

Can dignity affect survival of terminally ill patients?

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A report in the current issue of P&P by a group of Portuguese investigators headed by Antonio Barbosa applies a new psychotherapeutic approach, dignity therapy, to terminally ill patients.

Dignity therapy (DT) is a brief, individualized intervention, which gives [terminally ill patients](#) the opportunity to convey memories and important disclosures and to prepare a legacy document. The Authors conducted a 36-month phase II, nonblinded randomized controlled trial (RCT), comprised of two study arms: (1) DT and standard [palliative care](#) (SPC) and (2) SPC alone. The aim of the study was to determine whether those patients randomized to DT along with SPC had a [survival advantage](#) over those randomized to SPC alone.

Of the ninety-two patients who were assessed for eligibility, 80 were randomized (39 to DT and 41 to SPC). The estimated median [survival](#) time (measured as the time from first contact to death) was 23.2 days for the total sample: 26.1 days (95% CI 23.2-29.0) for the DT group (39 participants), and 20.8 days (95% CI 17.4-24.2) for the control group (41 participants; $p = 0.025$). After adjustment by Cox regression for sex, age, educational level, occupation, tumor type, metastasis, performance status, previous treatment and follow-up in palliative care, group allocation remained a significant predictor of survival.

As stressed by the Authors, the relationship between these variables and survival is unclear, but could be affiliated with the improvement in disposition, the will to live and physical suffering, along with nutritional

and endocrine parameters. It is difficult to establish causality, given the poorly understood relationship between psychological well-being and survival. However, these findings suggest that future studies, examining the mechanisms underlying this important and complex phenomenon, are warranted.

More information: Julião M, Nunes B, Barbosa A. "Dignity Therapy and Its Effect on the Survival of Terminally Ill Portuguese Patients." *Psychother Psychosom* 2015;84:57-58

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