

iMPACT

Demonstrating the return on our investments
in faculty-based research



Dr. Harvey Chochinov, Department of
Psychiatry, University of Manitoba

Dignity conserving care: an ABCD approach Practicing the fundamentals of compassionate care

By: Andrea Hruska and Natalie Osborne

Living with a terminal illness can be both a physical and psychological struggle for patients. Pain and discomfort from symptoms, fear and uncertainty can overwhelm patients and their end-of-life care-givers. This prompted researchers at the University of Manitoba to design a guideline for palliative care-givers to help fulfill patients' unique needs in their final days.

Distinguished Prof. Harvey Max Chochinov, Department of Psychiatry who holds the Canada Research Chair in Palliative Care, developed a dignity-conserving care method that stems primarily from palliative care, which is any medical care that serves to reduce patient suffering and improve their quality of life. He hopes it will bring back the "kindness, humanity and respect" he feels is needed in health care.

"Nobody wants to be seen as a lump or an infection. None of us want to be defined by our illness," says Chochinov. "If medicine isn't accompanied by the human aspects of care, then it can become mechanical and diminishing in terms of the patient's sense of self."

His model addresses the psychological distress that occurs in many terminally ill individuals. A review conducted in 1999 by the Memorial Sloan-Kettering Cancer Center in New York found anxiety disorders affect 15 to 28 per cent of terminal cancer and AIDS patients, while a quarter of cancer patients show signs of major depression. Suicidal thoughts and the desire for hastened death are also prevalent among patients who feel hopeless, helpless and without dignity.

This diminished dignity leads to loss of self worth and the sense of burdening loved ones. A 2005 study by the Institute for Rehabilitation Research and Development in Ottawa interviewed 69 advanced cancer patients and found that 53 reported some concerns over burdening their families. Chochinov says combating illnesses de-humanizing effects is his dignity-conserving care method's goal. And it's as easy to remember as ABCD – his acronym for Attitude, Behaviour, Compassion and Dialogue.

Healthcare providers must analyze any preconceived attitudes and assumptions towards their patients that may affect the way the patients are treated. After developing awareness of attitudes, care-takers can begin to modify their behaviour, says Chochinov.

Behaviours as simple as asking permission before performing intrusive examinations and discussing the patient's condition in a way they can understand, indicates to patients that they are worthy of respect and deserve the attention they receive.

Chochinov says compassion is another way to show patients they are more than their disease or illness. Acknowledging the patient's pain and discomfort and communicating sympathy and concern for their condition, through regular conversation or an understanding look, reinforces the dignity of that individual.

Finally, the dialogue between the patient and doctor should include acknowledging personal information. Chochinov has designed a psychotherapeutic intervention called dignity therapy - a process where nurses or psychosocial clinicians help patients recount special memories, achievements and life lessons during a recorded interview session. These interactions are edited and presented as a gift to the patient's family as a lasting message from that person.

Past participants in this exercise were recruited through hospice care services in Winnipeg, Manitoba and Perth, Australia. The program received a 91 per cent satisfaction rating from participants, 76 per cent of whom felt the process returned their sense of dignity.

"The principles of dignity conserving care have much broader applications beyond palliative care. It's really about an approach," says Chochinov. "The ABCDs are the core values of medical professionalism and something that all health care providers should ascribe to."

Chochinov collaborated on this project with the Manitoba Palliative Care Research Unit. Funding for this research project has been provided by the Canada Research Chair in Palliative Care and the Canadian Institutes of Health Research.

"The ABCDs are the core values of medical professionalism and something that all health care providers should ascribe to."



AFMC

The Association of Faculties
of Medicine of Canada

265 Carling Avenue, Suite 800, Ottawa, Ontario K1S 2E1 | Tel: (613) 730 0687 | Fax: (613) 730 1196

WWW.AFMC.CA

Printed: December 2009

View more editions of iMPACT on our website at www.afmc.ca