International Journal of Health Science & Biomedicine (IJHSB)

e-ISSN: 3139-3691

RESEARCH ARTICLE OPEN ACCESS

Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review

Antonino Gomes de Sousa[1*], **Rita Mascarenhas Pessoa**[2], **Manuel Luís Capelas**[3]

[1]Catholic University of Portugal, Institute of Bioethics (IB), Lisbon, Portugal; Local Health Unit of Matosinhos, Spiritual and Religious Assistance Service

[2]Local Health Unit of Amadora-Sintra, Prof. Fernando Fonseca Hospital, Nurse in the Palliative Care Team, Lisbon, Portugal

[3]Catholic University of Portugal, Faculty of Health Sciences and Nursing, Interdisciplinary Research Centre for Health (CIIS), Lisbon, Portugal

Correspondence: Antonino Gomes de Sousa, Catholic University of Portugal, Institute of Bioethics (IB), Lisbon, Portugal; Local Health Unit of Matosinhos, Spiritual and Religious Assistance Service, Email: s-angosousa@ucp.pt

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

Received Date: 2026-07-01, **Accepted Date:** 2026-07-15, **Published Date:** 2026-07-30

Keywords: End of life care; legacy; palliative care; palliative medicine; terminally ill.

Abstract

Objective: The aim of this review is to identify the types of legacy most frequently developed and used as a therapeutic approach in palliative and end-of-life care and to understand the impact of legacy building on patients, their families, informal caregivers and the healthcare team.

Introduction: The primary purpose of legacies is to provide greater meaning during the time of vulnerability experienced by individuals at the end of life. Legacy building is understood as a contribution to care in the final phase of life, with the potential to positively influence relationships with the healthcare team and family members, while offering patients increased comfort, dignity and acceptance by enhancing their sense of meaning and purpose.

Inclusion criteria: This review included studies involving adult palliative care patients aged 18 years or older, focusing on the strategies, types and/or impact of legacy. Eligible patients were those receiving care from palliative care teams, cognitively capable of engaging in legacy building and supported by a family caregiver or a social support network. Studies meeting these conditions were included.

Methods: A bibliographic search was conducted across eight international databases: PubMed, CINAHL (via EBSCO), Scopus, Web of Science, Cochrane, BASE, ProQuest and RCCAP, using the MeSH terms “palliative care”, “palliative medicine”, “hospice care”, “terminal care” and “terminally ill”. Articles published in English, Spanish, Italian and Portuguese were included, as well as grey literature retrieved from additional databases. The Preferred Reporting Items for Systematic Reviews extension for Scoping Reviews (PRISMA-ScR) was applied to ensure reproducibility, transparency and quality. Searches were performed in January 2024 and updated in December 2024.

Results: A total of 37 articles were included in this review. The findings suggest a growing interest in legacy building within palliative care. Several intervention strategies were identified; however, few studies proposed a structured approach to legacy creation. Most studies adopted the Dignity Therapy protocol as the primary strategy. Two main types of legacy predominated: the Generativity Document, derived from the application of Dignity Therapy and the Life Narrative. Some articles reported incomplete legacies or legacies withheld from family members at the patient’s request. Overall, most studies indicated that legacy building had a positive impact on patients, family members and/or palliative care teams. Nurses, physicians, psychologists and spiritual care providers were most frequently identified as professionals involved in the process. The results highlighted that legacy building, when integrated into care, contributes significantly to acceptance and understanding of loss for both patients and families. Collectively, the evidence suggests that legacy building may also support symptom management by fostering a sense of serenity and acknowledgement of illness.

Conclusions: Legacy building promotes reflection on individual’s life experiences, fostering self-analysis and meaning-making. This intervention is essential in palliative care and plays a significant role in both the grieving process and the course of end-of-life care, with positive impacts on patients, families and caregivers. As this remains an underdeveloped field, the present findings are expected to open new perspectives for research, training and the incorporation of legacy building within palliative care practice.

Introduction

Legacy building by patients at the end of life has emerged as a relevant area in both palliative care (PC) practice and research. There is growing recognition of its role as part of the therapeutic, existential and relational process, carrying implications for quality of life and for the spiritual and emotional well-being of both patients and their families [1].

The primary purpose of legacy is to provide greater meaning during the time of vulnerability experienced by individuals at the end of life. According to the international literature, legacy encompasses everything a person leaves behind - how they wish to

be remembered and the elements (both positive and negative) by which they will be recalled" [2]. Legacy is understood as a reflection of a person's life, values and identity. This human need for our lives to be witnessed is closely related to the concepts of meaning, significance and purpose. In this regard, Viktor Frankl wrote: "the only thing worse than suffering is suffering that goes unwitnessed" [3].

As Breitbart states, "conceiving legacy as a means of transmitting vital spiritual and cultural information and wisdom suggests an ever-evolving continuum. There is thus the legacy that we are given and receive from our ancestors (e.g., grandparents, parents) and the legacy that we give to the next generation. The legacy that we are given shapes us in ways that are often apparent (sometimes less so) in how we live our lives: the values, virtues, traditions and attitudes we either choose to adopt or reject. For most of our patients, legacy is understood as what I leave behind after I die or how will I be remembered after I die" [2]. Patients expressed the desire to be remembered, to pass on wisdom and to feel that their lives had mattered [4].

In the context of PC, legacy may be understood either as a deliberate construction, exemplified by structured interventions such as Chochinov's Dignity Therapy [5], or as a semi-structured process that unfolds through interaction and reflection on life in the context of approaching death. Legacy-building interventions are typically person and family centered, involving a process of reflection on life's most meaningful moments, shared memories, reconciliation, the transmission of values and other significant events. These processes often result in the creation of tangible legacies such as letters, photo albums, music, videos, recordings, or hand casts. Such approaches aim to foster a sense of meaning, recognition and continuity in patients, while enhancing dignity and strengthening family bonds [1].

These interventions may support patients in creating a sense of coherence and continuity in the face of death, while fostering generativity by encouraging them to acknowledge and communicate the influence they have had on others [1, 6]. Evidence further suggests that, although quality of life and well-being inevitably deteriorate as illness progresses, patients may still experience dignity through such interventions until the end of life [7].

The existing literature supports an association between legacy building and significant improvements in social, emotional and spiritual well-being, as well as reductions in depressive symptoms and anxiety [8]. Nevertheless, despite its widely recognized benefits, research in this field and its subsequent clinical application remain underdeveloped. Existing research exhibits considerable methodological heterogeneity, ranging from qualitative, quantitative and mixed-methods designs and varying in target populations, clinical contexts, assessment instruments and approaches to legacy creation.

For the purposes of this review, the key concept of legacy will be understood as a co-constructed process between patient and healthcare professional, in which messages, memories, narratives and values to be transmitted at the end of life are emphasized. Accordingly, the term legacy building will be used to describe the process through which patients create their legacy in the context of end-of-life care.

Evidence suggests that, through intentional legacy building supported by healthcare teams, new dynamics of acceptance of illness, dying and death may emerge - for patients as well as for their families and both informal and professional caregivers [7, 9]. Legacy is thus envisaged as a valuable contribution to end-of-life care, fostering positive relationships with care teams and family members and offering patients greater comfort and dignity.

In the light of the growing interest in this topic, a systematic scoping review of the literature was undertaken to analyze the concept, typologies and strategies of legacy and to synthesize the evidence concerning its impact.

The aim of this review was to identify the types of legacy most frequently constructed and used as therapeutic approaches in palliative and end-of-life care and to understand the impact of legacy building on patients, their families, informal caregivers and the multidisciplinary PC team. Legacy construction has been described as a process that "encourages patients to focus on the essential aspects of their lives in shaping how they will be remembered, with the recognition that such reflections may benefit those who will grieve their loss" [10].

This approach not only allows for the identification of existing interventions, but also provides insight into how they have been implemented, with what aims, in which contexts, with what outcomes and with what ethical considerations.

Furthermore, this review provides a useful framework for future systematic reviews by delineating areas where the evidence is most robust and highlighting those where important gaps persist. It also offers a foundation for clinical practice by identifying examples of good practice, barriers to implementation and stakeholders' perspectives.

Review questions

i) Which strategies have been developed and implemented for legacy building in palliative and end-of-life care?
ii) What types of legacy have been described in the literature?
iii) What impact do legacy-building interventions have on patients, families and healthcare professionals?

Inclusion criteria

Participants

This systematic review included studies involving patients receiving PC (with chronic, incurable and advanced illness, regardless of medical diagnosis), aged 18 years or older, as well as their family members and healthcare professionals (including physicians, nurses, physiotherapists, psychologists, social workers, spiritual care providers and occupational therapists) working in specialized PC services.

Concept

This systematic review considered studies that addressed and identified the types of legacy most frequently developed and used as therapeutic approaches in palliative and end-of-life care and/or examined the impact of legacy building as a therapeutic intervention on patients, their families, informal caregivers and the care teams.

Context

This systematic review considered studies conducted in specialized PC settings, specifically in PC units and inpatient hospice units. Studies outside these contexts were not included.

Types of sources

This systematic review considered quantitative, qualitative, mixed-methods studies and systematic reviews. Quantitative methods included any type of experimental study (such as randomized controlled trials, non-randomized clinical trials or other quasi-experimental studies), as well as observational designs (descriptive studies, cross-sectional studies and case studies). Document types such as letters to the editor, commentaries, opinion articles and editorials were not included.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

Methods

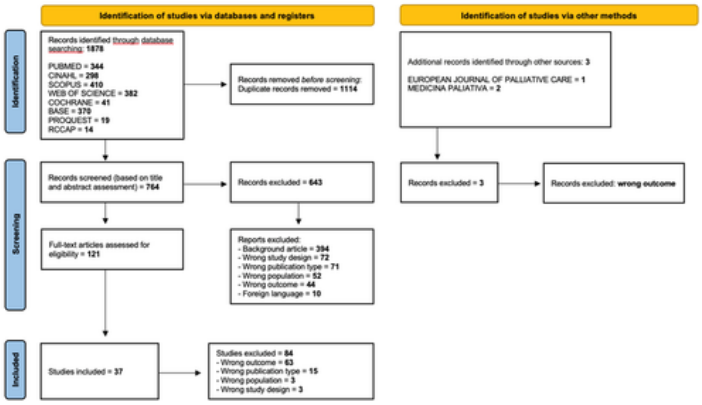
This scoping review followed the JBI methodology for scoping reviews.

Search strategy

A systematic scoping review of the literature was conducted on legacy building in palliative and end-of-life care (concept of legacy; types of legacy; legacy strategies and existing evidence on its impact). A bibliographic search was performed across eight databases: PubMed, CINAHL (via EBSCO), Scopus, Web of Science, Cochrane, BASE, ProQuest and RCCAP, using the MeSH terms "palliative care", "palliative medicine", "hospice care", "terminal care" and "terminally ill" (Appendix A). Grey literature identified through searches in other sources was also included. The Preferred Reporting Items for Systematic Reviews extension for Scoping Reviews (PRISMA-ScR) [11], was used as a reporting framework to ensure transparency and methodological quality. The review was carried out in January 2024 and updated in December 2024. Studies published in English, Spanish, Italian and Portuguese were included to ensure linguistic diversity relevant to the topic, consistent with the language proficiency of the reviewers. No restrictions were applied regarding year of publication.

Study selection

After the search, all identified citations were collated and uploaded into Rayyan software (https://new.rayyan.ai) [12], duplicates were removed within the platform. The selection process was carried out independently and in a blinded manner by two reviewers. Titles and abstracts were then screened against the inclusion criteria. Potentially relevant studies were retrieved and assessed in full by both reviewers. Disagreements between reviewers were resolved through videoconference. The entire process is illustrated in [Figure 1].



Fugure 1: PRISMA-ScR flow diagram showing the identification, screening, eligibility and inclusion of studies.

Data extraction

Data extraction was performed independently by two reviewers using the data extraction template described in Appendix B. Extracted data included information on authors, year of publication, country of study, title, objectives, participants and population, methods and a summary of relevant results, as presented in Appendix C. In addition, specific data were collected regarding strategies for legacy building, types of legacy and their impact, as detailed in Appendix D.

Data presentation

Based on the preliminary search and the review questions, the framework in Appendix D was developed. Its adequacy and comprehensiveness were tested by piloting it with the first five articles.

Results

Study inclusion

A total of 1,878 records were identified across the databases searched. After removal of duplicates (n = 1,114), 764 titles and abstracts were screened. At this stage, 643 records were excluded for not meeting the inclusion criteria and 121 full-text articles were retrieved for detailed assessment. Of these, 84 studies were excluded, with reasons provided in [Figure 1]. In total, 37 articles were included in this review. An additional 3 articles were identified through other sources (grey literature) but were excluded as they did not meet the eligibility criteria. The PRISMA-ScR flow diagram [Figure 1]. illustrates the study selection process.

Characteristics of included studies

All articles included in this systematic review were published between 2003 and 2022, with 23 appearing in the last 10 years. With the exception of three, all were published in peer-reviewed scientific journals. The majority of study populations comprised oncology patients admitted to PC units (hospices). Regarding geographic origin, the United States was the most represented country with 17 studies, followed by Canada (5), Portugal (4), Italy and Australia (3 each) and finally the Philippines, India, United Kingdom, Germany and Denmark with one studie each. The main characteristics of the included articles are detailed in Appendix C.

Review findings

The aim of this review was to map existing knowledge on legacy-building strategies and types, as well as their impact on patients at the end of life, their families and healthcare professionals and/or teams. Interest in legacy building and its impact is increasingly reflected in the literature, particularly in the context of palliative and end-of-life care. The findings suggest a growing engagement of healthcare professionals with this intervention, especially in specialized PC settings.

Three guiding questions were raised for this review: (1) Which strategies have been developed and implemented for legacy building in palliative and end-of-life care? (2) What types of legacy have been described in the literature? (3) What impact do legacy-building interventions have on patients, families and healthcare professionals?

Regarding Question 1 (Which strategies have been developed and implemented for legacy building in palliative and end-of-life care?), a predominance of the Dignity Therapy Protocol was observed, most commonly through the use of the semi-structured interview guided by Chochinov's framework of questions, listed in [Table 1], [7]. Nearly half of the studies included in this review applied this protocol, with 18 of the 37 selected articles (48.6%) reporting its use.

Regarding Question 2 (What types of legacy have been described in the literature?), the Generativity Document, resulting from the Dignity Therapy strategy, was the most frequently reported type, identified in 18 articles. Twelve studies focused on Life Review, six on the creation of a Legacy Document and four on legacy expressed through art. A detailed synthesis of this information is provided in Appendix D.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

Dignity Psychotherapy Question Protocol	
1	Tell me a little about your life history; particularly the parts that you either remember most or think are the most important? When did you feel most alive?
2	Are there specific things that you would want your family to know about you and are there particular things you would want them to remember?
3	What are the most important roles you have played in life (family roles, vocational roles, community-service roles, etc)? Why were they so important to you and what do you think you accomplished in those roles?
4	What are your most important accomplishments and what do you feel most proud of?
5	Are there particular things that you feel still need to be said to your loved ones or things that you would want to take the time to say once again?
6	What are your hopes and dreams for your loved ones?
7	What have you learned about life that you would want to pass along to others? What advice or words of guidance would you wish to pass along to your (son, daughter, husband, wife, parents, other[s])?
8	Are there words or perhaps even instructions that you would like to offer your family to help prepare them for the future?
9	In creating this permanent record, are there other things that you would like included?

Table 1: Question framework of the Dignity Therapy protocol.

Results on the Impact of Legacy Building	
PATIENTS	Enhanced sense of dignity and strengthened identity (recognition of the value of one's own life)
	Increased sense of purpose, meaning and will to live even in terminal stages
	Reduction in anxiety, depression and existential distress
	Promotion of inner peace, acceptance of death and reconciliation with one's own life story
	Validation of personhood and opportunities for emotional expression
	Strengthened sense of continuity and contribution to future generations (generativity)
	Greater sense of control and autonomy over one's own narrative
	Sense of being heard, valued and of leaving something meaningful

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

FAMILY MEMBERS	Strengthening of family bonds and open communication, including difficult conversations
	Preservation of the patient's identity, voice and values (living memory)
	Facilitation of the grieving process, providing emotional comfort and spiritual support
	Legacy documents as "affective gifts" and inheritances of emotional and symbolic value
	Discovery of previously unknown stories and deepened understanding of the loved one
	Support for the transmission of values and intergenerational bonding
	Reduction of caregiver burden and validation of the family role
CARE TEAMS HEALTHCARE PROFESSIONALS	Strengthening of empathic and therapeutic relationships with patients
	Increased professional satisfaction and sense of mission
	Promotion of person-centered care grounded in the patients' life stories
	Improved understanding of spiritual, emotional and existential needs
	Provision of practical tools to address psychological distress and facilitate communication

Table 2: Summary of results on the impact of legacy building

Regarding Question 3 (What impact do legacy-building interventions have on patients, families and healthcare professionals?), the findings indicate a positive impact of legacy building on patients, families and care teams, as summarized in [Table 2]. Legacy-building interventions were reported to humanize care, facilitate reconciliation with death and foster emotional and spiritual connections among patients, their families and healthcare professionals.

Discussion

Legacy building in the end-of-life context has increasingly been recognized as both a therapeutic approach [13], and a central dimension of contemporary PC, integrating patients' existential, relational, emotional and spiritual needs.

This supportive strategy represents a concrete response to the multidimensional suffering - physical, psychological, social and spiritual - that characterizes the final stage of life. As Chochinov observes, "palliative interventions must move beyond the domain of pain and symptom management to fully address a broad and complex range of expressed needs" [7]. Legacy building therefore emerges as a means of restoring meaning, purpose and dignity in a time of extreme vulnerability.

To alleviate suffering, enhance quality of life and reinforce dignity, patients are offered the opportunity to address the issues they consider most significant, or to speak about what they most wish to be remembered for as death approaches [14, 15].

Legacy building, as a profoundly human and relational strategy, enables patients to affirm the continuity of their identity through the sharing of memories, values, affections and life lessons. Legacy, understood as "a living representation of the person's identity" [1], offers the opportunity to revisit one's life narrative, reconcile past events and project a sense of future continuity [16, 4, 17]. As Hesse notes, "Biographical work is regarded as a form of legacy construction and personal narrative, allowing patients to transmit memories, values and experiences. The possibility of leaving something for family members and for posterity is highly valued" [16]. The process of legacy building also provides an "opportunity to complete an informal life review and to discuss meaningful experiences or lessons learned" [18].

As Neller observes, this process provides an opportunity for self-discovery, as if offering a gift both to the writer and to the recipient, fostering generativity and a sense of immortality. "An ethical will is intended to share one's life for the benefit of another person, promoting an enduring connection across generations and reinforcing the notion of generativity" [6].

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

Creating and sharing an ethical will thus represents an intentional way of being remembered and of establishing a lasting intergenerational bond. Legacy building can therefore offer the writer an opportunity for deeper self-knowledge, a sense of growth and meaning and a way of leaving part of themselves to others. As Piderman reports, in the words of one patient: "Writing all this made me realize how much I have learned and the journey I have taken" [19].

Through structured methodologies such as Dignity Therapy, or more spontaneous approaches like life review, patients are invited to revisit their life journey and to share "what they most wish to be remembered for as death approaches" [5]. The resulting generativity documents often contain "declarations of love, significant expressions and above all, memories" [5], serving as therapeutic tools that foster relational closeness and have a meaningful impact on patients, families and caregivers alike.

The possibility of leaving something as a remembrance allows suffering to be transformed into testimony, addressing the need to be authentically remembered. As Schryer observes, "legacy documents are narrative representations of identity and meaning-making at the end of life and in telling their stories, patients enact a form of generativity" [20].

This supportive strategy enables the final stage of life to be approached with a sense of inner peace, arising from the awareness of having left something meaningful and a remembrance for the lives of family members [21]. This process may help alleviate existential suffering, promote emotional well-being and strengthen hope and a sense of belonging [8, 18].

It is important to emphasize that legacy, as it emerges from the patient's personal narrative, also carries an ethical dimension. It represents a way of affirming the right to be treated as a person until the very end, at a time when depersonalization and silence may pose real threats or, as Coyle observes, "not to be treated as a patient, but to continue to be treated as a human being" [22]. In this sense, dignity must remain the foundation of care and of legacy construction, which goes beyond simple remembrance to become "an opportunity to examine and reflect on one's life, in order to find deeper meaning and to reduce the anxiety associated with dying. The aim is to reduce emotional suffering, promote quality of life, validate personal identity and dignity, alleviate distress, offer a sense of meaning to the participant's life and provide a legacy document for family and friends" [23].

This practice acquires an even deeper significance viewed through the lens of spirituality, as legacy building "offers a source of meaning for the terminally ill patient, as a project of love to complete and to leave to their loved ones" [13].

Legacy – "what one leaves behind and how one hopes to be remembered after death"—is a relatively unexplored yet important dimension in the decision-making processes of people with serious illness [24]. Reflecting on personal values and legacy in the context of serious illness may enhance dignity, purpose and meaning, while alleviating depressive symptoms and improving quality of life. Legacy building and the reflection it entails, "may constitute a true rite of passage, a process of transcendence in which life, even at the edge of death, continues to hold value and direction" [24].

The loss of dignity is closely associated with depression, anxiety, hopelessness, loss of will to live, desire for death, feelings of being a burden to others and diminished quality of life. Accordingly, legacy-building interventions are often linked to a "sense of symbolic immortality" [6], and to the conviction that "contemplating one's own mortality may, in fact, enrich life" [25], while also proving relevant to "reducing anxiety and depression" [8].

Nevertheless, the practice of legacy building continues to face significant challenges. The literature points to considerable methodological heterogeneity, theoretical gaps in understanding thephenomenon and limited cultural integration across diverse clinical contexts [26, 24]. Organizational and ethical barriers to systematic implementation also persist, including the need for professional training, time availability and institutional commitment to personalized care [23, 18, 26]. Moreover, it must be recognized that not all patients wish, or are able, to engage in structured legacy building, making it "essential to respect each individual's uniqueness and freedom in this process" [22].

This systematic review sought to map and organize knowledge in this field by identifying existing strategies, the most frequently used types of legacy and their impact on families/caregivers and care teams. The evidence suggests that these interventions, by enhancing dignity, strengthening purpose and meaning, reducing anxiety and depression, fostering inner peace and acceptance of death, enabling reconciliation with one's life story, supporting personal validation, reinforcing continuity and generativity, promoting a sense of control and autonomy and offering the feeling of being heard, contribute to a more serene dying process. In addition, they support family bereavement and "benefit those who will grieve the loss" [10]. As Chochinov notes, "the creation of a legacy document may be a welcome opportunity for anyone who wishes to enhance meaning, purpose, or well-being in their final days of life" [27-29].

In conclusion, legacy building in palliative and end-of-life care is not merely a clinical intervention but a form of holistic care one that promotes dignity, honors personal narratives and strengthens the relational bonds that define us as human beings.

Funding

The author(s) received no financial support for the research, authorship and/or publication of this article.

Author Contributions

The first author (Antonino Sousa) developed the study conception, data collection and analysis, drafted the initial manuscript and carried out subsequent revisions. The first two authors (Antonino Sousa and Rita Pessoa) participated in article selection, data collection and analysis. The last author (Manuel Capelas) supervised the process.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Clinical trial number

Not applicable.

Ethics, Consent to Participate, and Consent to Publish declarations:

Not applicable

Conclusions

The findings of this systematic review demonstrate that legacy is an area of growing empirical interest, both for patients and for their caregivers and/or family members, in the context of palliative and end-of-life care. Legacy building emerges as a highly valuable therapeutic practice, enabling patients to express memories, values and affections, thereby affirming their identity and dignity even in the face of death.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

Through interventions such as Dignity Therapy, Generativity Documents, Life Review, Legacy Projects, artistic interventions, or Legacy Documents, patients are able to find meaning, purpose and reconciliation, while also fostering family cohesion and future continuity (generativity).

Studies indicate significant benefits at the emotional, spiritual and relational levels, with positive impacts on both patients and their family members and/or caregivers. Despite the ethical and methodological challenges that remain, legacy building has been shown to transform suffering into testimony and finitude into shared meaning. With appropriate adaptations according to developmental stage and clinical situation and by taking into account the specific needs of each patient, legacy interventions may serve as a valuable tool to foster adaptation and support coping with illness, hospitalization, or the final stage of life.

In short, this is a form of care that transcends medicine, grounded in attentive listening, compassion and the memory (identity) of the person. It is essential that healthcare professionals recognize the opportunities for connection, self-expression and community strengthening offered by these interventions, integrating them within a patient and family centered biopsychosocial approach. The impact of this therapeutic practice on healthcare professionals and care teams is also noteworthy, particularly in strengthening empathic relationships, enhancing professional satisfaction, fostering person-centered care, deepening understanding of patients' spiritual, emotional and existential needs and facilitating communication.

This review has also helped to identify criteria for the development of legacy-building practices and for transferring knowledge to healthcare professionals working in PC. This approach not only enables the identification of existing interventions, but also facilitates an understanding of how they have been applied, with what objectives, in which contexts, with what outcomes and with what ethical implications.

References

1. Boles JC, Jones MT (2021). Legacy perceptions and interventions for adults and children receiving palliative care: A systematic review. Palliat Med. 35(3): 529-551.
2. Hesse W (2016). Legacy in palliative care: Legacy that is lived. Palliat Support Care. 14(5): 453-454.
3. Frankl VE (1965). The doctor and the soul: From psychotherapy to logotherapy. Vintage Books.
4. Roikjær SG, Missel M, Bergenholtz HM, Schønau MN, Timm HU (2019). The use of personal narratives in hospital-based palliative care interventions: An integrative literature review. Palliat Med. 33(10): 1255-1271.
5. Chochinov HM, Hack T, Hassard T, Kristjanson LJ, McClement S, et al (2005). Dignity therapy: A novel psychotherapeutic intervention for patients near the end of life. J Clin Oncol. 23(24): 5520-5525.
6. Neller SA, McFarland MM, Edelman LS, Towsley GL (2023). Leaving a lasting legacy: A scoping review of ethical wills. Palliat Support Care. 21(1): 127-145.
7. Chochinov HM, Hack T, Hassard T, Kristjanson LJ, McClement S, et al (2005). Dignity therapy: A novel psychotherapeutic intervention for patients near the end of life. J Clin Oncol. 23(24): 5520-5525.
8. Cuevas PE, Davidson P, Mejilla J, Rodney T (2021). Dignity therapy for end-of-life care patients: A literature review. J Patient Exp. 8: 1-12.
9. Julião M, Chochinov H, Antunes B, Samorinha C, Faustino C, et al (2023). The European Portuguese posthumous dignity therapy schedule of questions: Initial development and validation. Palliat Support Care. 21(1): 74-82.
10. Buonaccorso L, Tanzi S, de Panfilis L, Ghirotto L, Autelitano C, et al (2021). Meanings emerging from dignity therapy among cancer patients. J Pain Symptom Manage. 62(4): 730-737.
11. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, et al (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. BMJ. 372.
12. Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A (2016). Rayyan: A web and mobile app for systematic reviews. Syst Rev. 5: 210.
13. Grewe F (2017). The soul's legacy: A program designed to help prepare senior adults cope with end-of-life existential distress. J Health Care Chaplaincy. 23(1): 1-14.
14. Chochinov HM, Kristjanson LJ, Breitbart W, McClement S, Hack TF, et al (2011). Effect of dignity therapy on distress and end-of-life experience in terminally ill patients: A randomized controlled trial. Lancet Oncol. 12(8): 753-762.
15. Vuksanovic D (2018). Empirical foundations of dignity therapy: Comparing dignity therapy with life review for palliative care patients. Griffith Univ Repository.
16. Hesse M, Forstmeier S, Mochamat M, Radbruch L (2019). A review of biographical work in palliative care. Indian J Palliat Care. 25(3): 445-454.
17. O'Callaghan C, Petering H, Thomas A, Crappsley R (2009). Dealing with palliative care patients' incomplete music therapy legacies: Reflexive group supervision research. J Palliat Care. 25(3): 197-205.
18. Collins A (2019). "It's very humbling": The effect experienced by those who facilitate a legacy project session within palliative care. Am J Hosp Palliat Med. 36(1): 65-71.
19. Piderman KM, Radecki Breitkopf C, Jenkins SM, Frost MH, Lapid MI, et al (2020). Hearing and heeding the voices of those with advanced illnesses. J Palliat Care. 35(4): 248-255.
20. Schryer C, McDougall A, Tait GR, Lingard L (2012). Creating discursive order at the end of life: The role of genres in palliative care settings. Written Commun. 29(2): 111-141.
21. Testoni I, Baroni V, Iacona E, Zamperini A, Keisari S, et al (2020). The sense of dignity at the end of life: Reflections on lifetime values through the family photo album. Behav Sci. 10(11): 177.
22. Coyle N (2006). The hard work of living in the face of death. J Pain Symptom Manage. 32(3): 266-274.
23. Dose AM, Rhudy LM (2018). Perspectives of newly diagnosed advanced cancer patients receiving dignity therapy during cancer treatment. Support Care Cancer. 26(1): 187-195.
24. Gray MF, Banegas MP, Henrikson NB (2022). Conceptions of legacy among people making treatment choices for serious illness: Protocol for a scoping review. JMIR Res Protoc. 11(12): 1-10.
25. Otis-Green S (2003). Legacy building. Smith Coll Stud Soc Work. 73(3): 395-404.
26. Allen RS, Hilgeman MM, Ege MA, Shuster JL, Burgio LD (2008). Legacy activities as interventions approaching the end of life. J Palliat Med. 11(7): 1029-1038.
27. Chochinov HM, McKeen NA (2011). Dignity therapy. In: Handbook of psychotherapy in cancer care. 79-88.
28. Peters MDJ, Godfrey CM, Khalil H, McInerney P, Parker D, et al (2015). Guidance for conducting systematic scoping reviews. Int J Evid Based Healthc. 13(3): 141-146.
29. Allen RS (2009). The legacy project intervention to enhance meaningful family interactions: Case examples. Clin Gerontol. 32(2): 164-176.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

Appendices

Appendix A: Search strategy

PUBMED Date searched: 09.01.2024	#23	((((dignity therapy[MeSH Terms]) OR (dignity therap*[Title/Abstract])) OR (legacy[Title/Abstract])) OR (dignity psychotherap*[Title/Abstract])) AND ((((((((((((((palliative care[MeSH Terms]) OR (palliative medicine[MeSH Terms])) OR (hospice care[MeSH Terms])) OR (terminal care[MeSH Terms])) OR (terminally ill[MeSH Terms])) OR (terminally ill patients[MeSH Terms])) OR (hospice[MeSH Terms])) OR (palliative care[Title/Abstract])) OR (palliative medicine[Title/Abstract])) OR (palliative terap*[Title/Abstract])) OR (hospice care[Title/Abstract])) OR (terminal care[Title/Abstract])) OR (terminally ill[Title/Abstract])) OR (supportive care[Title/Abstract])) OR (end of life care[Title/Abstract])) OR (end-of-life care[Title/Abstract])) (Results = 344)
	#22	((((((((((((((palliative care[MeSH Terms]) OR (palliative medicine[MeSH Terms])) OR (hospice care[MeSH Terms])) OR (terminal care[MeSH Terms])) OR (terminally ill[MeSH Terms])) OR (terminally ill patients[MeSH Terms])) OR (hospice[MeSH Terms])) OR (palliative care[Title/Abstract])) OR (palliative medicine[Title/Abstract])) OR (palliative terap*[Title/Abstract])) OR (hospice care[Title/Abstract])) OR (terminal care[Title/Abstract])) OR (terminally ill[Title/Abstract])) OR (supportive care[Title/Abstract])) OR (end of life care[Title/Abstract])) OR (end-of-life care[Title/Abstract])
	#21	end-of-life care[Title/Abstract]
	#20	end of life care[Title/Abstract]
	#19	supportive care[Title/Abstract]
	#18	terminally ill[Title/Abstract]
	#17	terminal care[Title/Abstract]
	#16	hospice care[Title/Abstract]
	#15	palliative terap*[Title/Abstract]
	#14	palliative medicine[Title/Abstract]
	#13	palliative care[Title/Abstract]
	#12	hospice[MeSH Terms]
	#11	terminally ill patients[MeSH Terms]
	#10	terminally ill[MeSH Terms]
	#9	terminal care[MeSH Terms]
	#8	hospice care[MeSH Terms]
	#7	palliative medicine[MeSH Terms]
	#6	palliative care[MeSH Terms]
	#5	(((dignity therapy[MeSH Terms]) OR (dignity therap*[Title/Abstract])) OR (legacy[Title/Abstract])) OR (dignity psychotherap*[Title/Abstract])
	#4	dignity psychotherap*[Title/Abstract]
	#3	legacy[Title/Abstract]
	#2	dignity therap*[Title/Abstract]
	#1	dignity therapy[MeSH Terms]

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

CINAHL (by EBSCO) Date searched: 09.01.2024	S20 S19 S18 S17 S16 S15 S14 S13 S12 S11 S10 S9 S8 S7 S6 S5 S4 S3 S2 S1	S4 AND S19 (Results = 298) S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 TI end-of-life care OR AB end-of-life care TI end of life care OR AB end of life care TI supportive care OR AB supportive care TI terminally ill OR AB terminally ill TI terminal care OR AB terminal care TI hospice care OR AB hospice care TI palliative terap* OR AB palliative terap* TI palliative medicine OR AB palliative medicine TI palliative care OR AB palliative care MH terminally ill patients MH terminal care MH hospice care MH palliative medicine MH palliative care S1 OR S2 OR S3 TI dignity psychotherap* TI legacy OR AB legacy TI dignity therap* OR AB dignity therap*
SCOPUS Date searched: 09.01.2024	#15 #14 #13 #12 #11 #10 #9 #8 #7 #6 #5 #4 #3 #2 #1	((TITLE-ABS-KEY ("palliative care")) OR (TITLE-ABS-KEY ("palliative medicine")) OR (TITLE-ABS-KEY ("palliative terap*")) OR (TITLE-ABS-KEY ("hospice care")) OR (TITLE-ABS-KEY ("terminal care")) OR (TITLE-ABS-KEY ("terminally ill")) OR (TITLE-ABS-KEY ("supportive care")) OR (TITLE-ABS-KEY ("end of life care")) OR (TITLE-ABS-KEY ("end-of-life care"))) AND ((TITLE-ABS-KEY ("dignity therap*")) OR (TITLE-ABS-KEY (legacy)) OR (TITLE-ABS-KEY ("dignity psychotherap*”))) (Results = 410) (TITLE-ABS-KEY ("palliative care")) OR (TITLE-ABS-KEY ("palliative medicine")) OR (TITLE-ABS-KEY ("palliative terap*")) OR (TITLE-ABS-KEY ("hospice care")) OR (TITLE-ABS-KEY ("terminal care")) OR (TITLE-ABS-KEY ("terminally ill")) OR (TITLE-ABS-KEY ("supportive care")) OR (TITLE-ABS-KEY (“end of life care")) OR (TITLE-ABS-KEY ("end-of-life care”)) TITLE-ABS-KEY ("end-of-life care”) TITLE-ABS-KEY ("end of life care") TITLE-ABS-KEY ("supportive care") TITLE-ABS-KEY ("terminally ill”) TITLE-ABS-KEY ("terminal care”) TITLE-ABS-KEY ("hospice care") TITLE-ABS-KEY ("palliative terap*") TITLE-ABS-KEY ("palliative medicine") TITLE-ABS-KEY ("palliative care") (TITLE-ABS-KEY ("dignity therap*")) OR (TITLE-ABS-KEY (legacy)) OR (TITLE-ABS-KEY (“dignity psychotherap*”)) TITLE-ABS-KEY ("dignity psychotherap*") TITLE-ABS-KEY (legacy) TITLE-ABS-KEY ("dignity therap*")

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

WEB OF SCIENCE Date searched: 09.01.2024	#15 #14 #13 #12 #11 #10 #9 #8 #7 #6 #5 #4 #3 #2 #1	#14 AND #4 (Results = 382) #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 "end-of-life care” "end of life care” "supportive care” "terminally ill” "terminal care” "hospice care” "palliative terap*” "palliative medicine” "palliative care” #1 OR #2 OR #3 "dignity psychotherap*” legacy
COCHRANE Date searched: 09.01.2024	#1 #2 #3 #4 #5 #6 #7 #8 #9 #10 #11 #12 #13 #14 #15	"dignity therap*" legacy "dignity psychotherap*" #1 or #2 or #3 "palliative care" "palliative medicine" "palliative terap*" "hospice care" "terminal care" "terminally ill" "supportive care" "end of life care" "end-of-life care" #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13
BASE Date searched: 09.01.2024	#1 #2 #3 #4 #5 #6 #7 #8 #9 #10 #11 #12 #13 #14 #15	"dignity therap*" legacy "dignity psychotherap*" #1 or #2 or #3 "palliative care" "palliative medicine" "palliative terap*" "hospice care" "terminal care" "terminally ill" "supportive care” "end of life care" "end-of-life care" #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13
PROQUEST Date searched: 09.01.2024	#15 #14 #13 #12 #11 #10 #9 #8 #7 #6 #5 #4 #3 #2 #1	#14 AND #4 (Results = 19) #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 "end-of-life care” "end of life care” "supportive care” "terminally ill” "terminal care” "hospice care” "palliative terap*” "palliative medicine” "palliative care” #1 OR #2 OR #3 "dignity psychotherap*” legacy"dignity therap*"

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

RCCAP Date searched: 09.01.2024	S20 S19 S18 S17 S16 S15 S14 S13 S12 S11 S10 S9 S8 S7 S6 S5 S4 S3 S2 S1	S4 AND S19 (Results = 14) S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 TI end-of-life care OR AB end-of-life care TI end of life care OR AB end of life care TI supportive care OR AB supportive care TI terminally ill OR AB terminally ill TI terminal care OR AB terminal care TI hospice care OR AB hospice care TI palliative terap* OR AB palliative terap* TI palliative medicine OR AB palliative medicine TI palliative care OR AB palliative care MH terminally ill patients MH terminal care MH hospice care MH palliative medicine MH palliative care S1 OR S2 OR S3 TI dignity psychotherap* TI legacy OR AB legacy TI dignity therap* OR AB dignity therap*

Appendix B: Data extraction instrument

REVIEW TITLE	Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review
REVIEW QUESTIONS	
	1. Which strategies have been developed and implemented for legacy building in palliative and end-of-life care?
	2. What types of legacy have been described in the literature?
	3. What impact do legacy-building interventions have on patients, families and healthcare professionals?
INCLUSION CRITERIA (PCC)	
POPULATION	Adults aged 18 years or older receiving palliative care (with chronic, incurable and advanced disease), their family members and healthcare professionals.
CONCEPT	This systematic review included studies that explored and identified the types of legacy most frequently developed and applied as therapeutic interventions in palliative and end-of-life care, as well as those that
CONTEXT	Studies addressing the concept of legacy, types of legacy, legacy-building strategies and the implementation or effects of legacy in the context of palliative and/or end-of-life care, regardless of the level of
STUDY DETAILS AND DATA EXTRACTION	
AUTHOR(S)	

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

YEAR OF PUBLICATION	
COUNTRY OF ORIGIN	
SOURCE	
AIMS	
STUDY POPULATION	
CONTEXT	
TYPES OF LEGACY	
DURATION	
CHARACTERISTICS	
HEALTHCARE TEAM MEMBERS	
OUTCOMES	

Appendix C: Characterization of the articles included in the review

	AUTHOR, YEAR, COUNTRY and TITLE	Objectives	Participants and Population	Methods	Summary of Relevant Results
1	Allen, R. S. et al 2008 USA Legacy Activities as Interventions Approaching the End of Life	The purpose of this project was to assess the feasibility and efficacy of a family-based intervention targeting meaning-based coping to decrease palliative caregiving stress and increase perceptions of meaning by palliative patients. The project incorporates evidence-based treatment components from life review and cognitive behavioral therapy (CBT), which has been shown effective in reducing symptoms of depression among older adults	N = 17 Patients eligibility: (1) age 60 or older; (2) living in the community; (3) having a life-limiting illness or combination of chronic illnesses; and (4) receiving assistance in the form of basic activities of daily living (ADL) or instrumental activities of daily living (IADL) from a family caregiver	The Legacy Participant Notebook (R.S. Allen and M.M. Hilgeman,unpublished manuscript, 2003) and accompanying Interventionist Treatment Manual consist of: (1) an introduction to the Legacy Project, (2) deciding on a personal Legacy using the steps of problem solving, (3) constructing a personal Legacy, (4) evaluation of the Legacy activity and (5) an appendix with specific life review questions for those dyads that find generation of stories difficult.Interventionists had no assessment contact with the dyad. Our intervention was delivered in three in-home visits	Caregivers' report of patient physical symptoms, we found that intervention caregivers reported that patients were more talkative across time in comparison with control patients. We found partial support for enhanced aspects of religiosity/spirituality among patients in the intervention group. Results regarding the efficacy and acceptability of the Legacy intervention suggest that the combined treatment components of life review and engagement in pleasant events, targeting meaning-based coping, may improve patients' and caregivers' communication and emotional aspects of quality of life

2	Allen, R. S. 2009 USA The Legacy Project Intervention to Enhance Meaningful Family Interactions: Case Examples	The purpose of the Legacy Project was to assess the feasibility and efficacy of a family-based intervention targeting meaning-based coping to decrease palliative caregiving stress and increase perceptions of meaning by palliative patients.	N = 17	The Legacy Participant Notebook: Patient Questions: "The things I care about and value most in my life are…" "The most important people in my life have been…" "I would like people to remember these things about me…" "The ideas, books, music and poems that have most influenced my life are…" Caregiver Questions: "My favorite memories of times with my loved one are…" "The things I most want to remember about my loved one are…" "The lessons/values I have learned or most associate with my loved one are…" Tips for Legacy Activities: 1. Writing or recording stories on paper 2. Recording on an audio cassette tape player 3. Scrapbook or photo album 4. Videotape recording 5. Family cookbook 6. Other ideas	The Legacy Project illustrate the diversity of dyads that may find the combination of mutual reminiscence and engagement in meaningful activity via Legacy creation beneficial. Patients near the end of life give great emphasis to family communication over and above symptom control. Programs such as the Legacy Project that focus on improving communication skills among family members might be further developed for this group, with greater emphasis given to within-group variations in culture
3	Beck, A. et al 2019 USA Abbreviated Dignity Therapy for Adults with Advanced-Stage Cancer and Their Family Caregivers: Qualitative Analysis of a Pilot Study	Dignity Therapy (DT) is designed to address psychological and existential challenges that terminally ill individuals face. DT guides patients in developing a written legacy project, in which they record and share important memories and messages with those they will leave behind.	N = 11 Patients eligibility: (1) were aged 21 years or older; (2) were diagnosed with incurable and advanced-stage solid malignancies as assessed by the patient's oncologist; (3) were rated by their oncologist as having < 50% chance of 1-year survival; (4) had impaired existential well-being determined by a score of ≤ 25 on the Functional Assessment of Chronic Illness Therapy – Spiritual Well-being (FACIT-Sp) Meaning and Peace subscale; (5) were literate in English; and (6) self-reported as using the internet and checking email at least once a week.	DT is a brief individual psychotherapeutic approach designed to support the dignity of terminally ill patients and reduce their suffering. In DT, patients are invited to answer a series of reflective open-ended questions in an audio-recorded conversation with a trained clinician. Patients are encouraged to talk about the most important aspects of their lives and what they want loved ones to know and remember about them.	DT promotes (1) self-expression, (2) connection with loved ones, (3) sense of purpose and (4) continuity of self.

4	Boles, J. C. & Jones, M. T. 2021 USA Legacy perceptions and interventions for adults and children receiving palliative care: a systematic review	To systematically review research on legacy perceptions and interventions in pediatric and adult palliative care recipients. The objectives of this review were to: 1. Assess the spectrum of legacy interventions studied to date 2. Evaluate the outcomes associated with these legacy interventions 3. Understand patient and family experiences of and perceptions about legacy interventions 4. Describe the concept of legacy as it informs legacy interventions.	N = 67 studies Within these parameters, only those search results that met at least one of the following criteria were included in this analysis: (1) the stated study objective addressed a legacy intervention in a home or healthcare setting, or (2) the objective pertained to patient, provider, or family perceptions about or experiences with legacy interventions in a home or healthcare setting.	This was a comprehensive systematic mixed studies review following an integrated design to combine and synthesize quantitative, qualitative and mixed-methods study findings. This review was not registered and follows PRISMA guidelines.	Legacy was also identified as a dimension of personhood and care that impacts treatment goals and decision making in several different adult patient populations. For example, patients with dementia felt that participating in legacy interviews provided them an opportunity to feel honored and worthy, despite their deteriorating condition. Similarly, patients with life-limiting diseases felt that legacy interventions allowed them to leave a story for their loved ones, thus bringing meaning as they neared death.
5	Buonaccorso, L. et al 2021 ITALY Meanings Emerging From Dignity Therapy Among Cancer Patients	To explore the meanings emerging from two dignity therapy questions, particularly salient to generativity, amongst cancer patients in different care settings.	N = 37 We conducted a multicenter, retrospective, qualitative study in 1) home palliative care (life expectancy < 3 months); 2) specialized palliative care provided by team within an oncology hospital (life expectancy > 9-12 months); and 3) oncological day hospital (potentially curable disease).	Dignity Therapy Questions, specifically explored by way of the last two questions within the DT question framework: 'What have you learned about life that you would want to pass along to others?'; 'Are there words or perhaps even instructions you would like to offer to your family to help prepare them for the future?' Therapy sessions are transcribed and subjected to an editing process; the resulting Generativity Document is returned to patients who can share it with families, friends and HCPs.	Three themes and related meanings emerged from 37 dignity therapy sessions with respect to the two questions: 1) Meanings concerning the present life and illness, including the experience of suffering; 2) Thoughts and actions towards the self, including ways in which the patients have felt alive; 3) Thoughts and actions toward important people, especially values based primarily on love for oneself and others.

6	Calle, M. M. 2019 ITALY Dignity therapy in palliative care: a bibliographic review	The objectives are: analyze the effectiveness of Dignity Therapy to improve psychological distress, anxiety, depression and psychological fatigue; analyze its effectiveness in improving physical distress and symptomatology; know the effectiveness of Dignity Therapy to increase the palliative patient's sense of dignity; analyze the benefits of Dignity therapy in the treatment of psychosocial and existential distress; and assess the feasibility of Dignity Therapy focusing on both patients and family relatives acceptability and satisfaction.	N = 14 studies Studies in which participants are not included in palliative care or do not have a life-limiting illness with a prognosis established and does who cannot participate in the Dignity Therapy because of their cognitive and physical state.	Conduction of a bibliographic review. PUBMED, COCHRANE, CINAHL (by EBSCO) and CUIDEN databases were queried during the first half month of March 2019. The selection of articles was limited to the use of Dignity Therapy in adult patients admitted to palliative care units with the sufficient physical and mental capacity to undergo the intervention. Data extracted was synthesized and analyzed following the study objectives.	Fourteen papers encountered the selection criteria and were assessed for eligibility. The results obtained demonstrate that the Dignity Therapy is an effective instrument for the treatment and improvement of patients with life-limiting illnesses especially in the last stages of it. Therefore, its use in palliative care is recommended. Results on psychological distress lead to controversial conclusions. Four studies suggested benefits on physical distress. The overall light turns out to be positive in terms of sense of dignity, psychosocial distress and existential distress. Finally, in terms of feasibility, both patient and family's opinion in relation to acceptability and satisfaction have been found to be
7	Cardoso, A. R. 2019 PORTUGAL Letters for Life: Legacy After Departure - A Mixed-Methods Study on the Subjective Experience of the Patient at the End of Life	The main objective is to contribute to the understanding of the emotional experience and sense of dignity in patients receiving palliative care when an intervention inspired by Dignity Therapy is implemented and to assess its relevance for future studies aimed at adapting it to the Portuguese population.	N = 9 Patients followed at the PC Outpatient Clinic of a hospital in the northern region of Portugal, who met the following inclusion criteria: (i) a diagnosis of progressive oncological disease with no curative treatment options; (ii) age over 18 years; (iii) preserved orientation in time, place and person, as well as adequate cognitive capacity; (iv) awareness of diagnosis and prognosis.	The qualitative methodology appears to be the most appropriate.	The elaboration of the letter aims to facilitate the construction of narratives that promote adjustment to illness and the proximity of death, as well as the emotional expression of patients. Providing patients with the opportunity to speak about their thoughts, fears, emotions, experiences, identity and life stories enables them to integrate the experience of illness and the approach of death, while also facilitating communication between the palliative care team, the patient and the family member, who is generally the caregiver.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

8	Chochinov, H. M. et al 2005 USA Dignity Therapy: A Novel Psychotherapeutic Intervention for Patients Near the End of Life	This study examined a novel intervention, dignity therapy, designed to address psychosocial and existential distress among terminally ill patients. Dignity therapy invites patients to discuss issues that matter most or that they would most want remembered. Sessions are transcribed and edited, with a returned final version that they can bequeath to a friend or family member. The objective of this study was to establish the feasibility of dignity therapy and determine its impact on various measures of psychosocial and existential distress.	N = 100 Patient eligibility criteria were as follows: (1) a terminal illness associated with a life expectancy of 6 months; (2) minimum age of 18 years; (3) English speaking; (4) a commitment to three to four contacts over approximately 7 to 10 days; (5) no cognitive impairments, based on clinical consensus; and (6) willingness to provide verbal and written consent.	The question framework provided a flexible guide for the therapist to shape the interview, based on the level of interest and elicited response. The therapist followed the patients' cues, helping them to structure and organize their thoughts (eg, by asking logical questions based on time sequences or how events were causally related to each other; facilitated disclosure of thoughts, feelings and memories). Once the taped session was completed, over the course of the next 2 to 3 days, the patient's recorded dialogue was reshaped into a narrative.	Ninety-one percent of participants reported being satisfied with dignity therapy; 76% reported a heightened sense of dignity; 68% reported an increased sense of purpose; 67% reported a heightened sense of meaning; 47% reported an increased will to live; and 81% reported that it had been or would be of help to their family. The low refusal rate (19.6%) and similarly low withdrawal rate (22%; the latter primarily because of deterioration or death before protocol completion) speak to the feasibility and value of this intervention for patients with advanced, life-limiting diseases. The data also suggest that although quality of life and sense of well-being inevitably deteriorate as physical decline ensues, suffering, depression and sense of dignity (all facets of the patient's internal psychological and spiritual life) may have a resilience, or the capacity to improve, independent of bodily deterioration.

9	Chochinov, H. M. & McKeen, N. A. 2011 USA Dignity Therapy	Patients are invited to share their hopes and dreams for loved ones, pass along advice or guidance to the important people in their lives and how they wish to be remembered. Dignity Therapy has multiple benefits. For dying patients themselves, it can promote spiritual and psychological well being, mitigate suffering and engender meaning and purpose.	N = 100 Fifty men and women with terminal cancer (age range 37–90 years) with two to three months to live were interviewed and audio-taped	The time they have remaining. For family survivors, Dignity Therapy can help ease bereavement by giving them a document that expresses the feelings and thoughts of their departed loved one. Each patient's sense of dignity was explored, using the following questions: (i) In terms of your own illness experience, how do you define the term dignity? (ii) What supports your sense of dignity? (iii) What undermines your sense of dignity? (iv) Are there specific experiences you can recall in which your dignity was compromised? (v) Are there specific experiences you can recall in which your dignity was supported? (vi) What would have to happen in your life for you to feel that you no longer had a sense of dignity? (vii) Some people feel that life without dignity is a life no longer worth living. How do you feel about that? (viii) Do you believe that dignity is something you hold within you, and/or is it something that can be given or taken away by others?	Dignity Therapy allows patient to bolster their sense of meaning and purpose, while reinforcing a continued sense of worth, within a framework, that is supportive, nurturing and accessible, even for those close to death. Future investigations into the efficacy of Dignity Therapy will examine its benefits in a randomized controlled study.

10	Collins, A. 2019 USA "It's very humbling": The Effect Experienced by Those Who Facilitate a Legacy Project Session Within Palliative Care	The purpose of this study was to explore the potential impact from facilitating a legacy session, along with the potential need for self-care within this population. Through the process of legacy creation, an individual is able to develop a document, or work of art, that can serve as a record of their life.	N = 5 To be eligible, a facilitator must have completed at least 1 legacy project with a palliative care patient in any location of care. Facilitators could be of any age or gender.	A qualitative study utilizing semi structured, retrospective interviews was conducted with 5 volunteers who assisted palliative care patients with legacy creation as a part of the "From The HEart" program. An interview guide was developed to standardize the questions being asked. Specific questions included: (1) Why did you choose to participate in the "From The HEart" program? (2) How many legacy projects have you facilitated? In what locations? Did you encounter any challenges? (3) Could you share your most memorable experience? (4) Have you experienced any positive patient or family interactions that you would like to share? (5) Have you experienced any negative patient or family interactions that you would like to share? (6) Have any of your interactions negatively impacted your mood, work, or home life? (7) What type of activities (if any) are you currently utilizing for self-care? (8) Would participation in regular group self-care activities help you with any emotional difficulties experienced as a part of this program? Following informed consent, in-person interviews were conducted and the conversations were transcribed verbatim into a textual document.	A total of 5 interviews were conducted, each ranging in duration from 12 to 23 minutes. Five themes emerged from the data: "providing a benefit", "internal validation", "it's all been positive", "self-awareness" and "if you need support." Facilitators felt they would provide a benefit to the palliative care patients and their experiences validated that without any negative consequences. Additionally, they reported the need for self-awareness and to ensure self-care is completed. This study demonstrates that facilitators perceive a sense of personal fulfillment through assisting with legacy work. This has been identified as a protective factor against the negative psychological consequences. Additionally, all respondents shared a common positive experience through their work with palliative clients. They reported feeling rejuvenated, energized and grateful for their own personal lives after working directly with this population as they generate a legacy project.

11	Coyle, N. 2006 USA The Hard Work of Living in the Face of Death	The work of the dying is also the work of the living facing death. What is special about the work is its urgency the fact that it must be accomplished within a limited time of unknown duration. The fact that some of this work is directed at prolonging life makes it vital and ultimately important to each participant. They faced it essentially alone, at probably the most weakened and vulnerable time of their lives. The grave and vital tasks included mounting a response to the assault of disease and learning about it and about treatment choices and possibilities for continued existence. Responding to the assault, they worked to maintain a sense of identity and control, to create safety, to plan for a peaceful death and to create and leave a legacy of continued existence in memory.	N = 7 The number of interviews per participant ranged from two to six, with a mean and mode of three interviews per patient. The reasons for terminating an interview series were cognitive impairment (n ¼ 2), information saturation (n ¼ 2), death (n ¼ 2) and the patient's belief that her contribution to this research was complete (n ¼ 1).	Interpretive phenomenology was the method used. The approach is one of discovery and description and emphasized meaning and understanding in the study of the lived experience of individuals. The aim of phenomenology is not to find significant numbers but rather themes that emerge from the narratives indicative of common human experiences. A phenomenological description is always one interpretation and no single interpretation of human experience will ever exhaust the possibility of yet another and complementary, or even richer or deeper description.	The findings confirm that living with advanced cancer in the face of death involves hard work on the part of the patient.
12	Cuevas, P. E. et al 2021 Philippines Dignity Therapy for End-of-Life Care Patients: A Literature Review	The purpose of this literature review was to provide evidence-based information on the effect of dignity therapy as an intervention. The goal was to evaluate the current empirical support to its use for end-of-life care patients. This is congruent with the need to develop and utilize therapeutic interventions that support hopefulness, sense of meaning and dignity, in order to alleviate psychosocial and existential distress in end-of-life care patients.	N = 28 articles The review showed very extensive studies on the feasibility, acceptability, satisfaction, relevance and effectiveness of dignity therapy that were conducted from 2009 to 2019 among end-of-life care patients. There were 28 publications included in this review that was further classified into 16 quantitative, 9 qualitative and 3 mixed-method studies.	The core values identified in the various studies were family, autonomy, sense of self or sense of identity, spirituality, hopefulness, acceptance and sense of purpose or meaning in life. Dignity therapy was commonly done at home and given by someone who specializes in palliative care. However, one study explored the use of an acute care hospital in Austria for the feasibility and acceptance of dignity therapy. This study met a major challenge in identifying a target group, since the patients spent a very short time in the hospital. The study necessitated an immediate and quick conduction of the therapy. As a result, the notable observation was to realize that dignity therapy conducted within a short amount of time requires a sufficient number of human	For patients, dignity therapy promotes self-expression, connection with loved once, sense of dignity, purpose and continuity/improved sense of self; strengthens identity; and increases hopefulness and dignity and spirituality. Most importantly, dignity therapy decreases distress symptoms such as depression, desire for death, or suicidal thoughts. One study stated that dignity therapy promotes self-expression, connection with loved ones, sense of purpose and continuity of self. Dignity therapy was reported as a source of comfort for family care members during bereavement. Furthermore, the therapy decreased the burden, anxiety and depression among family members and even increased their hopefulness for their loved ones.

13	Dahley, L. K. 2013 USA Structured life review and its impact on family interactions	The objective of the study was to explore the impact of a structured life review process on family interactions when conducted with elderly individuals. Specifically, the research aimed to determine whether engaging in a structured life review would enhance communication, connection and relational quality within families	N = 6 Elderly participants who were residents of a long-term care facility in the upper Midwest region of the United States. Each elder was invited to select one family member to participate in the study alongside them. Older adults living in a long-term care facility, typically experiencing reduced social engagement and possibly facing emotional and relational distance from family members.	Qualitative study using a case study design. The intervention involved a structured life review based on a pre-designed interview guide. Each elder participated in five sessions, facilitated by the researcher, covering different phases of their life (childhood, adolescence, adulthood, etc.). After the final session, a narrative summary of the elder's life was created and shared with the selected family member. Pre- and post-interviews were conducted with both the elders and the family members to assess changes in perceptions and interactions. Data was analyzed using qualitative thematic analysis	The structured life review led to notable improvements in family interaction and emotional closeness. Themes that emerged included: - Increased understanding and empathy between elder and family member. - Renewed appreciation for the elder's life experiences. - A sense of legacy and meaning derived from sharing life stories. Some participants reported a desire to spend more time together or continue these types of conversations beyond the study.
14	Davis-Berman, J. 2014 USA Creating a Memory Book: Undergraduate Student Experiences With End-of-Life Interviews	To explore the impact of conducting end-of-life interviews and creating a legacy document (a "memory book") on undergraduate student interviewers. The study addresses a gap in the literature, which has focused primarily on the effects of these interventions on patients and their families, rather than on the interviewers.	N = 36 students Hospice patients receiving end-of-life care either at home or in community facilities. These patients participated in life review interviews conducted by the students, who then compiled memory books based on the interviews.	Qualitative study. Students conducted 3 to 4 life review interview sessions with their assigned hospice patients, often also speaking with family members and collecting photographs. They created hardcover memory books using an online platform, funded by the hospice organization. After course completion, all students participated in semi-structured interviews to reflect on their experience. Transcripts of the interviews were analyzed using the constant comparison method (Strauss & Corbin, 1998) to identify recurring themes.	1. Greater appreciation for life – Students reported a shift in how they viewed their own lives, gaining a deeper understanding of life's fragility and value. 2. Connection to my own family – Many students reflected on their personal family relationships, often relating the experience to their grandparents. 3. Service and legacy – Students felt they were offering a meaningful service, contributing to the preservation of their patient's legacy, which gave them a sense of purpose and fulfillment.

15	Dose, A. M. & Rhudy, L. M. 2018 USA Perspectives of newly diagnosed advanced cancer patients receiving dignity therapy during cancer treatment	The purpose of the study was to identify what individuals with newly diagnosed advanced pancreatic or lung cancer undergoing active cancer treatment express as important to them during dignity therapy.	N = 20 adult patients Recently diagnosed (within 12 months) with advanced pancreatic cancer (PC) or non-small cell lung cancer (NSCLC). All were receiving chemotherapy and had a prognosis of at least 6 months. Patients with stage III–IV pancreatic or lung cancer. Individuals cognitively intact and not participating in other psychosocial interventions.	Qualitative descriptive study using content analysis of the first dignity therapy interview. DT was administered over three sessions, spaced 2–3 weeks apart, using a semi-structured interview guide. Sessions included autobiographical storytelling, reflections on important life events, values and messages for loved ones. The first session was audio-recorded and transcribed; only these original transcripts were analyzed to avoid editing bias. Themes were identified via open coding using NVivo software, followed by thematic categorization.	Five key themes emerged, with family as the overarching context: 1. Defining Events – Life experiences that shaped participants (e.g., childhood poverty, abuse, parenting). Cancer diagnosis was rarely mentioned as a defining moment. 2. Accomplishments – Participants took pride in personal achievements such as raising children, maintaining successful marriages and meaningful work. 3. God's Plan – Many expressed faith in a divine plan, finding peace in the belief that their life's course had purpose. 4. Lessons Learned – Participants shared personal philosophies and values they hoped to pass on, often shaped by life's hardships. 5. Messages of Hope – Expressed as advice, love, or dreams for their families, especially children; intended to be legacies of care and guidance. Although all participants had advanced cancer, few focused on the illness itself. Instead, they reflected on life, meaning and legacy - indicating that dignity therapy provided a space to affirm identity beyond illness.

16	Gray, M. F. et al 2022 USA Conceptions of Legacy Among People Making Treatment Choices for Serious Illness: Protocol for a Scoping Review	The objective of this scoping review is to understand the extent and type of research addressing the concept of legacy by people facing serious illness, in order to inform a conceptual framework of legacy and patient treatment choices.	This is a protocol for a scoping review — no original participants are enrolled. The review will include studies involving people with serious illness, with a priority focus on historically underserved or vulnerable populations. Individuals with or facing serious illness (e.g., cancer, genetic risk, serious health scares). The focus is specifically on patients themselves, not on caregivers or healthcare providers, nor on secondary legacy (i.e., how others remember someone after death).	The protocol follows the Levac et al. extension of the Arksey and O'Malley scoping review framework, as well as the Joanna Briggs Institute Reviewer's Manual. Searches will be conducted in multiple databases (PubMed, CINAHL (by EBSCO), PsycINFO, etc.) and in legacy-specific gray literature (e.g., dissertations, reports). Articles from 1990 to present, written in English, will be included. Only studies with direct or indirect discussion of primary legacy (how people want to be remembered) will be included. A two-phase selection process will be used and findings will be charted, summarized and synthesized to develop a conceptual model.	To identify how people facing serious illness define and conceptualize legacy. To explore how legacy considerations affect medical decision-making. To highlight gaps in the existing literature. To develop a conceptual framework that illustrates the relationship between legacy and treatment decisions across the illness continuum.
17	Grewe, F. 2017 USA The Soul's Legacy: A Program Designed to Help Prepare Senior Adults Cope With End-of-Life Existential Distress	The purpose of the study was to design, implement and evaluate a five-week seminar-based program to help senior adults cope with existential distress related to death, meaninglessness and isolation by creating a soul's legacy: a non-material, spiritually grounded blessing or message to be passed on to loved ones.	N = 34 Varied marital status and educational background. Older adults (50+), mentally and socially active.	Participants created a soul legacy, which could be non-verbal, symbolic, or experiential—not limited to written ethical wills. Data collection via pre- and post-seminar surveys, audio recordings and thematic analysis. Qualitative analysis using case study approach (Stake & Yin).	A 64% decrease in participants who felt "sad or scared" about death. A 50% decrease in participants who found it hard to share feelings with loved ones. A 100% increase in finding meaning through spirituality (particularly in the non-church group). A 50% increase in gratitude about their life. Significant interpersonal bonding and desire to continue group meetings. Deep emotional impact of the fourth session (giving/receiving blessings).

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

18	Hesse, M. et al 2019 INDIAN A Review of Biographical Work in Palliative Care	The article aims to review and synthesize existing literature on biographical work in palliative care, focusing on its forms, functions, methods and its effects on patients. It addresses the growing use of biography-based interventions to support patients facing terminal illness, particularly as a therapeutic and meaning-making process.	N = 17 publications As a literature review, the article does not present original research with direct participants. Instead, it analyzes studies involving palliative care patients, mostly adults with advanced or terminal illness, including cancer and neurological conditions. Individuals receiving palliative care, primarily in end-of-life situations. Patients with life-limiting illnesses, including cancer and neurodegenerative disorders. Focus is on adult patients, though some studies also include family caregivers and healthcare professionals.	Narrative literature review Analysis of 17 publications, mainly from German-speaking countries but also including English-language studies. Interventions reviewed include dignity therapy, life review, narrative approaches and biographical interviews. Focus on both the practical application and theoretical foundations of biographical work.	The review identifies multiple benefits of biographical interventions in palliative care: - Enhanced sense of dignity and personal value - Emotional relief through reflection and storytelling - Preservation of identity and legacy - Improved communication with family and caregivers - Support in coping with existential concerns and the meaning of one's life - Interventions often result in a tangible legacy product (e.g., document, audio, or video) Challenges noted include: - Emotional burden on facilitators - Ethical considerations of content handling - Time and resource constraints in clinical settings
19	Julião, M. 2014 Portugal Efficacy of Dignity Therapy in the Psychosocial Distress of End-of-Life Patients Followed in Palliative Care: A Randomized Controlled Trial	To evaluate the efficacy of Dignity Therapy (DT) in the context of palliative care, by measuring its impact on psychological distress, sense of dignity, quality of life, anxiety, depression and spirituality in end-of-life patients.	N = 80 adult patients Adult patients with incurable diseases, followed by palliative care teams in three Portuguese hospitals. Participants were randomly assigned to two groups: 1. Intervention group (n = 40): received DT 2. Control group (n = 40): received standard PC Patients were in the terminal phase, with advanced and incurable diseases and were followed in a hospital-based palliative care setting. Inclusion criteria included preserved cognitive capacity, age over 18 years and a life expectancy of less than six months.	Randomized controlled clinical trial. Application of DT, following Chochinov's model, conducted by trained psychologists. Assessment carried out using validated instruments: - Patient Dignity Inventory (PDI) - Hospital Anxiety and Depression Scale (HADS) - Functional Assessment of Chronic Illness Therapy–Spiritual Well-Being Scale (FACIT-Sp) - European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C15-PAL) Data collection was conducted at baseline (pre-intervention) and one week after the intervention.	The DT group showed significant improvements in: - Sense of dignity - Levels of anxiety and depression - Quality of life - Spiritual well-being The control group did not show improvements in these variables. The intervention was well accepted by patients, who perceived it as meaningful, useful and comforting.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

20	Julião, M. et al 2023 Portugal The European Portuguese Posthumous Dignity Therapy Schedule of Questions: Initial development and validation	We aimed to develop, translate and validate the Posthumous DT Schedule of Questions (p-DT-SQ), for administration with bereaved relatives or friends	N = 50 Our study was conducted in a large Senior Residence in Lisbon. From the 63 eligible participants, 50 agreed to take part in the study (elderly people = 10; healthcare professionals = 40).	Instrument development in 6 phases, including: 1. Adaptation of the Dignity Therapy Schedule of Questions for posthumous use. 2. Translation to European Portuguese. 3. Expert panel review. 4. Back-translation and approval by the original author (Chochinov). 5. Face validity assessment through questionnaire. 6. Content Validity Coefficient (CVC) analysis. The instrument was tested in a sample of 50 individuals from a large Senior Residence in Lisbon (10 elderly people and 40 healthcare professionals), who assessed face validity.	The p-DT-SQ showed very good CVC (0.94) and face validity: it was considered clear, easy to understand, reasonable in length and not difficult to answer. Participants felt comfortable answering the p-DT-SQ and felt it could positively affect the way themselves or others would remember their loved ones, allowing an understanding of the deceased's concerns, interests and values.
21	Neller, S. A. et al 2023 USA Leaving a lasting legacy: A scoping review of ethical wills	The aim of this scoping review is to clarify the operationalization of ethical wills across disciplines and map the purposes and outcomes of creating an ethical will	N = 51 publications The population included people from diverse backgrounds -mainly older adults or individuals with serious or life-limiting illnesses - who are engaged in end-of-life planning. A total of 51 publications were included, of which only six were research studies. The majority of the literature came from fields such as law, estate planning, religion, gerontology, medicine, psychology, sociology, nursing and financial planning. Participants included anyone creating an ethical will with the purpose of sharing with recipients (e.g., family, friends, community) before or after the creator's death.	The authors conducted a scoping review based on the Joanna Briggs Institute methodology, using Arksey and O'Malley's five-stage framework. They searched 14 databases without restricting date, language, or publication type. The process included duplicate removal, independent screening by reviewers and extraction of data regarding the definition, format, purpose, audience and outcomes of ethical wills. "We conducted the scoping review with guidance from The Joanna Briggs Institute (2015) using Arksey's five stages […] and followed the PRISMA-ScR reporting guideline".	Ethical wills are non-legal documents intended to convey values, beliefs, life lessons, wisdom, love, hope, blessings, apology, or forgiveness. Common formats: written letters, video, audio, or creative media. Key purposes: to be remembered, pass on intangible legacy, cope with mortality, supplement legal wills, resolve conflicts, clarify life's meaning, foster generational connection. Potential outcomes: - Self-growth and transformation - Comfort for self and others - Interpersonal connection - Legacy as a symbolic form of immortality - Sense of life completion - Support for grieving survivors

22	O'Callaghan, C. et al 2009 CANADA Dealing with Palliative Care Patients' Incomplete Music Therapy Legacies: Reflexive group supervision research	To explore the experiences of four music therapists working in palliative care who dealt with incomplete tangible music therapy legacies left by patients who either deteriorated, relocated, or died before completing their legacy projects.	N = 4 music therapists Combined 53 years of experience in palliative care (25, 14, 10 and 4 years each). Worked in in-patient and home-based services, oncology and neurology wards. Palliative care patients with advanced cancer or neurological conditions who: - Engaged in music therapy. - Intended to create music-based legacies (e.g., songs, recordings). - Left behind incomplete works due to clinical deterioration, death, or other disruptions.	Design: Reflexive group supervision research. Data: Transcripts from 3 recorded group supervision sessions and additional reflections during transcript verification and post-peer review. Analysis: Inductive thematic analysis informed by grounded theory. Software: ATLAS.ti was used to assist coding and theme development. Ethical Considerations: No hospital records used; data anonymized; no ethics committee review required.	199 codes, 16 categories, 5 themes were developed: 1. Types of music therapy legacies: "Agreed", "constructed", or "in limbo". 2. Reasons and emotions: Emotional responses to legacy incompletion varied; reasons included illness, time, psychological barriers. 3. Decision-making factors: Therapists used different approaches depending on the patient's intent, legacy content and therapist's relationship with the family. 4. Afterlives of legacies: Legacies sometimes evolved posthumously, with bereaved families or staff making use of them. 5. Reflexive learning: Therapists gained insights and changed their practices to offer more flexible and realistic legacy support.
23	Otis-Green, S. 2003 UK Legacy building	To explore "conscious legacy building" as an end-of-life social work intervention, focusing on how intentionally creating meaningful memories and symbolic legacies can benefit dying individuals and their loved ones.	The article is not a formal research study but a reflective, practice-based account. Participants are: - Dying patients in palliative and oncology care. - Family members and bereaved. - Social workers and health professionals engaged in legacy work. - Clients from the Transitions Program at the City of Hope National Medical Center in Southern California. Adults with life-threatening illnesses (e.g., advanced cancer). Culturally and spiritually diverse patients receiving end-of-life care. Bereaved family members participating in support groups.	Practice-based reflection from the author's clinical experience. Description of interventions developed in the Transitions Program, including expressive arts, writing, music, scrapbooking, storytelling and guided imagery. Uses anecdotal evidence and clinical examples to illustrate approaches.	Legacy building enhances: - Self-efficacy, empowerment and purpose. - Meaning-making for the patient and comfort for the bereaved. - Communication among patients, families and staff. Creative strategies (e.g., memory books, audio/video messages, poetry, collage, harp playing) empower patients and reduce existential distress. Patients who engage in legacy work often report greater peace, less regret and a more positive dying experience. Family members treasure legacy items and often feel more connected to the deceased.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

24	Piderman, K. M. et al 2020 USA Hearing and Heeding the Voices of those With Advanced Illnesses	The purpose of this qualitative study was to identify and describe the messages that patients with advanced cancer wished to communicate to their loved ones and to reflect upon the potential value of those messages for patients, families and healthcare professionals.	N = 39 patients with advanced cancer Patients were enrolled in a spiritual legacy pilot study. Patients diagnosed with advanced cancer. Recruited from Mayo Clinic's Palliative Care Program. Patients were receiving care during a palliative phase of illness, often near end-of-life.	Qualitative study, using content analysis of participants' spiritual legacy documents. Patients responded to 9 guided questions, including: - "What do you want your loved ones to know about what's most important to you?" - "What have you learned from your life experience that you want to pass along?" - "What do you want to be remembered for?" Data analysis used both deductive and inductive coding, with a multidisciplinary team.	Messages were grouped into seven themes: 1. Expressions of love, 2. Beliefs and values, 3. Lessons learned and advice, 4. Forgiveness and reconciliation, 5. Personal stories and memories, 6. Gratitude and hope, 7. Messages about dying and death. Findings highlighted that: - Patients found meaning and peace in reflecting on their lives. - Creating a spiritual legacy offered a sense of purpose, generativity and connection. - Families and clinicians viewed these legacies as valuable and moving.
25	Roikjær, S. G. et al 2019 Denmark The use of personal narratives in hospital-based palliative care interventions: An integrative literature review	The article aims to examine how personal narratives are used in palliative care settings within hospitals and to determine what characterizes these interventions and their outcomes.	The review itself does not involve original participants, but includes 13 studies with: - Hospital-based palliative care patients, often with cancer or other life-limiting illnesses. - Health professionals (nurses, therapists) involved in delivering narrative-based interventions. Adult patients in specialist hospital-based palliative care. Diagnoses often included advanced cancer, though some studies covered other terminal conditions.	Integrative review of the literature. Database search in PubMed, CINAHL (by EBSCO), Embase and PsycINFO. Inclusion criteria: - Peer-reviewed studies in English, published between 2000-2018. - Interventions using personal narrative (e.g., storytelling, life review, dignity therapy). A total of 13 studies were included.	Narrative interventions were found to support: - Identity preservation. - Meaning-making. - Life review and reflection. - Improved communication between patients and families or staff. Key benefits: - Patients reported increased well-being, decreased depression and enhanced spiritual peace. - Interventions helped construct a coherent sense of self and facilitated generativity (e.g., leaving something meaningful behind). Interventions varied in structure but commonly involved interviews, recordings, transcription and creation of a legacy document or story.

26	Rutenberg, M. 2008 CANADA Casting the Spirit: A Handmade Legacy	This article discusses how an art therapist working in a hospital palliative care unit has incorporated a ritual of hand casting to help bring closure to dying patients and family members who are grieving as death approaches.	The author, an art therapist with 19 years of experience. Descriptions are based on multiple patients in a palliative care unit and their family members. Three detailed case studies are presented. Adult patients receiving palliative care in a general medical hospital in Montreal, Canada. Patients are typically in the final stages of advanced cancer or other terminal illnesses. Family members (e.g., spouses, children) are also involved in many of the interventions.	Art therapy intervention using hand casting. Materials: plaster gauze and later alginate for greater detail and realism. Sessions involved choosing a meaningful pose, creating the mold and discussing symbolism. The process was sometimes extended into family therapy, especially when partners participated. The article is descriptive and qualitative, based on therapeutic practice and case illustrations.	Hand casting: - Helped patients reflect on their identity, express emotions and face death with dignity. - Created tangible mementos for families, supporting them in grief and remembrance. - Encouraged ritual and symbolism, deepening the spiritual and emotional dimensions of dying. - Was perceived as a legacy -a meaningful object representing love, connection and personal essence. Outcomes included: - Greater emotional expression, closure and connection between patients and loved ones. - Long-term symbolic and spiritual value for families. - Enhanced the quality of life even in final days.
27	Schryer, C. et al 2012 CANADA Creating Discursive Order at the End of Life: The Role of Genres in Palliative Care Settings	The main goal is to examine how the creation of legacy documents operates as a discursive and therapeutic process in a hospital-based palliative care team and how it serves to organize and give meaning to the end-of-life experience.	N = 18 Members of the interdisciplinary team involved in supporting the legacy process: social workers, nurses, volunteers, physicians. Legacy documents were co-composed with patients by trained volunteer biographers. Terminally ill patients (mainly with cancer). Receiving inpatient palliative care in a Canadian urban teaching hospital. Diverse backgrounds, all nearing the end of life and voluntarily participating in a legacy project.	Ethnographic case study. Data collected through: - Observation of the interdisciplinary palliative care team. - Analysis of 18 legacy documents. - Interviews with team members and volunteer biographers. Theoretical framework: Genre theory and discourse analysis. Focused on the structure, production and function of legacy texts in context.	Legacy documents were collaborative texts, often co-produced with biographers and mediated by the palliative care team. They helped patients: - Construct a coherent life narrative. - Express values, beliefs, accomplishments and final messages. - Create a sense of order, identity and continuity. Team members saw the documents as: - Offering emotional relief, dignity and closure. - Strengthening interpersonal connections. - Contributing to a symbolic sense of legacy.

28	Skinner, S. et al 2019 USA Life Story Themes: A Qualitative Analysis of Recordings From Patients Approaching the End of Life	The study aimed to identify common themes in the life stories of home hospice patients and analyze how these themes relate to their psychosocial and spiritual health.	N = 14 Adults home hospice patients. Mean age: 67.9 years. Diagnoses included cancer, heart disease and other life-limiting conditions. All cognitively intact and English-speaking. Home hospice patients receiving palliative care at home. Located in the Midwestern United States. Mostly white and Christian, but with individual variation in religious practice and beliefs.	Mixed-methods exploratory study Life story interviews conducted using a semi-structured guide based on McAdams' model of life stories Additional instruments: - FACIT-Sp12 (spiritual well-being scale) - HADS (Hospital Anxiety and Depression Scale) Thematic analysis of transcribed narratives Focused on narrative themes and their correlation with psychosocial/spiritual scores.	Six major life story themes were identified: 1. Family - central to identity and meaning-making 2. Spirituality - source of comfort, strength and peace 3. Life Accomplishments - sense of pride and purpose 4. Meaningful Work - identity through career and contribution 5. Life Challenges - experiences of illness, loss and resilience 6. Legacy - desire to be remembered, leave something behind Additional findings: - Themes of legacy and generativity were common across narratives. - Higher scores in spiritual well-being were associated with life stories that emphasized peace, acceptance and connection. - Narrating one's life allowed patients to affirm identity, transmit values and experience emotional relief.
29	Steinhauser, K. E. et al 2009 USA Seriously ill patients' discussions of preparation and life completion: An intervention to assist with transition at the end of life	The study aimed to understand how seriously ill patients define and experience "readiness" for end-of-life, focusing on the content and meaning of their discussions regarding preparation, legacy and personal closure.	N = 35 Diagnosed with congestive heart failure, chronic obstructive pulmonary disease, or cancer. Life expectancy of ≤2 years. Recruited from outpatient clinics and home care settings in the USA. Varied in terms of age, race and religion. Seriously ill adult patients receiving outpatient or home-based palliative care. Represented a clinically diverse group with advanced, life-limiting illnesses. Included both male and female participants, mostly over age 60.	Qualitative study using in-depth semi-structured interviews. Grounded theory approach to coding and thematic analysis. Interviews explored: - Patients' perceptions of readiness. - Desires, regrets, priorities. - Meaning of life completion and relationships.	Five major themes emerged regarding end-of-life readiness: 1. Preparation of personal affairs, 2. Completion of relationships, 3. Life review and acceptance, 4. Existential or spiritual peace, 5. Legacy and generativity. Specific findings on legacy and generativity: - Patients sought to leave behind something meaningful: values, advice, emotional messages. - There was a desire to be remembered positively by family. - Creating symbolic or tangible legacies gave patients peace and purpose.

30	Tait, G. R. et al 2011 CANADA Exploring the therapeutic power of narrative at the end of life: a qualitative analysis of narratives emerging in dignity therapy	The study aimed to analyze the structure and themes of narratives produced through dignity therapy, in order to understand how they contribute to patients' sense of meaning and identity at the end of life.	N = 12 12 patients receiving palliative care in two academic hospitals affiliated with the University of Toronto. All had terminal diagnoses and a life expectancy of under six months. Patients had no cognitive impairment and gave informed consent.	A qualitative study using semi-structured interviews following the dignity therapy protocol. Interviews were recorded, transcribed, minimally edited and read back to patients for confirmation. Analysis was conducted using discourse analysis and constant comparative methods to identify three narrative types and recurring thematic elements. The study was grounded in rhetorical genre theory, focusing on how storytelling constructs meaning.	Three overarching types of narratives emerged: 1. Evaluation Narratives - Reflections on early life and key experiences. - Central theme: overcoming adversity. - Subthemes: heritage, maturation, social life. 2. Transition Narratives - Descriptions of life changes due to illness. - Subthemes: changing worldviews, emotional growth, life review. - Examples: expressions of greater emotional openness and writing farewell letters to loved ones. 3. Legacy Narratives - Messages, values and life lessons to pass on to loved ones. - Subthemes: newfound clarity, "seize the day" advice, spiritual guidance, coping messages for the bereaved.
31	Testoni, I. et al 2020 Italy The Sense of Dignity at the End of Life: Reflections on Lifetime Values through the Family Photo Album	The principal aims of this study were to (1) confirm whether photo-mediation was suitable for DT with end-of-life cancer patients, (2) identify the role that values played in the narratives within the generativity documents and (3) recognize the role of the values described in Schwartz's model through qualitative analysis of the generativity documents.	N = 7 There were seven participants in this study, all of whom were interviewed at home, where they could easily access the family photo album. - 7 patients in palliative home care with life-threatening conditions; - expected life expectancy less than 6 months; - cognitively intact; - aged 44-79 years; - mostly Italian (5 Italians, 1 Albanian, 1 Moldovan); - 6 with cancer, 1 with amyotrophic lateral sclerosis.	The study utilized a mixed methods design with repeated measures (before and after DT). Quantitative tools: - Edmonton Symptom Assessment Scale (ESAS) - Patient Dignity Inventory (PDI) Qualitative: - semi-structured Dignity Therapy interview enriched by use of personal family photo albums - thematic analysis with ATLAS.ti Procedure: - 4 to 9 sessions per participant - interviews were transcribed, checked by participants and finalized into generativity documents	Quantitative results showed no statistically significant changes, though there was a trend towards decreased fatigue and drowsiness after the intervention. Qualitative analysis showed: - increased sense of meaning; - rediscovered positive memories; - strengthened sense of dignity; - families and caregivers also benefited. Participants reported high satisfaction with the intervention. Themes identified: 1. Relationship between continuity of self and family values; 2. Personal dignity related to personal success, hope and wisdom; 3. Hope and generativity (legacy); 4. Overall positive opinions of the intervention.

32	Vanstone, M. et al 2016 CANADA Narrative medicine and death in the ICU: word clouds as a visual legacy	The objective was to examine whether Word Clouds can act as a heuristic approach to encourage a narrative orientation to medicine. The objectives of this study are to describe how Word Clouds foster a narrative medicine orientation and through qualitative formative evaluation, document the impact of Word Clouds from the perspectives of families, clinicians and the project team.	Participants: - 37 family members of patients who received Word Clouds; - 73 clinicians (physicians, nurses, spiritual care providers, allied health professionals) involved in end-of-life care of these patients; - 7 members of the 3 Wishes Project team. Population: - 42 patients in the ICU at St. Joseph's Healthcare, Hamilton, Ontario, Canada, who had Word Clouds created as part of the 3 Wishes Project; - Most patients were critically ill and imminently dying; - Mean age at death: 67.5 years; - 35.7% female; - Majority White (92.9%), with a variety of spiritual affiliations.	- Mixed-methods study; - Qualitative interviews with families (1-6 months after death) and clinicians (1-2 weeks after death); - Semi structured interviews digitally recorded, transcribed, anonymized; - Field notes collected from project team members; - Qualitative content analysis using the three stages of narrative medicine (attention, representation, affiliation); - Quantitative descriptive data (e.g., patient demographics, ICU exposures).	- Word Clouds were created for 42 dying patients (22 antemortem, 20 postmortem). - Families and clinicians described the Word Clouds as: • promoting memories; • encouraging storytelling; • facilitating emotional expression; • helping in the grieving process; • strengthening bonds between families and clinicians. - Clinicians felt Word Clouds reduced detachment and increased empathy. - Families valued having a visual memento to support their bereavement and maintain a connection with their loved one. - Word Clouds were seen as a legacy artifact that helped honor the life of the patient.
33	Vidal, C. et al 2018 PORTUGAL Creating a legacy - a tool to support end-of-life patients	This article explores the concept and creation of a legacy, explaining the techniques and benefits - both physical and spiritual - for both patient and carer/family.	This is not an empirical study with recruited participants, but rather a narrative review and clinical discussion. Contributions come from a Portuguese palliative care team (physicians, nurses, psychologists) Population: End-of-life patients in palliative care units (e.g., advanced cancer, chronic progressive disease).	Narrative review and discussion of clinical practice; Incorporates references to previous studies, systematic reviews and experiences with interventions such as Dignity Therapy and Life Review. Describes practical techniques to implement legacy building (e.g., letters, recordings, albums, memory boxes).	Evidence suggests legacy activities: - help manage physical and existential symptoms; - improve patient well-being; - promote a sense of purpose and hope; - alleviate spiritual and psychological suffering; - support family members during bereavement. Legacy interventions are simple, low-cost and feasible in clinical practice. They are highly valued by patients and caregivers.

34	Vuksanovic, D. et al 2016 Australia Dignity Therapy and Life Review for Palliative Care Patients: A Randomized Controlled Trial	The aim of this study was to evaluate the legacy creation component of Dignity Therapy by comparing this intervention with Life Review and Waitlist Control groups.	N = 70 adults with advanced terminal disease, randomized to Dignity Therapy (DT), Life Review (LR), or Waitlist Control (WC). 56 completed the study protocol. Adults aged 18 or older; Advanced disease with life expectancy under 12 months; Receiving specialist palliative care (hospital or home); English-speaking; Cognitively intact; Median age 57.7 years (range 25–83), 55% female; Mixed cancer diagnoses (some non-malignant conditions also).	Randomized controlled trial. Three groups: 1. Dignity Therapy (DT): with creation of a legacy document; 2. Life Review (LR): identical process but without legacy document; 3. Waitlist Control (WC): received DT after a waiting period. Measures: - Brief Generativity and Ego-Integrity Questionnaire; - Patient Dignity Inventory; - Functional Assessment of Cancer Therapy - General (FACT-G); - Treatment Evaluation Forms; - Family Evaluation Forms; - Plus standard palliative care outcome measures. Analysis: 3x2 ANOVA (Group x Trial), plus repeated measures for WC.	DT participants showed significant increases in generativity and ego-integrity compared to LR and WC. No significant differences between groups on dignity-related distress or overall perceived quality of life. High acceptability and satisfaction for both DT and LR. Family/carers of DT participants also reported positive impacts. No significant change in dignity or well-being scores in WC participants after receiving delayed DT. Authors conclude legacy document creation (unique to DT) seems to enhance generativity and ego-integrity.
35	Vuksanovic, D. et al 2017 Australia Dignity Therapy and Life Review for Palliative Care Patients: A Qualitative Study	The aim of this study was to explore, compare and better understand the content of standard DT, waitlist DT (WDT) and Life Review (LR) that used the DT interview protocol but omitted the creation of legacy documents. Consideration of the above is essential in optimizing psychotherapeutic outcomes near end of life.	N = 70 adults recruited; 56 completed the study protocol; Randomly assigned to: Dignity Therapy (DT) (n=20); Waitlist Dignity Therapy (WDT) (n=18); Life Review (LR) (n=18). Adults with advanced cancer or non-malignant disease. Receiving specialist palliative care (inpatient or home). Life expectancy less than 12 months. Median ages around 55–62 years. About half female. Mostly in stable or unstable palliative care phase.	Qualitative study following a randomized controlled trial. Data sources: - Legacy documents (for DT and WDT) - Transcripts of LR sessions Thematic framework analysis - Both deductive (based on literature) and inductive (from data) - Coding of themes such as values, sense of legacy, hope, unfinished business Intercoder agreement 96% Ethical approval from relevant committees.	All participants shared memories, values, relationships and meaning-making; Legacy documents (DT and WDT) contained more: - sense of legacy; - hopefulness; - fighting spirit and resilience; - positive messages for loved ones. Life Review participants (LR) focused more on: - unfinished business; - regrets; - aftermath concerns. Overall, DT seemed to foster more positive, future-oriented messages and a sense of generativity. Legacy documents may encourage affirmation of life values and identity near end of life. LR offered valuable meaning-making but more emphasis on conflict or unresolved issues.

36	Vuksanovic, D. 2018 Australia Empirical Foundations of Dignity Therapy: Comparing Dignity Therapy with Life Review for Palliative Care Patients	The overarching aim of this project was to conduct research that examined the efficacy of Dignity Therapy for palliative care patients by comparing this intervention to Life Review and a Waitlist Control Group. Additionally, the study aimed to: - develop and validate a brief measure of generativity and ego-integrity suitable for palliative care; - compare Dignity Therapy with Life Review on dignity-related outcomes; - explore participants' experiences qualitatively to better understand their needs.	In the quantitative studies: - 143 participants contributed to the development and validation of the new generativity and ego-integrity measure; - 56 participants (from the 143) took part in the randomized controlled trial (DT, LR, or waitlist); In the qualitative study: - these 56 participants' interviews and legacy documents were analyzed Population: - Adults with advanced cancer or life-limiting illness; - Life expectancy under 12 months; - Cognitively intact; - English-speaking; - Receiving palliative care (in hospital or at home); - Median age around 58 years, balanced gender; - Diverse cancer diagnoses and some non-malignant conditions.	Mixed methods doctoral project: 1. Developed a brief measure for generativity and ego-integrity (Erikson-based) 2. Conducted a randomized controlled trial comparing: - Dignity Therapy (DT) with a legacy document - Life Review (LR) without legacy document - Waitlist Control group (later offered DT) 3. Carried out a qualitative study on participant narratives and legacy documents Standardized outcome measures included: - Brief Generativity and Ego-Integrity Questionnaire - Patient Dignity Inventory - FACT-G (Functional Assessment of Cancer Therapy-General) - Satisfaction forms from patients and families	Quantitative results: - DT participants showed improved generativity and ego-integrity; - high acceptability and satisfaction with both DT and LR; - no significant changes in overall dignity-related distress or quality of life. Qualitative results: - DT participants' legacy documents highlighted hope, resilience, positive identity and generativity themes; - LR participants focused more on regrets and unfinished business; - legacy documents helped participants leave messages for loved ones, reinforcing meaning and purpose. Conclusion: - DT seems particularly helpful for fostering legacy and generativity; - Both DT and LR support life review, but DT's document aspect adds unique value.
37	Welsch, K. & Gottschling, S. 2021 GERMANY Wishes and Needs at the End of Life	This article provides an overview of the final matters that must be considered in the last phase of an adult patient's life. These final matters include everything that ensures the patient's wishes will be respected up to the moment of death and beyond it, as well as everything that can support the patient's family as they deal with their loss. The article aims to highlight communication strategies, counseling and administrative aspects that help address patients' wishes and needs at the end of life.	This is not a primary empirical study, but a narrative review combined with the authors' own clinical experience. There is no described sample of recruited participants. Population: - Adults with life-limiting diseases; - In advanced stages of illness or facing end-of-life situations; - The paper is designed for application in the general palliative population.	Narrative literature review based on: - existing guidelines; - systematic reviews and meta-analyses; - the authors' own palliative-care practice. Synthesizes practical and ethical recommendations for end-of-life care.	Open and honest communication with patients is crucial, without causing harm. Early palliative care integration improves symptom control, quality of life and mood. Physicians have a steering role in helping patients settle "final matters," including: 1. advance directives; 2. legal and medical wishes; 3. appointing representatives; 4. creating an emotional legacy (e.g., letters, video messages). Family members benefit from clarity around a patient's wishes, reducing guilt or conflict. Physicians should proactively address patients' end-of-life values, including their spiritual and emotional legacy.

Appendix D: Characterization of strategies for legacy building, types of legacy and legacy impact

	AUTHOR, YEAR, COUNTRY AND TITLE	Strategies for Legacy Building	Types of Legacy	Impact of Legacy
1	Allen, R. S. et al 2008 | USA Legacy Activities as Interventions Approaching the End of Life	The Legacy Participant Notebook - A Guide for Recalling and Telling Your Life Story	Life Review (semi-structured)	On the patient: - Increased sense of religious and social meaning; - Reduction in physical symptoms and depressive manifestations. On the caregiver: - Reduced caregiving stress and depressive symptoms; - Improved family communication.
2	Allen, R. S. 2009 | USA The Legacy Project Intervention to Enhance Meaningful Family Interactions: Case Examples	The Legacy Participant Notebook - A Guide for Recalling and Telling Your Life Story	Life Review: - Audiotaped life stories (Case 1). - Cookbook/family scrapbook with stories and photos (Case 2). - "Down Home Cookbook" focused on traditional recipes and heritage (Case 3).	Participants reported that: - Legacy activities improved family communication; - Legacy activities increased positive emotions and reduced caregiving stress. For families: - Family members perceived the final products as "a blessing", priceless and emotionally valuable; - Even in cases of patient death before project completion, the legacy provided comfort, continuity and connection.
3	Beck, A. et al 2019 | USA Abbreviated Dignity Therapy for Adults with Advanced-Stage Cancer and Their Family Caregivers: Qualitative Analysis of a Pilot Study	Dignity Therapy	Generativity Document	For participants: - Facilitated self-expression; - Fostered a sense of connection and opened space for difficult conversations; - Provided a renewed sense of purpose, motivation and daily engagement; - Enhanced continuity of self and a feeling of leaving something meaningful behind; - Supported autonomy. For families: - Strengthened relationships; - Helped process grief and facilitated shared reflection; - Preserved the patient's identity and essence.
4	Boles, J. C. & Jones, M. T. 2021 | USA Legacy perceptions and interventions for adults and children receiving palliative care: a systematic review	Legacy interventions included: - Dignity Therapy - Meaning-Centered Psychotherapy - Life Review Therapy - Creative arts therapies - Memory-making interventions	- Generativity Document - Life Review - Audio or video recordings - Artistic creations - Symbolic gestures	For patients: - Improved communication; - Greater emotional expression and psychological comfort; - Decreased anxiety, depression and existential distress; - Enhanced sense of meaning, dignity and identity. For families: - Facilitation of grieving and bereavement support; - Strengthened interpersonal relationships and spiritual well-being.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

5	Buonaccorso, L. et al 2021 | ITALY Meanings Emerging From Dignity Therapy Among Cancer Patients	Dignity Therapy	Generativity Document	For patients: - Strengthening of identity and recognition of one's life value; - Peace of mind and a sense of completeness and reconciliation. For families: - Enhanced communication within the family, especially regarding unspoken thoughts or emotions; - Legacy experienced as a gift, bringing relief and hope for those who remain.
6	Calle, M. M. 2019 | ITALY Dignity therapy in palliative care: a bibliographic review	Dignity Therapy	Generativity Document	For patients: - Improvements in dignity, meaning, purpose and will to live; - Helped manage existential distress, depression and anxiety; - Promoted emotional relief, affirmation of identity and a sense of being remembered. For families: - Provided comfort and connection; - Strengthened intergenerational continuity. For clinicians: - Deepened the therapeutic relationship; - Enhanced job satisfaction and promoted more humanized care.
7	Cardoso, A. R. 2019 | PORTUGAL Letters for Life: Legacy After Departure – A Mixed-Methods Study on the Subjective Experience of Patients at the End of Life	Therapeutic Interviews and Dialogues - Guided Reflection on Memories, Affections, Teachings and Wishes	Personal Letters (Letters for Life - Legacy for After Departure)	For the patient: - Fostered emotional reorganization and acceptance of finitude; - Promoted a sense of continuity and preservation of identity; - Contributed to a more serene and dignified dying process. For the recipients: - Provided a document that supports the bereavement process; - Offered comfort, a sense of connection and acknowledgment of the bond; - Assisted in memory preservation and intergenerational transmission of values.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

8	Chochinov, H. M. et al 2005 | USA Dignity Therapy: A Novel Psychotherapeutic Intervention for Patients Near the End of Life	Dignity Therapy	Generativity Document or Legacy Transcript	For patients: - 76% reported heightened sense of dignity; - 68% increased sense of purpose; - 67% enhanced sense of meaning; - 47% increased will to live; - 91% felt satisfied with the intervention; - Helped reduce suffering and depressive symptoms; - Patients felt heard, validated and able to make meaning at end of life. For families: - 81% of patients said the intervention had already helped or would help their family; - Documents contained affirmations of love, life reflections and emotional gifts
9	Chochinov, H. M. & McKeen, N. A. 2011 | USA Dignity Therapy	Dignity Therapy	Generativity Document	For patients: - 91% reported satisfaction with the therapy; - 76% experienced an increased sense of dignity; - 68% felt a greater sense of purpose; - 67% reported enhanced meaning; - 47% noted an increased will to live; - Helped reduce suffering, depression and existential distress; - Provided a sense of being heard, valued and having something meaningful to contribute. For families: - 78% reported the document was helpful during grief and remained a source of comfort; - Helped maintain connection, offer an emotional legacy and preserve the voice and values of their loved one. For clinicians:
10	Collins, A. 2019 | USA “It’s very humbling”: The Effect Experienced by Those Who Facilitate a Legacy Project Session Within Palliative Care	"From The HEart" program	Creative arts-based legacy projects: included life story recordings, documents, hand molds, scrapbooks and other artworks	For patients: - Legacy creation offered the opportunity to reflect, create meaning and leave behind something personal and meaningful. For families: - Helped maintain a connection with the deceased and provided comfort during bereavement. For facilitators: - Generated a positive emotional impact, including internal validation, sense of purpose and personal growth; - The work was experienced as rejuvenating and fulfilling; - The work enhanced self-awareness and gratitude for their own lives.

11	Coyle, N. 2006 | USA The Hard Work of Living in the Face of Death	Interview	Life Review	For patients: - Legacy-making fostered a sense of achievement, pride and meaning; - Enabled reconciliation with identity and life story; - Created a sense of continuity; - In two cases patients expressed regret for unfinished goals. For families: - Patients hoped their legacies would provide reassurance and protection to their families; - The legacy was intended to offer emotional support and continuity, particularly for children. For team: - Clinicians are encouraged to facilitate this process by managing symptoms, guiding advance care planning and allowing time and space for life review and legacy creation.
12	Cuevas, P. E. et al 2021 | PHILIPPINES Dignity Therapy for End-of-Life Care Patients: A Literature Review	Dignity Therapy	Generativity Document (personal stories; expressions of love and gratitude; reflections on values and meaning and life lessons and farewell messages)	For patients: - Increased sense of dignity, meaning and purpose; - Reduced psychological and existential distress; - Felt heard and valued, with the opportunity to leave something meaningful behind. For families: - Experienced emotional comfort and connection through the legacy document; - Felted supported during grief and bereavement; - Benefited from the preservation of the patient's voice and identity. For healthcare providers: - Reported greater emotional engagement and perceived the work as meaningful and rewarding.
13	Dahley, L. K. 2013 | USA Structured life review and its impact on family interactions	Interview (It followed a chronological guide starting from birth, childhood, adulthood, to present nursing home residency)	Life Review (living legacy - a video record of the person's life story, values, beliefs and experiences)	For patients: - Reported increased self-esteem, validation and a sense of importance; - Felt energized and emotionally uplifted by the process. For families: - Discovered new stories and information; - Gain a deeper understanding of the older adult; - Strengthened emotional bonds and opened deeper communication. For professionals: - Structured life review was proposed as a practical and beneficial intervention for social workers and care teams to enhance family communication and support.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

14	Davis-Berman, J. 2014 | USA Creating a Memory Book: Undergraduate Student Experiences With End-of-Life Interviews	Interview (Students conducted structured life review interviews with hospice patients over 3-4 sessions)	"Memory Book"- Legacy document by Life Review	For patients: - Patients reportedly participated actively and shared meaningful life stories. For families: - Expressed love and appreciation for the patient - Reported a strong emotional connection within the family.
15	Dose, A. M. 2018 | USA Perspectives of newly diagnosed advanced cancer patients receiving dignity therapy during cancer treatment	Dignity Therapy	Generativity Document	For patients: - Offered an opportunity for reflection, self-expression and identity reinforcement; - Provided a sense of purpose, emotional relief and validation of life meaning; - Was energizing, even amidst treatment side effects and fatigue; - Helped them feel they were doing something beneficial for their family. For families: - The document was perceived as a gift, something meaningful and lasting that would support and comfort loved ones in the future. For healthcare teams: - DT may support therapeutic rapport, enhance patient-centered care and provide spiritual and emotional support during treatment, not just at the end of life.
16	Gray, M. F. et al 2022 | USA Conceptions of Legacy Among People Making Treatment Choices for Serious Illness: Protocol for a Scoping Review	Interview (Reflection on personal values)	Life Review and Written document	For patients: - Supported a sense of dignity, purpose and meaning. For families: - Offered a sense of continuity and connection, while helping the families to preserve the voice and values of the person who is ill. For professionals: - Can influence medical decision-making.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

17	Grewe, F. 2017 | USA The Soul's Legacy: A Program Designed to Help Prepare Senior Adults Cope With End-of-Life Existential Distress	Developing a "soul's legacy" through a five-week seminar aimed at reflection and relational expression	Soul's legacy: lived experiences, wisdom gained, important stories, personal blessings, spiritual messages and emotional connection.	For patients: - Alleviation of existential distress; - Increased feelings of peace, gratitude and spiritual connection; - Promoted a sense of purpose and legacy continuity.
18	Hesse, M. et al 2019 | INDIAN A Review of Biographical Work in Palliative Care	Structured Interviews (Biographical interventions such as life review, short life review, dignity therapy and bereaved life review)	Legacy documents by Life Review	For patients: - Improved spiritual well-being and reduced depression; - Enhanced quality of life, sense of dignity, generativity and ego-integrity. For families: - Strengthened communication and mutual understanding within the families.
19	Julião, M. 2014 | Portugal Efficacy of Dignity Therapy on the Psychosocial Distress of End-of-Life Patients in Palliative Care: A Randomized Controlled Trial	Dignity Therapy	Generativity Document (narrative legacy, relational legacy, spiritual and emotional legacy)	In patients: - Significant reduction in psychological distress, particularly existential anguish; - Increased spiritual well-being and sense of dignity. In families: - Provided emotional comfort and sense of closeness; - Facilitated the grieving process. In healthcare professionals: - Foster greater empathetic involvement; - Improved understanding of patients; - Reinforced professionals' sense of purpose.
20	Julião, M. et al 2022 | PORTUGAL The European Portuguese Posthumous Dignity Therapy Schedule of Questions: Initial development and validation	Dignity Therapy	Generativity Document: restructured question guide (p-DT-SQ)	For patients: - Provided emotional comfort, consolation and clarity regarding life and values. For families: - Supported the grieving process by encouraging meaningful and structured remembrance; - Promoted a continued connection with the deceased. For professionals: - The protocol was reported as comprehensible, easy to use and clinically valuable for grief-related interventions.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

21	Neller, S. A. 2022 | USA Leaving a lasting legacy: A scoping review of ethical wills	Writing exercises, interviews and guided prompts (including question lists or templates)	Ethical Wills: a structured legacy document (written documents, audio or video recordings and artistic expressions: ethical legacy, spiritual legacy, relational legacy and narrative legacy)	For patients: - Facilitated life review, enhanced emotional well-being and reduced existential distress; - Fostered sense of completion, identity integration and peace. For families: - Promoted healing, gratitude and continued bonds; - The document was valued as a cherished keepsake. For professionals: - Ethical wills served as a communication tool to deepen understanding of patients'inner lives and values.
22	O'Callaghan, C. et al 2009 | CANADA Dealing with Palliative Care Patients' Incomplete Music Therapy Legacies: Reflexive group supervision research	Music Therapy (involvement of family members in planning, completing or receiving legacy)	Music Therapy Legacies	For patients: - Supported dignity, meaning, vitality and spiritual connection; - Alleviated symptoms, offered distraction, affirmed identity and life narrative; - Enabled emotional expression and acknowledgment; - Some patients expressed frustration or sadness when unable to complete legacy work. For families: - Provided comfort, continuing bonds and support during bereavement. For healthcare professionals: - Highlighted the importance of clinical flexibility and respect for end-of-life uncertainty in legacy practices.
23	Otis-Green, S. 2003 | UK Legacy building	Use of expressive arts as culturally relevant tools for legacy creation "Writing for Wellness" workshops using poetry and narratives to express illness experiences Storytelling and shared reflection Use of symbolic tools like the Zen Board.	Legacy documents: music, poetry, painting, journaling, collage, scrapbooks	For patients: - Enhanced self-efficacy, empowerment and sense of purpose; - Helped reduce panic and existential suffering by giving meaning to the dying process. For families: - Created lasting and cherished memories, providing comfort; - Enabled better understanding and strengthened connection. For professionals: - Increased job satisfaction and fostered deeper emotional connection with patients; - Recognized as an opportunity to participate in positive memory-making that lasts beyond the patient's death.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

24	Piderman, K. M. et al 2020 | USA Hearing and Heeding the Voices of those With Advanced Illnesses	Development and implementation of the Spiritual Legacy Interview (SLI), a structured spiritual assessment tool designed to facilitate conversations about personal meaning, relationships, value and hopes. The SLI consists of nine reflective questions, covering themes like life purpose, wisdom, gratitude, forgiveness and blessings	Legacy documents (spiritual legacy, relational legacy and narrative legacy).	For patients: - Facilitated emotional expression and fostered a sense of being heard and valued; - Promoted inner peace, gratitude and reconciliation with others; - Many participants found the process therapeutic and described it as a privilege. For families: - Provided comfort and spiritual encouragement during bereavement. For professionals: - Enhanced understanding of patients' spiritual and emotional needs.
25	Roikjær, S. G. et al 2019 | DENMARK The use of personal narratives in hospital-based palliative care interventions: An integrative literature review	Use of personal narrative interventions such as Dignity Therapy, Life Review and Meaning-Centered Psychotherapy.	Semi-structured interviews transcribed into a legacy document (Generativity Document)	For patients: - Enhanced sense of meaning, dignity and identity; - Promoted emotional expression, reduced anxiety and strengthened coping with terminal illness; - Helped some patients reconcile with their past. For families: - Reported emotional comfort and gratitude for the opportunity to receive such a personal gift; - Legacies helped to easing the grieving process. For healthcare professionals: - Enhanced ability to provide person-centered and holistic care; - Some professionals reported increased job satisfaction and a deeper sense of connection with patients.
26	Rutenberg, M. 2008 | CANADA Casting the Spirit: A Handmade Legacy	Art Therapy Intervention	Creation of plaster hand sculptures	For patients: - Evoked a sense of continuity, dignity and symbolic expression of self; - Aided in accepting death and crafting a meaningful farewell. For families: - Facilitated emotional expression, supported the grieving process and could be incorporated into rituals of continuity. For the care team: - The art therapy intervention was experienced as deeply meaningful, preserving patient dignity and personhood.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

27	Schryer, C. et al 2012 | CANADA Creating Discursive Order at the End of Life: The Role of Genres in Palliative Care Settings	Dignity Therapy (Narrative Interviews)	Generativity Document (Legacy documents)	For patients: - Provided a sense of control, coherence and meaning-making; - Allowed emotional expression and integration of life events; - Helped alleviate existential anxiety and fostered dignity and peace. For families: - Legacy narratives were valued as meaningful keepsakes; - Offered comfort and support during bereavement. For care providers: - Enhanced the therapeutic relationship; - Provided deeper insight into patient values and
28	Skinner, S. et al 2019 | USA Life Story Themes: A Qualitative Analysis of Recordings From Patients Approaching the End of Life	Use of open-ended interviews; Story-sharing; Storytelling guided in four key themes (life events, family/support systems, values/beliefs and current medical condition)	Generativity Document (Life Review and Legacy documents)	For patients: - Provided psychosocial relief; - Fostered personal development and meaning-making. For families: - Strengthened bonds and promoted healing through shared understanding and appreciation of the patient's life story. For the care team: - Offered deeper insights into patientsvalues and priorities, promoting person-centered care; - Served as a practical tool for untrained providers to foster dignity and emotional support without requiring formal DT or LR training.
29	Steinhauser, K. E. et al 2009 | USA Seriously ill patients' discussions of preparation and life completion: An intervention to assist with transition at the end of life	Use of a communication framework that facilitated patient expression around emotional, practical and existential themes, including life reflection and personal legacy	Legacy documents	For patients: - Enhanced emotional well-being through discussing of their life stories; - Facilitated acceptance of mortality and reducing of existential distress. For families: - Provided comfort and guidance. For healthcare professionals: - Improved communication and understanding; - Offered a structured yet flexible model to support patients.

30	Tait, G. R. et al 2011 | CANADA Exploring the therapeutic power of narrative at the end of life: a qualitative analysis of narratives emerging in dignity therapy	Dignity Therapy (interviews were audio-recorded, transcribed and lightly edited)	Generativity Document (Legacy document)	For patients: - Greater sense of dignity; - The legacy document reinforced personal identity and control. For families: - Provided comfort and continuity after death. For healthcare professionals: - The experience as formative and meaningful in their approach to end-of-life care.
31	Testoni, I. et al 2020 | ITALY The Sense of Dignity at the End of Life: Reflections on Lifetime Values through the Family Photo Album	Narrative and visual-based intervention using the family photo album as a tool to stimulate memory, reflection and communication	Legacy document with messages or reflections	For patients: - Facilitated a sense of dignity, continuity and identity; - Supported emotional expression and life integration, promoting peace. For families: - Reinforced relational bonds; - Facilitated grieving through a continued connection to the patient's story. For care providers: - Promoted a holistic therapeutic approach that integrates psychological, emotional and existential dimensions.
32	Vanstone, M. et al 2016 | CANADA Narrative medicine and death in the ICU: word clouds as a visual legacy	The Word Cloud were developed as part of the 3 Wishes Project to help critically ill patients die with dignity	Visual legacy: a tangible Word Cloud collage capturing the essence of the patient (words were arranged into a visual collage using tools like wordle.net)	For patients: - Felt honored as whole persons through this legacy process. For families: - Experienced comfort, connection, meaning and healing during grief. For clinicians: - Reported enhanced empathy, reaffirmed sense of vocation and experienced emotional connection and professional satisfaction.
33	Vidal, C. et al 2018 | PORTUGAL Creating a legacy - a tool to support end-of-life patients	Dignity Therapy and Life Review (use of creative and patient-tailored activities) Creation of legacy documents often results from interventions like DT, involving interviews that are recorded, transcribed and edited, then returned to the patient for approval and optional sharing with loved ones	Generativity Document (Legacy documents)	For patients: - Decrease in anxiety, depression, desire for death and feelings of hopelessness; - Increase self-esteem, hope, will to live, dignity and sense of purpose; - Promoted inner peace, reconciliation with life events and creativity at end of life. For family/caregiver: - Reduced caregiver stress and facilitated grieving; - Strengthened social interaction and emotional bonding. For healthcare professionals: - Recognized the positive impact of legacy activities as part of holistic care; - Encouraged a patient-centered approach.

Citation: de Sousa AG, Pessoa RM, Capelas ML (2026). Types of legacies and their impact in palliative care at end-of-life: A systematic scoping review. Int J Health Sci Biomed. 3(4): 1-43. DOI: 10.5281/zenodo.21195727

34	Vuksanovic, D. et al 2016 | AUSTRALIA Dignity Therapy and Life Review for Palliative Care Patients: A Randomized Controlled Trial	Dignity Therapy and Life Review	Generativity Document and Life Review	For patients: - Reported greater improvements in their sense of generativity and ego integrity; - Orientation and contribution to future generations; - Help in reflecting on one's own life with meaning and acceptance. For family/caregiver: - 93.3% of family members reported that DT was useful; - 66.7% said that the experience changed the way they saw or valued their relative; - 100% said that DT was useful for themselves and more than 80% considered that: - It helped the patient feel more valued; - Increased the sense of dignity and meaning; - Facilitated preparation for the future. For healthcare professionals: - Reinforced the role of narrative interventions as a valuable component of person-centered palliative
35	Vuksanovic, D. et al 2017 | AUSTRALIA Dignity Therapy and Life Review for Palliative Care Patients: A Qualitative Study	Dignity Therapy, Waitlist Dignity Therapy and Life Review	Generativity Document and Life Review	For patients: - DT increased the sense of hope, resilience, purpose, acceptance of death and sense of continuity; - Facilitated processes of internal reconciliation and the organization of memories into meaningful narratives; - Reduced feelings of uselessness and despair. For family: - It was hoped that the legacy document would serve as a source of consolation and guidance for loved ones after death. For team: - The process enhanced person-centered understanding, potentially improving therapeutic relationships.

36	Vuksanovic, D. 2018 | AUSTRALIA Empirical Foundations of Dignity Therapy: Comparing Dignity Therapy with Life Review for Palliative Care Patients	Dignity Therapy (semi-structured interview guide consisting of open-ended questions that elicit life review, sources of pride, key roles and accomplishments, values, hopes, lessons learned and messages)	Generativity Document and Life Review	For patients: - Improved patients' sense of dignity, purpose, meaning and hope; - Reduced psychological and existential distress, while enhancing spiritual well-being and ego integrity. For family: - The generativity document provides comfort, connection and ongoing emotional support after the patient's death. For team: - The intervention promotes a deeper understanding of the person behind the patient, enriching the care relationship.
37	Welsch, K. & Gottschling S. 2021 | GERMANY Wishes and Needs at the End of Life	Oral storytelling and open dialogue; write memories, thoughts or leave objects and spontaneous life review processes	Life Review (written words, verbal messages, physical objects or symbolic)	For patients: - Reported that the intervention gave meaning to their suffering and reaffirmed their value as individuals. For family: - Legacy items and conversations were described as comforting and helpful in the grieving process. For care team: - Deepening the therapeutic relationship and strengthening person-centered care.