

"How do you go from talking about the weather to discussing your life?"

Dignity Therapy applied in a Community Respiratory Team

Dr Shona Brown (Clinical Psychologist) & Claire Yerramasu (Midlothian Community Respiratory Team Lead)

Background

Chronic Obstructive Pulmonary Disease (COPD) is a progressive, life-limiting condition shown to result in psychological distress [1]. One of the psychological tasks for individuals living with COPD is to adjust to the impact of the condition on their daily life, and often as the disease becomes more bothersome existential concerns arise, with a focus on mortality and fears regarding death.

Community Respiratory Teams have a role in Anticipatory Care Planning. This approach aims to support individuals to think about, and document, their wishes for the future. This can include a 'do not attempt cardiopulmonary resuscitation' document [2]. These discussions can raise mortality concerns.

Dignity Therapy (DT) is a structured intervention developed in a hospice setting to address psychosocial and existential distress as an individual nears the end of their life [3]. Brozek and colleagues [4] report on the feasibility and benefits of DT for patients with end stage COPD recruited during hospital admissions. DT involves answering a list of suggested questions designed to explore the person's life story (Table 1) and encourages individuals to discuss the aspects of their life that have most mattered to them, or that they would want remembered. Answers are audio recorded then transcribed and edited to produce a life review document. This document can be shared with significant others.



Aim

This pilot project aimed to explore if Dignity Therapy is an acceptable approach to individuals when introduced via a Community Respiratory Team.

Method

A DT life review approach was used with 6 patients with severe COPD. The intervention was completed by the Clinical Psychologist embedded within the Midlothian Community Respiratory Team. An anonymous post intervention questionnaire was completed

Tell me a little about your life history, particularly the parts that you either remember most, or think are the most important. When did you feel most alive?
Are there specific things that you would want your family to know about you, and are there particular things you would want them to remember?
What are the most important roles you have played in life (family roles, vocational roles, community-service roles, etc.)? Why were they so important to you, and what do you think you accomplished in those roles?
What are your most important accomplishments, and what do you feel most proud of?
Are there particular things that you feel still need to be said to your loved ones, or things that you would want to take the time to say once again?
What are your hopes and dreams for your loved ones?
What have you learned about life that you would want to pass along to others? What advice or words of guidance would you wish to pass along to your (son, daughter, husband, wife, parents, other(s))?
Are there words or perhaps even instructions you would like to offer your family to help prepare them for the future?
In creating this permanent record, are there other things that you would like included?

Table 1: Dignity Therapy questions [3]

Results

100% of patients opting to participate rated the life review sessions as helpful.

The key themes identified from qualitative feedback:

THEME	EXAMPLES
1. Documenting Key Life Moments	Key life events e.g. engagement stories, birth of children...
2. Communicating Love & Pride	"The good thing about this [document] is that she [daughter] will understand how proud I am of her..."
3. Reflecting on Life/Wisdom	"Sit back and smell the roses. You have got to make time for yourself and just stop and watch the world going by..."
4. Family is What Matters	"It's all been for [wife's name] and my laddies. At the end of the day family is what is important to me"

Conclusions

- Early results from this pilot project suggest that **DT is an acceptable intervention to COPD patients** when introduced in a Community Respiratory Team
- There are **benefits in completing this approach at an earlier life stage** and not waiting until the end of life is imminent (particularly when the trajectory of COPD can be unpredictable)
- **Further consideration of the optimal time to offer this intervention** and ensure clinical utility in busy services is planned
- **Life review approaches such as DT may be a useful adjunct to Anticipatory Care Planning and play a role in ameliorating existential distress associated with the end of life**

References

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If you have any questions about the poster please email:
shona.brown8@nhs.scot



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