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## Book Review

OMEGA—Journal of Death and Dying  
2025, Vol. 0(0) 1–4

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DOI: 10.1177/00302228241310481

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Chochinov, Harvey Max. (2022). *Dignity in Care: The Human Side of Medicine*. New York, NY: Oxford University Press. Hardcover, 184 pages. ISBN: 978-0-19-938042-8. \$55.00.

**Reviewed by:** Craig Dresang , *Hospice and Palliative Program, CEO of YoloCares, Sacramento, CA, USA*

*Dignity in Care: The Human Side of Medicine* is a thoughtful, well-informed perspective that showcases how meaningful patient care requires equal measures science, art, and spirit. Without any one of those ingredients, the other two will likely be less effective in terms of caring for the whole person. To build a strong case for the re-imagining and redefinition of dignity in care, the author has beautifully blended full-color patient stories with solid science and data points. The connection between dignity and a person's will to live or die is profound and understanding that connection should be a call for all healthcare workers to reflect on ways to put dignity into practice each and every day.

In Chapter 2 “The ABCDs of Dignity-Conserving Care,” Dr Harvey Max Chochinov, Distinguished Professor of Psychiatry at the University of Manitoba, sheds new light on this simple reality by stating what is obvious to nearly every patient, but frequently missed by seasoned healthcare professionals. He says, “Anyone working in healthcare having patient contact must remember that their attitude toward patients and families will invariably and indelibly influence the healthcare experience” (p. 38). He also explains how Dr Mike Harlos, a retired but nationally lauded palliative care physician, “believes that being a good doctor means having a solid medical knowledge base, having technical skills, and being a good person, which includes knowing yourself” (p. 38). The idea is that good care is directly linked to the quality of the care provider's character and their commitment to being a good person. Harlos also argues that a person's goodness manifests itself through their sense of self-awareness and other qualities such as humility, nonjudgement, and respect for the patient's or family's perspective. Holding space for opinions and perspectives that we do not understand or necessarily agree with is a key ingredient for achieving exceptional care.

Throughout the book, Chochinov points out that healthcare workers who live by the Golden Rule, “Do unto others as you would have them do unto you,” assume that the

patient wants to be treated the same way we would want to be treated under a similar situation. However, he calls out the ways that practicing the Golden Rule can lead care professionals astray. Instead, he suggests an alternative rule: A Platinum Rule (p. 41) that asks the patient, “How would you like to be treated?” Valuing what a patient has to say about their condition and soliciting their input on how they would like to be treated or approached is a powerful way of respecting the patient as a person.

Modifying simple behaviors, along with a shift in perspective, can be a game-changer for the patient and how they perceive the quality of their care. For example, on page 46, dignity-conserving behaviors are described as:

- Maintaining contact with, making time for, and not avoiding the patient
- Being completely present and avoiding distractions
- Making eye contact and not looking away
- Sitting down next to the patient instead of standing
- Individualizing engagement with the patient instead of being generic or overly general

These straightforward actions, Chochinov insists, are a way of really seeing the patient as an individual who holds value and meaning. The idea is that someone is more than their disease. Someone’s medical situation should not define them as a person.

Since compassion implies that we have an awareness of someone else’s pain and are simultaneously driven to ease their suffering, the author makes the case that compassion is what separates healthcare from “healthcaring.” He says, “Healthcare systems are organized around the delivery of evidence-based medicine and are focused on providing skills and services that are largely technical and knowledge-based. Healthcaring, that is healthcare imbued with compassion, implicates not only what we do with or for patients, but also ways of being with and acting toward patients” (p. 60).

A theme of healthcaring is threaded through every chapter, and proves to be especially poignant for those of us who work in hospice and palliative medicine. So often the thing that makes patients feel better is not more morphine or the process of tracking and recording vitals, or having more information about their disease, or even increasing the cadence of clinical visits. The power to feel better is usually found in the quality of those clinical visits. It can be unearthed in a gentle touch, asking questions about the patient’s family, asking what is important to them, sinking yourself into a chair next to the patient to see them at eye level and being inquisitive about their life and learning who they are. In residential hospice facilities the one thing that will always help patients and families feel cared for, and at ease, is the smell of cookies baking in the kitchen. Using all the senses to help patients feel at home and cared for as individuals directly correlates to better care.

Dr BJ Miller, in his 2015 TED Talk, “What really matters at the end of life,” says “In my work, I’ve known many people who are ready to die, or even want to die. Not because they had found some final peace or transcendence, but because they were so repulsed by what their lives had become. In a word, cut-off or ugly... We are not ready

or prepared for the silver tsunami. We need an infrastructure dynamic enough to handle these seismic shifts in our population. Now is the time to create something new... something vital. I know we can because we have to. The alternative is just unacceptable.”

Madalon Amenta, 93, cofounder of the Hospice & Palliative Nurses Association and coauthor of *Nursing Care of the Terminally Ill*, also concurs with Chochinov and Miller. Amenta (personal communication, January 25, 2024) explains that patients with a fractured sense of dignity often lose their will to live. In Chapter 4, Chochinov describes how depression, anxiety, and hopelessness can easily overcome patients who feel their sense of dignity has eroded. He insinuates that the cure for a broken healthcare system is to reconnect with the founding spirit of healthcare. O’Rawe Amenta and Bohnet (1986) agrees, saying, “Nursing, inspired by religion, was always gentle, compassionate, and forgiving. Empathy is our ability to know in a caring way the feelings of other people so that we may understand and respond to their experiences on their terms” (p. 51).

Chochinov challenges the reader by asking, “What is it that makes us feel human? What makes us feel connected?” He argues that the answer to those questions is precisely where clinicians need to focus more energy. With potent simplicity, the author shows how to tease unnecessary suffering out of the system while simultaneously tending to dignity by way of the senses. As Chochinov points out, the ingredients to create something new are known and well-established. It requires intentionality to build compassion, dignity, and human connection back into every corner of healthcare.

This book dares clinicians, and the health systems they work in, to set their sights on well-being. The ultimate goal is for life and health and healthcare to focus on making life more wonderful, rather than just less horrible. Is that not beneficence? This gets precisely at the distinction between a disease-centered and a patient-or human-centered model of care, and as Miller says, “Here is where caring becomes a creative, generative, even playful act.”

Chochinov’s book is important for every clinician or practitioner who interacts directly with patients. However, because we are living through a seismic shift in our population – *and because we need both an infrastructure and workforce dynamic enough to handle the complexity of changes and challenges* – this book can be insightful for anyone working in healthcare policy, education and training, systems, operations, and building design. *Dignity in Care* offers a valuable perspective for those who understand that a paradigm shift is essential to create a new, and more humane, approach to the delivery of healthcare.

## ORCID iD

Craig Dresang  <https://orcid.org/0009-0008-2580-8563>

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**Editor's Note**

**Craig Dresang** is the CEO of YoloCares, the first established hospice and community-based palliative care program in the Sacramento Valley. He is also an end-of-life columnist for the Davis Enterprise and a board member for Joshua's House, the first hospice residence for the homeless on the West Coast.