

# Dignity

Lip service or real  
change?



Prof Rowan Harwood  
Consultant geriatrician  
Nottingham University Hospitals NHS Trust

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# Bad press

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‘Typical of the circumstances was illustrated when on three occasions when I visited my wife, she was sitting in the corridor, half dressed sometimes, and nobody seemed concerned or aware’

# It couldn't happen here...

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His false teeth had been 'misaid' ... when food was placed in front of him, he had not eaten it and so it was removed - without any questioning of why. As he lost weight, a dietician was called in and prescribed soups and liquid food'

# It couldn't happen here...

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- Hospital nurses appeared to be indifferent to the care needs of the residents
- Residents frequently returned to the home in a state quite different from that described over the phone

Consultation with care home managers about arrangements for medical care of residents, Nottingham, 2009

## Patients 'must be treated with dignity, kindness and compassion'

Doctors and nurses are to be instructed to treat patients with "dignity, kindness and compassion" in new guidance issued by one of the NHS's standard-setting bodies.



Medical staff should treat patients as individuals and treat them with dignity,



By **Stephen Adams**, Medical Correspondent  
7:00AM GMT 24 Feb 2012

[Access to platform](#)

14 Comments

Patients must also be asked their views on the medical treatment they are to receive, under a new "patient standard" published today.

## 106 carers in a year took away dementia patient's right to dignity, says wife

A MAN suffering from dementia was given 106 different carers over the course of a year, his wife disclosed yesterday.



A MAN suffering from dementia was given 106 carers over the course of a year, his wife disclosed yesterday.

is held yesterday

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## Nurses treat fewer than half of dying patients with the dignity they deserve, warn bereaved relatives

- The Government has published the first survey of its kind involving 22,000 bereaved relatives to find out the level of care for dying patients
- It reveals that only 48% of patients were always treated with dignity and respect by nurses in hospital

By SOPHIE BORLAND

PUBLISHED: 16:54, 3 July 2012 | UPDATED: 16:55, 3 July 2012

Comments (87) | Share

Half of bereaved relatives say nurses did not always treat their loved ones with dignity in their final days, a report has found.

It has raised yet further concerns that hospitals are failing to look after the elderly or terminal-ill patients at the end of their lives.

Only yesterday it emerged that a 22-year-old cancer patient had died of dehydration at a leading hospital having tried to call 999 from his bed.

# NHS Constitution

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Respect and Dignity. We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

## *Delivering Dignity*

Securing dignity in care for older  
people in hospitals and care homes



‘commissioners should prioritise the assurance of dignity within their plans for quality improvement, putting it alongside other priorities, such as financial performance’

# How do you do ethics?

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- Normative ethics, 'moral rule books'
  - Consequentialism (Bentham, Mill): utilitarianism, egoism
  - Deontology (Kant): rights and duties
  - Virtue ethics (Aristotle): traits, capacities and dispositions
  - Ethics of care (Gilligan): relationships and emotions
- Applied ethics draws on all of these



# Dignity

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- An innate right to respect (Concise Oxford Dictionary)
- The intrinsic worth in human beings (Kant)
- The opinion of others about our worth (Schopenhauer)

# UN Universal Declaration of Human Rights

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All human beings are born free and  
equal in dignity and rights

# Ethics of care

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- Emphasises uniqueness of situations, vulnerability, caring as a disposition
- The ethical solution is the one that creates and maintains healthy relationships

# Essence of care

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## RESPECT AND DIGNITY

1. People and carers feel ... they matter all of the time.
2. Personal identity ... care encompasses values, beliefs and personal relationships.
3. Personal boundaries and space ... protected by staff.
4. Effective communication.
5. Confidentiality.
6. Privacy, dignity and modesty
7. Access an area that safely provides privacy.

# Words

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- Respect
- Esteem
- Compassion
- Privacy
- Modesty
- Identity
- Agency (choice)
- Inclusion

# Dignity in Practice

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**Dignity in Practice: An exploration of the care  
of older adults in acute NHS Trusts**

Win Tadd<sup>1</sup> Alex Hillman<sup>1</sup> Sian Calnan<sup>2</sup> Michael Calnan<sup>2</sup>  
Tony Bayer<sup>1</sup> Simon Read<sup>1</sup>



- Whose interests?
- Right place, wrong person
- Seeing the person

Tadd et al, 2011

# Modern medicine

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Necessarily lean and mean?

# Personhood

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‘A standing or status that is bestowed on one human being by another, in the context of relationship and social being. It implies recognition, respect and trust.’



# Dementia

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Dementia experience =

Neurological impairment

+ physical and mental health

+ personality

+ biography

+ social psychology (relationships)

# Person-centred care

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- Value people with dementia and those who care for them
- Individualised care
- Perspective of person with dementia
- Social environment

# Malignant Social Psychology

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<b>Concept</b>	<b>Detractors</b>	<b>Enhancers</b>
<b>Attachment</b>	<ul style="list-style-type: none"> <li>– Accusations</li> <li>– Treachery</li> <li>– Invalidation</li> </ul>	<ul style="list-style-type: none"> <li>– Acknowledgement</li> <li>– Genuineness</li> <li>– Validation</li> </ul>
<b>Inclusion</b>	<ul style="list-style-type: none"> <li>– Stigmatising</li> <li>– Ignoring</li> <li>– Banishment</li> <li>– Mockery</li> </ul>	<ul style="list-style-type: none"> <li>– Encouraging participation</li> <li>– Belonging</li> <li>– Fun</li> </ul>
<b>Identity</b>	<ul style="list-style-type: none"> <li>– Infantilizing</li> <li>– Labelling</li> <li>– Disparagement</li> </ul>	<ul style="list-style-type: none"> <li>– Respect</li> <li>– Acceptance</li> <li>– Recognition</li> </ul>
<b>Occupation</b>	<ul style="list-style-type: none"> <li>– Disempowerment</li> <li>– Disruption</li> <li>– Imposition</li> <li>– Objectification</li> </ul>	<ul style="list-style-type: none"> <li>– Empowering</li> <li>– Enabling</li> <li>– Facilitating</li> <li>– Collaborating</li> </ul>
<b>Comfort</b>	<ul style="list-style-type: none"> <li>– Withholding attention</li> <li>– Exclusion, physical or psychological</li> <li>– Outpacing, rushing</li> </ul>	<ul style="list-style-type: none"> <li>– Warmth</li> <li>– Providing security and safety</li> <li>– Relaxed pace</li> </ul>

# New model of care

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- Environment
- Specialist mental health staff
- Training in person centred dementia care
- Purposeful activity
- New approach to family carers



# Non-participant observation study

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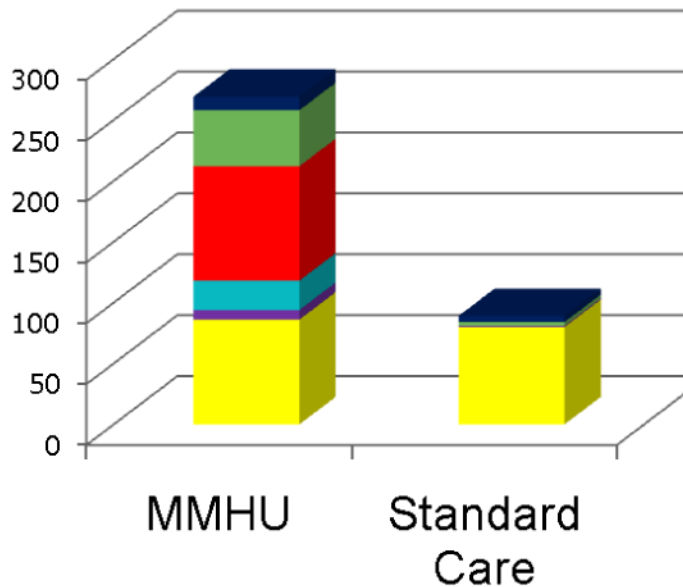
	MMHU Median (IQR)	Standard Care Median (IQR)
Positive Mood/Engagement*	79%	68%
Active State	82%	74%
Number Enhancers**	4 (1-8)	1 (0-3)
Number Detractors	4 (2-7)	5.5 (3-10.5)

\* $p < 0.05$ , \*\* $p < 0.001$

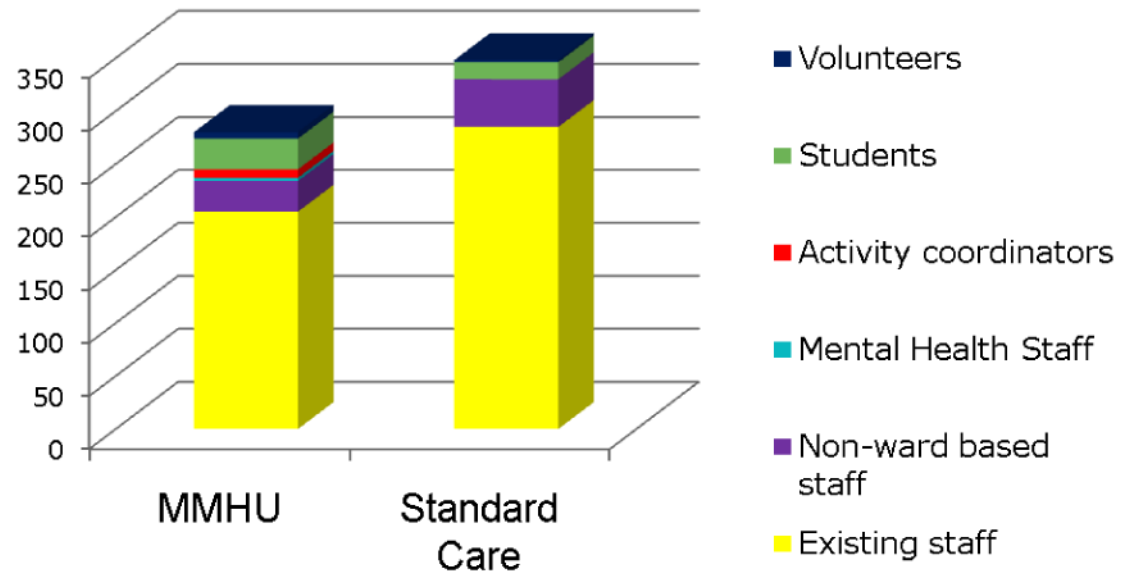
Goldberg et al, unpublished

# Non-participant observation study

## Personal enhancers



## Personal detractors



Goldberg et al, unpublished

# NIHR TEAM Trial: carer very dissatisfied

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	MMHU (n=234)	Standard care (N=228)
Overall*	5%	10%
Feeding and nutrition*	6%	12%
Medical management	8%	13%
Kept informed	11%	17%
Dignity and respect*	3%	8%
Needs of confused patient**	5%	13%
Discharge arrangements*	12%	19%
Not prepared for discharge*	21%	30%
Discharge too soon	17%	22%

\*p<0.05, \*\*p<0.001

Goldberg, unpublished



# Measuring dignity

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- Complaints
- Ask patients – National Patient Survey
- Ask carers
- Inspection – CQC
- Self assessment – Essence of Care audits
- Direct observation (PIE?)

# How do you do ethics?

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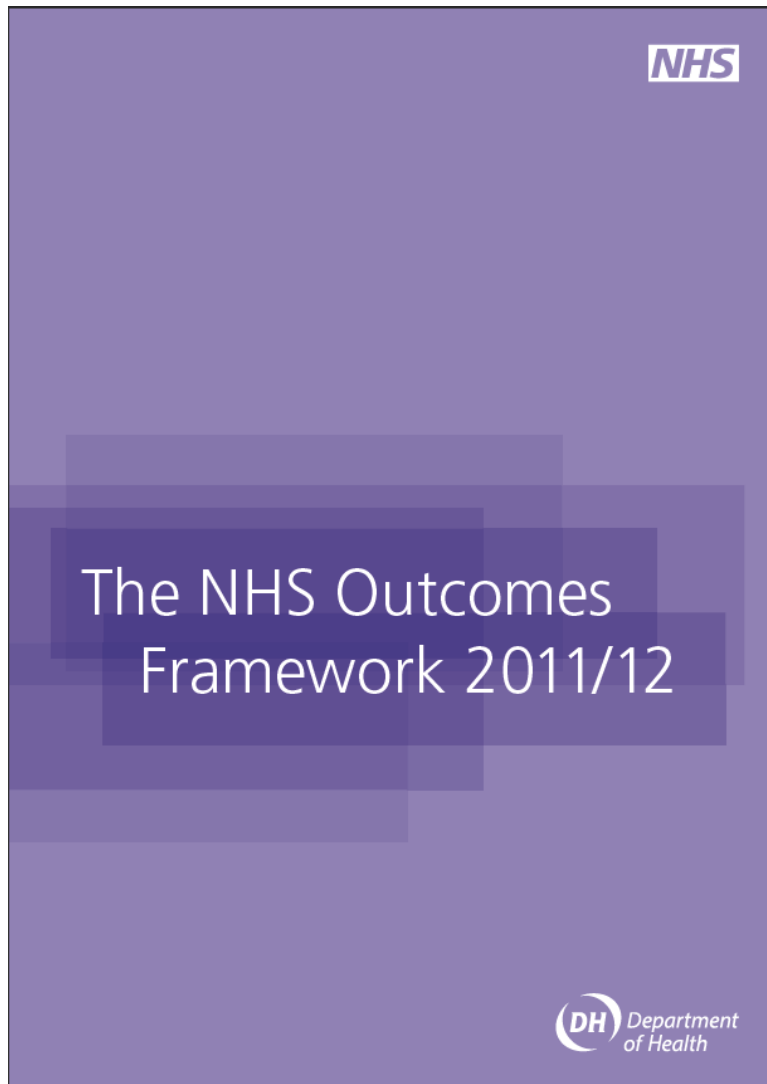
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# Positive experience of care is important

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Domain 1: Preventing people from dying prematurely

Domain 2: Enhancing quality of life for people with long-term conditions

Domain 3: Helping people to recover from episodes of ill health or following injury

**Domain 4: Ensuring that people have a positive experience of care**

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

# Foundations of dignified care

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 Care Quality Commission

**Dignity and nutrition**  
inspection programme

National overview



October 2011

- Leadership
- Attitudes and skills
- Resources