Palliative Care: Dignity Of A Person

Introduction

Dignity can be defined as the right of a person to be respected, valued and be treated ethically. It is one of the core values in the provision of quality palliative care according to the National Palliative Care Standards. People in need of palliative care often have complex symptoms which have led to the loss of function and loss of role. These people also face the idea of impending death. Because of the vulnerability and dependence, these people lose their social and existential self-image which can eventually cause loss of dignity. Dignity is not only a key aspect of palliative and end of life care but also one of the highest priorities in healthcare. Dignity at the end of life care is a multidimensional aspect with themes such as privacy, human worth, freedom, responsibility, respect, comfort, quality family time and being informed revolving around it (Harstäde, Blomberg, Benzein and Östlund, 2018). Supporting these persons dignity is a crucial challenge for professional nurses. For a person in palliative care, maintaining their dignity requires individualized care which can include the restoration of control, respect, advocacy, and sensitive listening (Östlund, Blomberg, Söderman and Harstäde, 2019). Nurses must support patients in palliative care uphold these values and standard, therefore, avoiding humiliation and shame. Nurses can do this by being responsive and respecting their needs, problems and desires.

Body

Health care providers should endeavor to maintain the dignity of the care recipient, their caregivers and families. According to Brennan (2017), palliative care is not only about managing the physical symptoms of the patient but also managing sadness, depression, guilt, regrets, worries, impending grief and fear of the future. Articles used in this literature review are focusing on the core value of dignity. They are based on qualitative research on the actual experiences of patients, their caregivers and families and healthcare professionals in palliative care practice in different parts of the world. A total of 10 articles were fully read. In this review, 7 articles are highlighted. Regarding the conservation of dignity in palliative care, actions based on suggestions from older patients, significant others and health care professionals in Swedish municipal care emphasized that collaborative planning of individualized care through mutual dialogue between nurses and those they care for is essential (Östlund et al, 2019). Most complaints against healthcare professionals in palliative care revolve around compromised dignity i.e. failure to communicate and the absence of caring. Dignity in palliative care can be promoted by showing respect, empathy, companionship, listening, social support, promoting privacy and independence, symptom control and a positive tone of care (Kennedy, 2016). According to Guo, Zheng, Jacelon, McClement, Thompson, and Chochinov, 2019, the concept of dignity in patients and families entails aspects such as being human, being self, being capable, being treated fairly, being informed, maintaining autonomy, privacy, comfort, respect, quality family time as well as patient/family staff relationship. Another study by Franco, Salvetti, Donato, Carvalho, and Franck, 2019, demonstrates that perception of dignity in patients in palliative care is influenced by both caregivers and healthcare providers. In this study, some of the themes that increase dignity in patients in palliative care include being respected, maintaining autonomy and being cared for. Components of psychotherapeutic interventions in

palliative care settings such as the legacy creation aspect of dignity therapy have been shown to positively affect the meaning, acceptance and generativity near the end of life (Vuksanovic, Green, Dyck and Morrissey, 2017). Other ends of life interventions such as Dignity Care Intervention (DCI) have enabled patient to discuss openly important issues with nurses that they might not have been able to air, and this has given them a chance to be heard and listened to, therefore, promoting their dignity (Johnston, Papadopoulou, Östlund, Hunter, Andrew and Buchanan, 2017).

Discussion

The findings described that maintenance of dignity in palliative care is a multi-disciplinary initiative that involves the patient, their families, their caregivers, physicians, nurses, chaplains, psychologist among other specialists. Through the collaboration of these parties, a patient's individualized care can be achieved by the patients and families preferences. This is further backed up by Brennan (2017), saying that when caring for a patient with a life-limiting illness, you not only manage the symptoms but also other problems such as sadness and grief. The key themes surrounding dignity in palliative care could be illness-related, dignity conserving perspectives or dignity conserving practices. Illness related concerns include the level of independence and symptom distress. Dignity conserving perspectives are continuity of self, role preservation, pride maintenance, hopefulness, autonomy, legacy, acceptance and resilience. Dignity conserving practices are majorly about living in the moment, maintaining normalcy and finding spiritual comfort. Other themes include social support, care tenor, privacy boundaries, not being a burden to others and fear of impending death. Kennedy (2016) emphasizes the importance of dignity. Dignity in palliative care makes patient forthcoming with concerns and can positively impact treatment, lead to less medical errors and improve patient safety. This is further backed up by Johnston et al, (2017), who demonstrates that the use of DCI enables patients to openly discuss important issues with nurses that they might have not been able to. Apart from the DCI, the other tool that can be utilized to optimize the maintenance of dignity in palliative care is dignity therapy. According to Vuksanovic et al, (2017), certain dignity therapy can be employed to optimize psychotherapeutic outcomes since it allows patients to express their beliefs, values, memories, and important relationships which can help them achieve some sense of meaning and acceptance despite the impacts of the illness.

Conclusion

One of the greatest fears of palliative patients is losing their sense of dignity. The literature review describes the broad knowledge of dignity as one of the core values in palliative care. Understanding dignity, its importance, and tools that can be used to promote it is paramount for healthcare providers and ensures that palliative care is built around respecting the patients and their wishes. When healthcare providers endeavor to maintain the dignity of their patients and families, they can be able to provide the individualized highest quality of care to every patient.