

Human Dignitas, Dignity in Care - A Precious Need -

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We speak too often about dignity. We defend it and teach it. However...

The concept of dignity was always one of the central aspects of medicine. To think about the modern concept of dignity - in its many different aspects - is an imperative of modern medicine. It brings us closer to those who suffer, closer to the whole and unique person. Though these approaches may often be fragmented, they nevertheless bring us specifically closer to humanity.

Despite the deep roots of the concept of dignity in medical practice - a value considered inherent to any health professional - the historical and investigational truth taught us that dignity was so essential and fundamental to the human person. This concept has become an integral part of human beings and societies since ancient times, integrating its lives, victories and sufferings. However, despite being an inalienable quality of every human being - belonging to every person and characterizing it as such - dignity was also foreign to our individual and collective consciousness.

In recent decades, research on dignity - whether sociological, philosophical or medical - has tried to establish a new, clearer and objective definition. This clarity of understanding of human dignity offers us a way to understand a little more about ourselves and how we can help those we serve.

Over the last 20 years there has been a solid scientific investment in the clarification and implementation of the concept - often vague and misused - of dignity in medicine, especially through the field of palliative medicine and working with patients at the end of their lives. Dignity is now understandable, observable and achievable in every day work. In the face of such advanced medicine as ours, dignity needs to be remembered more and more, not left ignored in academic texts forgotten on shelves. We need to remember *dignitas* in everyday practice with patients and their families. Dignity is an important and necessary bridge between modern technological medicine and the vulnerable person seeking support and shelter that forms the 'compassion refuge' that is so often forgotten).

In the future, I truly believe that the ultimate goal of medicine is *the approach to the person* - a desirable return to *hearing without obstacles* - as if every health professional had been given the opportunity of a special journey alongside of the sick person - in a world in which you are allowed to enter.

Future medicine - in which we all still desire the ultimate technical progress - will be *the medicine of dignity, of the details, of the compassionate proximity to those who suffer*. This future medicine will be *the art of recognizing the other in its vulnerability*. In the challenge launched by Chochinov (2013), future medicine should be dedicated to a culture of care, where *dignitas* can guide our vision towards every fragile person in front of us (and practiced in each of our daily human encounters). We can initiate and maintain this change, the necessary transformation of *Patienthood Paradigm*

to *Personhood Era*. Chochinov's message must be fully believed: now is the time to take action. The action is *dignifying care*.

After many quality clinical studies on dignity in palliative medicine (Chochinov et al., 2011; Julião et al., 2013; 2014; 2015) a new, simple (but deep) perception of human dignity emerges and reassures us as clinicians, researchers and citizens: defining dignity became simpler and its essence more interpretable: *dignity is the importance of every human being, its sacred and intrinsic value, an internal consistency created each vital second. It is that simple*.

In clinical practice, even in the most difficult circumstances, dignity should be *the value, not a value*.

At the end of life we leave the pages of the great book of life (Serrão, 2009) and, in those moments of weakness writing the last lines of our epilogue, every human being shouldn't be left alone, but should be accompanied. Dignity will support and shelter that ultimate journey of transposition

"Reading" each weakened individual is more complex than we can imagine. There is nothing Newtonian, linear and simple about human suffering. "Thinking dignity" allows the discovery of a new dimension of the person at the end of life: it is a deeper, complex and full of distinct and unique nuances. Dignity will lead and help us on this difficult path.

I know now that a doctor escorts accompanies his patient until the end of his track. In the *Personhood Era*, a doctor is invited to see the person's constellation and not the disease's constellation.

I have a desire for our common future: to change each and every day - in the academic, scientific and, above all, in the language of daily clinical practice - to change the premise of "death with dignity" to "life with dignity until the end".

Dignity: Yesterday, Today and for the Future. It is worth reflecting on this.

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