

DignityTRAC[®]

Based on Extensive Research into the Critical Components of Dignity

The Cost and the Opportunity

In a study of assisted suicide cases in the Netherlands, the primary reason given for why a terminal patient chose to end their lives was lack of dignity (Birchard, 1999). The law passed in Oregon that allows for assisted suicide is named the “Death with Dignity” statute. Clearly, dignity plays a crucial role in people’s health decisions.

Presence of dignity has been linked to improved compliance, emotional health, and positive behavior. It can lead to “brand ambassadors,” by creating a pathway from surviving to thriving, and generating positive word of mouth. Absence of dignity, on the other hand, is linked to depression, moral outrage, and learned helplessness, potentially leading to “brand assassins.”

Given its importance and impact, patient dignity clearly is a critical factor that should be measured, managed, and maximized. And yet, until now, few institutions have had the tools or frameworks needed to leverage this critical construct.

What is Dignity?

Dignity has until now been a very poorly and subjectively understood construct, despite the fact that as a concept it has been debated for centuries. Some believe it is an inalienable and unassailable right that cannot be taken away. Others believe it is in fact something that can be reinforced, or diminished. One definition that bridges this gap is that ***dignity is the capacity to live by one’s standards and principles*** (Killmister, 2010). This definition implies that dignity exists on a continuum... and that increasing or decreasing that capacity is something that can be influenced.