

The Importance of Dignity in Cancer Care

This article draws on research to explore what truly matters in cancer care, helping people feel seen, heard, and respected.

Why Dignity Matters in Cancer Care

Dignity is not an abstract principle. It is a fundamental human right, shaping how people understand themselves, relate to others, and navigate the world. For those living with cancer, dignity is often both fragile and essential. When dignity is respected, patients feel recognized, capable, and grounded even amid uncertainty. When it is compromised, something essential erodes silently, long before anyone names it.

In cancer care, dignity is challenged not because patients inherently lose it, but because systems often fail to protect it.

The Challenges: Loss of Control, Independence, and Voice

A cancer diagnosis rarely arrives with clarity or calm. It often begins with disbelief. Patients question test results, seek second opinions, and hope someone will say there has been a mistake. Disbelief quickly turns into fear, and fear opens deeply personal, isolating questions: why me, what will happen to my family, and how will life continue? These questions often arise before treatment begins, when the body still feels familiar but the future does not.

What follows is overwhelming. Appointments multiply. Biopsies, surgeries, chemotherapy, radiation, and follow-ups quickly fill daily life. Bodies change in ways that feel sudden and irreversible. Privacy disappears. Pain and exhaustion become routine. Yet people continue to show up. They manage side effects, reassure loved ones, and attempt to remain present at work and in relationships. Amid this fight for survival, there is a quieter effort to preserve selfhood and normalcy. It is here that dignity begins to narrow, not in dramatic moments, but through accumulation.

Research consistently shows that dignity quietly shapes how patients experience every stage of illness. A 2023 study in *Asian Nursing Research*, titled *Dignity and Related Factors in Patients with Cancer*, revealed that patients who felt seen and respected experienced better psychological well-being. When dignity is honoured, patients feel recognized as whole people, not just as having cancer. Patients reported higher emotional distress when they felt invisible, spoken over, or reduced to their diagnosis rather than seen as individuals with lives beyond illness. Their suffering did not stem solely from physical symptoms. It emerged from how care was delivered, how conversations unfolded, and how patients were positioned within the system.

Crucially, this distress is not inevitable. Patients with higher dignity scores did not describe receiving expensive interventions. They described moments when doctors slowed down,

explained decisions clearly, listened without interruption, and acknowledged emotional realities alongside medical facts. *Harvey Chochinov's foundational* work in dignity research emphasizes that patients feel less distressed when addressed as people rather than cases. Dignity grows in ordinary encounters, when fear is met with patience, meaning is allowed space, and care feels relational rather than procedural.

Older adults with cancer face additional challenges to dignity. The study *Dignity in the Care of Older Patients with Cancer*, published in Healthcare MDPI in 2025, highlights a subtler form of loss. Even before significant physical decline, older patients often feel their independence receding. Decisions are made on their behalf, often with good intentions, but without full participation. When age intersects with illness, patients' voices can fade from conversations about their care.

Evidence shows that dignity is preserved when clinicians actively involve older patients in discussions and decisions. Emotional distress decreases when doctors ask about priorities, boundaries, and fears, and when decisions are explained rather than assumed. Protecting dignity in these cases does not mean expecting independence where vulnerability exists. It means ensuring that being vulnerable does not take away a person's ability to make choices about their own care and life. Even when bodies weaken, the need to be consulted, respected, and acknowledged remains unchanged.

Across research, loss of control emerges as a central threat to dignity. Once treatment begins, time is no longer one's own. Schedules dictate daily life, medical language dominates conversations, and decisions move rapidly, often leaving little room for processing. Studies using the *Patient Dignity Inventory* repeatedly show that patients begin to feel as though life is happening around them rather than with them. When others make decisions about a person's body, time, and relationships without their involvement, patients often feel smaller and less capable, regardless of resilience.

Shared decision-making is a clear corrective. *Chochinov's research* demonstrates that even small choices restore a sense of self. Decisions about appointment timing, symptom management, or treatment pacing help patients feel involved rather than overtaken. One patient described choosing chemotherapy schedules around family routines, saying it helped life feel like it still belonged to them, rather than being entirely dictated by treatment. Dignity does not require total control. It requires meaningful participation.

Fear of Being a Burden and Family Support

Fear of becoming a burden is another critical threat. Many patients worry about draining savings, exhausting caregivers, or reshaping family life around illness. They fear their lives will be remembered not for who they were, but for the weight their illness imposed. *The 2023 Asian Nursing Research* study found that this fear closely aligns with hopelessness and demoralization. Many patients stay silent about distress, seeking to protect loved ones while carrying emotional burdens alone.

Structured family support can alleviate this burden. Research in *psycho-oncology* demonstrates that involving families intentionally reduces guilt and isolation for patients.

Clear communication of treatment plans, financial options, and caregiving roles allows patients and families to share the emotional load instead of carrying it alone. Patients feel safer expressing fear and distress rather than suppressing it. Care systems strengthen dignity when they recognize how cancer reshapes the lives of the entire family, not only the patient.

When Healthcare Systems Overlook Patients

As treatment continues, healthcare systems sometimes overlook patients' voices, quietly eroding their sense of dignity. *Qualitative studies from Europe and Asia* show patients sitting through consultations focused almost entirely on scans and reports, while fears, values, and unspoken questions remain unaddressed. Patients notice when eye contact fades, questions are rushed, and emotional concerns are redirected to clinical facts. This invisibility is rarely intentional. It arises from systems designed for efficiency and volume. Over time, patients learn that their role is to comply and endure, not to speak.

Dignity improves when care environments intentionally allow emotional presence. *Oncology and palliative care* studies indicate that routine emotional check-ins reduce invisibility. Simple practices such as asking how someone is coping, maintaining eye contact, and allowing emotional questions to remain without redirection remind patients that they are participants in care, not passengers. These practices require time and training, not new technology or large budgets.

The link between dignity and outcomes is clear. *The 2023 Asian Nursing Research* study revealed that patients who felt respected, informed, and emotionally supported experienced significantly less despair. Higher scores on the *Patient Dignity Inventory* were strongly associated with increased depression and demoralization. This highlights an essential point: dignity does not depend on personality or resilience. It depends on the environment.

This responsibility lies with systems, not individuals. Dignity cannot be left to personal coping alone. It must be in communication, training, institutional culture, and policy. Patients who feel respected experience emotional stability regardless of disease stage. Patients who feel unheard may choose to withdraw quietly, reflecting their need for recognition rather than acceptance.

Psychological suffering in cancer care often remains unnoticed because it does not always manifest dramatically. Research distinguishes demoralization from depression. Demoralization reflects helplessness, loss of meaning, and entrapment in an unbearable situation. People experiencing it may continue attending appointments and following instructions, appearing calm and compliant. Yet studies by *Kissane and Chochinov* show a strong link between demoralization and suicidal ideation. When dignity erodes, meaning erodes with it.

Dignity Therapy and Counselling

Evidence points to approaches that restore dignity. Dignity therapy and narrative-based care help patients reconnect with identity beyond illness. The study *Quality of Life for Older Cancer Patients: Relation of Psychospiritual Distress to Meaning Making During Dignity Therapy*

found that patients engaging in dignity therapy experienced enhanced reflection and meaning-making. Discussing relationships, values, and life stories helped patients feel grounded and whole, even amid serious illness.

Clinical trials on dignity therapy, led by *Chochinov and colleagues*, demonstrate measurable reductions in distress and demoralization. Narrative-based care shows similar outcomes. These approaches work not by introducing novelty, but by restoring what illness often removes: being heard, being recognized, and being remembered. They reaffirm that life has meaning beyond medical outcomes.

Real-World Practice: Sanjeevani's Approach

When a person first walks into a cancer hospital, everything can feel overwhelming. The white walls, the beeping machines, the queues, and the medical terms all create a world that can feel impersonal. At Sanjeevani...Life Beyond Cancer, patients notice something different. It is not a building or a program. It is the presence of someone who sees them, remembers their name, and truly listens. Across fifteen states, trained counsellors, many of them survivors themselves, stay alongside patients and their families, offering understanding, guidance, and hope.

Patients often share that these counsellors, the Sanjeevani Angels, are the first people who make them feel fully heard. One woman recalled sitting in a hospital corridor, her hands shaking, trying to shield her family from her fear, when a counsellor quietly asked, "How are you feeling today?" For the first time, she could speak honestly about her anxiety and doubts without worrying she would burden anyone. Research from *Nirmala Niketan* confirms what these stories show: emotional support from someone outside the family allows patients to share fear safely, helping them feel steadier and more grounded.

Sanjeevani works alongside medical teams to enhance the patient's experience. Counsellors explain treatments patiently, guide patients on nutrition and wellness, and help them navigate side effects. They help patients feel seen and supported, empowering them to continue treatment with confidence and a sense of control. Families are included in this process as well. Counsellors help them understand the patient's experience, communicate effectively, and manage their own concerns. Many patients notice that when their family feels informed and supported, they themselves feel lighter and more hopeful. One patient shared, "When my husband understood what I was going through, we could face this together."

Sanjeevani also helps patients take back a sense of control over their lives. Counsellors advise on daily routines, diet, and gentle exercise, helping patients take charge of aspects of life that remain within their control. They guide families in accessing resources and support systems, making the journey less intimidating. Small actions, like helping schedule appointments in ways that honour daily routines or explaining side effect management, help patients feel empowered and capable.

Doctors and medical teams often notice the difference. Patients working with Sanjeevani counsellors are calmer, more engaged, and more receptive to treatment. Emotional care and

clinical care reinforce each other, ensuring patients feel supported in every aspect of their journey.

Time and again, patients remember these counsellors for their presence, empathy, and genuine concern. Families notice the positive change too. Relationships strengthen, anxiety eases, and the household feels more resilient. Over time, patients begin to smile, trust, and feel hope, carrying dignity and humanity forward even while facing cancer.

Sanjeevani demonstrates that dignity is not an extra. It is a lifeline that helps patients continue treatment, preserve their sense of self, and reclaim life beyond cancer. Psychosocial care, as research confirms, is essential for survival not just in body but also in spirit. By listening, supporting, and empowering, Sanjeevani ensures that patients and families feel seen, heard, and respected every step of the way.

Why Dignity is Everyone's Responsibility

Survival matters. Treatment matters. But so does how people are spoken to and listened to while living through cancer. Dignity is not an add-on. It is the care itself. It shapes emotional well-being, decision-making, family relationships, and the very meaning of life in the face of illness. Protecting dignity is a responsibility shared by individuals, families, healthcare professionals, and the system itself. When honoured, it transforms cancer care from a series of clinical transactions into a human-centered, life-affirming practice.

Dignity also plays a vital role in long-term outcomes for patients. Studies suggest that when patients feel seen, heard, and respected, treatment adherence improves, emotional resilience strengthens, and quality of life is better preserved even after treatment concludes. Protecting dignity does not require complex interventions; it requires awareness, intentionality, and consistent reinforcement in care practices.

Policies that prioritize dignity can make this systematic. Training doctors in communication, emotional presence, and shared decision-making is as critical as access to medications or treatment technology. Research indicates that embedding dignity into institutional culture improves both patient satisfaction and clinical outcomes. This is not abstract. It is measurable, actionable, and transformative.

In conclusion, dignity is the thread that weaves humanity into cancer care. It is not secondary to treatment. It is the essence of care itself. Upholding dignity safeguards emotional health, restores agency, supports families, and strengthens the bonds between patients and care providers. Cancer care that honours dignity does more than treat disease; it restores meaning, preserves selfhood, and affirms the human spirit. The call to action is clear. Systems, policies, doctors, and communities must recognize that dignity is both a right and a necessity. By prioritizing dignity, we accomplish more than providing medical care; we nurture the person behind the patient, affirming their humanity and life beyond cancer.

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