

## MEANING-CENTERED INTERVENTION

# Dignity Therapy: Clinical Interview Guide

Dignity Therapy is a brief, evidence-based psychotherapeutic intervention developed by Harvey Max Chochinov, MD, PhD. It asks patients near the end of life to reflect on what mattered most, what they want remembered, and what they wish to say to those they love. The interview is recorded, transcribed, and edited into a Generativity Document — a legacy document given to the patient and family.

*Evidence: RCT demonstrated significant improvements in spiritual well-being, sense of meaning, dignity, and reduced suffering. Particularly effective for non-religious patients without institutional spiritual support.*

*Reference: Chochinov HM, et al. Dignity therapy: a novel psychotherapeutic intervention. Lancet Oncol. 2011;12(8):753–762.*

## ELIGIBILITY &amp; SETUP

## When to Use Dignity Therapy

<b>Ideal candidates</b>	Patients with advanced illness, prognosis of weeks to months, who are able to communicate. Works across all faiths and none. Particularly valuable for SBNR, secular, or isolated patients.
<b>Session format</b>	1–2 sessions; typically 45–60 minutes recorded. Transcript edited into the Generativity Document, reviewed and approved by patient, then given to family.
<b>Who administers</b>	Chaplains, social workers, psychologists, or trained NPs. Requires comfort with open-ended existential conversation. No formal certification required for bedside version.
<b>Setting</b>	Private, unhurried, with recording device (phone works). Patient comfortable. Family may or may not be present — follow patient's preference.
<b>Contraindications</b>	Active delirium, severe cognitive impairment, acute distress, or patient unwillingness. Never proceed without clear consent.

## THE INTERVIEW QUESTIONS

## Core Dignity Therapy Questions

*These questions are starting points — follow the patient's lead. Allow silence. Do not rush past emotion. You are not conducting a survey; you are witnessing a life.*

### Life Review & Identity

<b>Opening</b>	<i>"Tell me a little about your life history — the parts that are most important to you, or the things you would most want me to know."</i>
<b>Formative</b>	<i>"When did you feel most alive? What times in your life stand out as particularly special or important?"</i>
<b>Roles</b>	<i>"What are the most important roles you have played in life — as a parent, friend, worker, community member? Why were they meaningful to you?"</i>
<b>Accomplishments</b>	<i>"What are your most important accomplishments? What are you most proud of?"</i>
<b>Lessons</b>	<i>"Are there particular things you feel still need to be said, or things you would want your family to know?"</i>

## Legacy & What Matters

Message	<i>"What are the most important things you would want your family and loved ones to remember about you?"</i>
Hope	<i>"What are your hopes and dreams for the people you love?"</i>
Advice	<i>"What have you learned about life that you would want to pass on to those you love?"</i>
Unfinished business	<i>"Are there things you feel are unfinished? Anything left unsaid? Anything you wish you could do or say?"</i>
Legacy	<i>"If you were to write a few sentences about who you are — a kind of personal legacy statement — what would it say?"</i>

## Meaning & Closure

Meaning	<i>"What gives your life meaning right now? What keeps you going?"</i>
Gratitude	<i>"Is there anyone you want to thank? Anyone you want to acknowledge?"</i>
Forgiveness	<i>"Is there anyone you need to forgive, or from whom you hope to receive forgiveness?"</i>
Fear	<i>"What are you most afraid of as you face this time? What do you hope for?"</i>
Final words	<i>"If this were to be your last conversation, is there anything you would want to be sure was said?"</i>

### AFTER THE INTERVIEW

## Creating the Generativity Document

- 1 Transcribe**  
 Transcribe the recording as faithfully as possible, preserving the patient's words and voice.
- 2 Edit collaboratively**  
 Work with the patient (if able) to edit the transcript for clarity, completeness, and tone. This is their document — their voice must be preserved.
- 3 Review and approve**  
 Present the final document to the patient for approval before sharing with family.
- 4 Deliver**  
 Provide to the patient and family. Many patients present it themselves — this is a profound moment. Some families report it as one of the most meaningful gifts they received.
- 5 Document**  
 Note in the chart that Dignity Therapy was completed, patient approved document, and it was delivered to family.

**Remember:** You are not fixing anything. You are witnessing. The questions are the intervention. Presence is the medicine. The most powerful thing you will do in this session is listen without an agenda.