

# Feasibility and Acceptability of a Dignity Therapy/Life Plan Intervention for Patients With Advanced Cancer

Ann Marie Dose, PhD, RN, ACNS-BC, Joleen M. Hubbard, MD, Aaron S. Mansfield, MD, Pamela J. McCabe, PhD, RN, ACNS-BC, Catherine A. Krecke, BA, and Jeff A. Sloan, PhD

Dose is a nurse scientist in the Department of Nursing; Hubbard is a medical oncologist and Mansfield is a medical oncologist, both in the Division of Medical Oncology; McCabe is a nurse scientist and Krecke is an associate clinical research coordinator, both in the Department of Nursing; and Sloan is a professor in the Division of Biomedical Statistics and Informatics, all at the Mayo Clinic in Rochester, MN.

This research was funded by the Mayo Clinic Saint Mary's Hospital Sponsorship Board and by a grant (UL1 TR000135) from the National Center for Advancing Translational Sciences, a component of the National Institutes of Health. During the writing of this article, Hubbard was supported by funding from Senhwa Biosciences, Inc., Boston Biomedical, Inc., Genentech, and Merck, and has participated on advisory boards for Genentech and Boehringer Ingelheim. Mansfield has previously consulted for Trovogene Inc., Bristol-Myers Squibb, Genentech, and Celgene and has served on speakers bureaus for Rockpointe.

Dose, Hubbard, and Sloan contributed to the conceptualization and design. Dose and Krecke completed the data collection. Dose, McCabe, and Sloan provided statistical support. Dose, Hubbard, Mansfield, McCabe, and Sloan provided the analysis. All authors contributed to the manuscript preparation.

Dose can be reached at [dose.ann@mayo.edu](mailto:dose.ann@mayo.edu), with copy to editor at [ONFEditor@ons.org](mailto:ONFEditor@ons.org).

Submitted December 2016. Accepted for publication March 21, 2017.

**Keywords:** carcinoma; non-small cell lung; feasibility studies; human dignity; pancreatic cancer; quality of life

ONF, 44(5), E194–E202.

doi:10.1188/17.ONF.E194-E202

**Purpose/Objectives:** To determine the feasibility and acceptability of a dignity therapy/life plan intervention in the outpatient oncology setting.

**Research Approach:** Pilot descriptive study.

**Setting:** Outpatient clinic in a tertiary oncology center.

**Participants:** 18 patients within 12 months after diagnosis undergoing treatment for advanced pancreatic cancer or non-small cell lung cancer.

**Methodologic Approach:** Patients received dignity therapy, consisting of a focused life review/values clarification interview session and two subsequent sessions to produce a generativity document, which they can use later as they wish. Participants also wrote a life plan, in which they listed future hopes and dreams. Intervention feasibility and acceptability for patients and oncology clinician satisfaction were assessed.

**Findings:** Among the 18 patients completing the intervention, almost all felt it was worthwhile, would do it again, had their expectations met or exceeded, would recommend it to others, and said the timing was just right.

**Interpretation:** This psychosocial intervention was found to be feasible and acceptable to patients with cancer undergoing active treatment.

**Implications for Nursing:** Nurses may be in an ideal position to offer a dignity therapy/life plan intervention to patients with advanced cancer during treatment.

Two of the most physically and psychologically overwhelming cancers are pancreatic and advanced lung cancer. Advanced pancreatic cancer has one of the poorest overall survival rates, with median survival of 10 months or less (American Cancer Society [ACS], 2017; Lazenby & Saif, 2010). Advanced lung cancer is equally devastating and is the primary cause of death from cancer in both men and women, accounting for 27% and 25% of all cancer deaths, respectively (ACS, 2017). For those with clinical stage IV non-small cell lung cancer (NSCLC), median survival is six months (ACS, 2017).

Although high mortality rates and troublesome physical symptoms are demoralizing to those with these cancers, the emotional toll of these illnesses is equally difficult. The term *distress* encompasses the psychological, social, and spiritual aspects of the emotional experience of cancer and the effect of this experience on coping with the illness and associated symptoms (Holland & Alici, 2010; National Comprehensive Cancer Network, 2016). Unrelieved distress and suffering may lead to loss of meaning and purpose and a hastened desire for death (McClain-Jacobson et al., 2004). Patients with pancreatic and advanced lung cancer experience some of the most severe psychological distress of all patients with cancer (Holland et al., 1986). The prevalence of distress is almost 37% among those with pancreatic