



# Northern Health Palliative Care

## ***A, B, C, D's of DIGNITY CONSERVING CARE***

Patients living with life-limiting illnesses often experience both physical and psychological distress that can undermine their sense of dignity.

Dignity is defined as “the quality of being worthy of honor or respect (Merriam-Webster).

The A, B, C, and D of Dignity Conserving Care is a framework that reminds health care providers about the importance of “*caring for*” and “*caring about*” their patients in ways that maintain their dignity.

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### ***ATTITUDE***

Our attitudes and assumptions can influence the way we deal with patients.

#### **Questions to ponder:**

- “How do my personal beliefs, values and life experiences influence my attitudes?”
- “How do my attitudes affect the care I provide?”

### ***BEHAVIOR***

Our behaviors toward patients must always be predicated on kindness and respect.

#### **Small but powerful acts of kindness:**

- Getting someone a glass of water
- Helping with slippers
- Getting the person’s glasses or hearing aid
- Adjusting a pillow or bed sheets
- Acknowledging a photograph or greeting card

### ***COMPASSION***

Our compassion must convey our deep awareness of patient’s suffering and a wish to relieve it.

#### **Simple ways to show compassion:**

- An understanding look
- A gentle touch on the shoulder or arm
- Spoken or unspoken communication that acknowledges the person beyond their illness

### ***DIALOGUE***

Our dialogue must acknowledge personhood beyond the illness itself and recognize the emotional impact that accompanies illness.

#### **Things to say to acknowledge personhood:**

- “This must be frightening for you.”
- “What should I know about you to help me to take the best care of you?”