In A Nutshell

Dignity and the essence of medicine: The A, B, C and D of dignity conserving care

November 02, 2015


Sharing this article with you is a bit like taking coal to Newcastle. Much of its content will be familiar. But the beauty of this piece is that it is short and it contains practical information easily accessible to a broad healthcare audience even though its intended audience is physicians. The author, palliative care specialist, Dr. Harvey Max Chochinov, now heads the Canadian government’s panel on physician assisted suicide (see http://www.ep-ce.ca/the-panel/).

I particularly loved the opening quote from essayist Anatole Broyard so I will share it here:

“To the typical physician…my illness is a routine incident in his rounds while for me it’s the crisis of my life. I would feel better if I had a doctor who at least perceived this incongruity…I just wish he would…give me his whole mind just once, be bonded with me for a brief space, survey my soul as well as my flesh, to get at my illness, for each man is ill in his own way” (cited by Chochinov, p. 184).

Illness, Chochinov writes, can assault our sense of self, with repercussions not only for our body but also for mind and spirit. Patients sense when they are respected and valued (or not). Patients ask that healthcare providers see them as persons not just illnesses, as Broyard so eloquently expresses.

Chochinov urges his physician readers to see the person fully, to attend to more than physical needs. The physician must also attend to psychosocial and spiritual needs. Chochinov counters the familiar and frequent objections of lack of time and expertise by arguing that simple and brief actions can positively affect dignity.

In the remainder of his article, Chochinov outlines his take on Dignity Conserving Care which has its origins in the palliative care movement. He purposively chose to label the elements of his approach with letters “ABCD” to facilitate uptake by physicians familiar with mnemonic s like ABC (i.e., airway, breathing, circulation). A variety of self-reflection questions, behaviours and actions are helpfully outlined in Boxes 1-4.

ATTITUDE

Chochinov begins with a focus on attitudes since attitudes tune behaviours and actions. Ageist, racist, sexist and ableist attitudes can be deeply ingrained and reflexive. What we believe about certain patients can easily be conveyed to a patient through our care.
Chochinov points out, “patients look at healthcare providers as they would a mirror, seeking a positive image of themselves and their continued sense of worth.” (p.185). As a first step toward Dignity Conserving Care, Chochinov asks healthcare providers to self-reflect. To facilitate self-reflection, Chochinov offers a set of guiding questions and preliminary actions (see Box 1).

**BEHAVIOUR**

Behaviours are outward expressions of underlying attitudes. Having self-reflect ed, the healthcare provider is prepared to perform actions and to demonstrate behaviours that align with respect and kindness. Here, Chochinov is not suggesting large grandiose actions, but rather, what he calls “small acts of kindness”. For example, straightening the blankets on the patient’s bed or offering a physiotherapy patient a glass of water at the end of a session can have a great impact on dignity. Such behaviours build trust. Interestingly, what seem like taken for granted actions are not readily seen as such. In my own experience, a student clinician once described such actions as “going beyond the call of duty”. Clearly we need to model and mentor these caring behaviours so that they are second nature. (See Box 2 for examples to guide our disposition and behaviours in clinical interactions).

**COMPASSION**

While self-reflection and behavior are intellectual in nature, compassion, Chochinov states, is about feelings. Compassion can be a natural disposition but, more importantly to Dignity Conserving Care, the author believes it can be cultivated. Chochinov points to a range of medical humanities activities such as literature, film, theatre, and art that facilitate compassion development.

Our Ethics Centre Book Club aligns with Chochinov’s recommendation for deepening awareness and compassion. Our members have opportunities for in-depth exploration of patient and family perspectives through memoirs and novels. With compassion awareness, we can listen attentively to how illness has personally affected the lives the people we serve. (See Box 3 for ways to cultivate and demonstrate compassion).

**DIALOGUE**

With Attitude, Behaviour, and Compassion already in place, Chochinov turns his attention to Dialogue which he describes as the “most –and least- important component of this framework” (p.186). By this, he means that health care providers who check their attitudes, monitor their behavior, and practice compassion are well on their way to conveying Dignity Conserving Care to their patients.

Dialogue forms and sustains relationships of trust. Chochinov sees dialogue as the means to move us beyond a narrow focus on illness to a wider perspective on the personhood of the individual patient. With dialogue, we can learn about what is central to the lives of those we serve. His examples include knowing that the person with arthritis is a musician or that a dying patient is the only caregiver for her young children. Chochinov states that, without
dialogue, “each of these scenarios is equivalent to attempting to operate in the dark” (p.187). Knowing the patient’s story helps us to connect their broader life narrative to provide sensitive meaningful care. (See Box 4 for ideas for getting into dialogue).

SUMMARY

What Chochinov recommends is familiar to us. However, as I mentioned at the beginning, this article is a good starting point for team discussion and education of new (and old) health care providers. Each of the strategy boxes provides practical direction for “what to do” and can be lifted from the text and used as prompts (e.g., pasted on a file card and carried in a pocket) until Chochinov’s approach is second nature to us.

However, more than any article or scheme, I believe that we create ethical culture by modeling and mentoring. The hidden curriculum can be used to positive ends. As Aristotle once suggested we become good by hanging out with good people. Chochinov states in Box 1 that we need to create a culture of open dialogue on attitudes, behaviours, etc. I believe that that is what we at Covenant Health strive to achieve. Chochinov’s article is just one more brick in the wall.

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