to them. The conversation is recorded, transcribed, edited and then returned within a few days to the patient, who is given the opportunity to read the transcript and make changes before a final version is produced. Many choose to share the document with family and friends.

Advantages of Dignity Therapy

Dignity Therapy borrows elements from other supportive techniques, such as life review, logotherapy and existential psychotherapy. Unlike life review, Dignity Therapy is not a historical recounting of events – it is a recounting of thoughts, ideas and events that are particularly relevant and meaningful for patients to recount and pass along to others. For most patients, it is an opportunity to share the moments that shaped their lives.

/Users/kelvinteixeira/Desktop/Emailing__How_My_Sister_Said_Goodbye,_Keys_to_A_Good_Death,_Life_Review_and_Remembrance_Therapy_(Music),_Life_Review_in_Palliative_Care_Truman_&_P/
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An important difference of Dignity Therapy is its grounding in sound research into dying patients' self-reported notions of dignity. It addresses the dying patient's need to feel that life has had meaning, and to do something for loved ones that will endure beyond the patient's own life. It also helps the patient get in touch with the accomplishments and experiences that have made them unique and valued human beings.

Initial trials suggest Dignity Therapy offers many advantages over other supportive approaches:

- It is brief
- Can be done at the bedside
- Has the potential to favourably influence patients as well as their loved ones
- Places less weight on interpretation, insight and "working through," and more emphasis on the meaning-enhancing process itself

How Dignity Therapy addresses end-of-life concerns

Dignity Therapy deals with emotional pain by targeting its source. The content, protocol and questions are all guided by the Dignity Model sub-themes.

The dying patient's strong need for "generativity" and "legacy" is the basis for the therapy. The therapy creates something that will transcend the patient's death and extend his or her influence across time. Capturing the patient's thoughts in written form is particularly effective because it increases the sense that whatever is said will be preserved for the future.

However, simply creating the legacy document is not enough. Those who practice Dignity Therapy must listen to these stories with genuine empathy, attentiveness, interest and sensitivity. Anything less will fail to meet the patient's need for treatment that is unconditionally positive and caring in tone.

The questions asked during Dignity Therapy are shaped by the Dignity-Conserving Perspectives and Aftermath Concerns that are identified in the Dignity Model. Each area of inquiry lets patients speak to issues that may reinforce their sense of personhood and sustain a sense of meaning, purpose and self-worth – thereby decreasing distress and improving their quality of life.

Questions asked during Dignity Therapy

- "Tell me a little about your life history, particularly the parts that you either remember most, or think are the most important. When did you feel most alive?"
- "Are there specific things that you would want your family to know about you, and are there particular things you would want them to remember?"
- "What are the most important roles you have played in life (family roles, vocational roles, community service roles, etc.)? Why were they so important to you, and what do you think you accomplished in those roles?"
- "What are your most important accomplishments, and what do you feel most proud of?"
- "Are there particular things that you feel still need to be said to your loved ones, or things that you would want to take the time to say once 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 words of guidance would you wish to pass along to your (son, daughter, husband, wife, parents, others)?"
- "Are there words or perhaps even instructions you would like to offer your family to help prepare them for the future?"
- "In creating this permanent record, are there other things that you would like included?"

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