



DEER LODGE CENTRE

Making lives better

Research Project Summary

Code: DLC- 08-108

Subject areas: Palliative care, Non-cancer populations.

Title	Dignity and Distress across end-of-life populations.
Overview	Maintaining the dignity of patients who are approaching death is often cited as the clinical, philosophical, and moral foundation of palliative end-of-life care. Over the past decade, our research group has provided some of the first and only empirical data demonstrating how a deeper understanding of dignity and dignity-related distress can yield practical guidance for holistic, quality, 'dignity-conserving, end-of-life care. A significant limitation of the dignity research to date is its almost exclusive focus on cancer; yet, there is an increasing awareness that palliative care-while developmentally largely born out of the field of oncology must expand its mandate beyond the confines of cancer to meet the needs of other populations facing end-of-life circumstances. In Canada, diseases such as amyotrophic lateral sclerosis (ALS), end-stage renal disease (ESRD), and chronic obstructive pulmonary disease (COPD) are prevalent and lead to death. The frail elderly are a particularly vulnerable group facing end-of-life circumstances. This research project, addressing the dimensions of dignity and distress in these non-cancer, end-of-life populations will help clarify the experiential landscape of those moving towards death.
Objectives	<p>This study will use the Patient Dignity Inventory (PDI) to examine issues of dignity and distress across four non-cancer populations confronting end-of-life circumstances: patients with ALS, ESRD, COPD, as well as the frail elderly. There are three key research objectives addressed in this study of dignity-related distress:</p> <ol style="list-style-type: none">1. Identify sources and severity of dignity-related distress within four end-of-life populations.2. Explore the temporal stability of dignity-related distress in the four populations.3. Compare the correlates of dignity-related distress across each of the four patient populations.
Principal Investigator	Dr. Harvey M. Chochinov
Affiliation	University of Manitoba, Faculty of Medicine Canada Research Chair in Palliative Care CancerCare Manitoba
Location	Multisite study including DLC.
Subject area	Palliative care, Non-cancer populations.
Methodology	Completion of PDI, a 25 item self-report measure where patients rate various sources of distress regarding end-of-life issues covering the

	physical, emotional, spiritual, and social landscape of patients nearing death.
Project timelines	3 years
Potential benefit	This study will be the first to extend dignity research into non-cancer populations and examine the Dignity Model outside the context of cancer. The data gathered will provide a unique, comprehensive accounting of dignity-related distress experiences by patients facing various life-limiting circumstances. This will create a foundation for understanding and thus informing more effective approaches and targeted interventions for palliative-care recipients beyond the confines of cancer.
Status	Ongoing
Publications	None as of Yet
Last summary update	September 2008