

Dear Friend:

Being diagnosed with a life-limiting illness is, unfortunately, a shock that many people will experience. One of our patients – a 69-year-old Navy veteran named Pete – described it this way: “My world stopped when my doctor told me I had stage three cancer. Physically, I didn’t feel all that bad yet, which made it harder to believe. I’ve never felt so helpless...and so alone, even though my wife was with me. She told me later that she had watched the confident and carefree man she loved disappear right before her eyes.”

It was reassuring to Pete when an army of specialists started helping him fight the cancer with aggressive chemotherapy. He just had to do two things – show up for the treatments and endure their aftermath. But while chemotherapy did slow the progression, its side effects often felt as debilitating as the disease itself.

One day, severe nausea kept Pete from going to his nephew’s graduation from the Naval Academy. “That was a real wake-up call. I realized that in the battle, I’d gone AWOL from my own life. My days were joyless and too many were spent in doctors’ offices.

“I wasn’t ready to stop fighting, but I also wasn’t willing to give up who I was and what made my life worth living. Things like being able to take part in family celebrations and play cards with my buddies.”

Pete got lucky when a friend visited, saw how uncomfortable he was, and suggested he look into something called “palliative care.” He had seen first hand how it helped someone in his own family.

“I hope others aren't put off by something they don't understand. Palliative just means supportive care. In my case it reduced the intensity of my whole experience. It gave me my life back and I couldn't be more grateful.”

— Pete



“That word was completely foreign to me” Pete admits. “But my buddy helped me understand that I could continue chemotherapy and keep hoping for a cure while adding this type of supportive care to ease the symptoms I was experiencing from both the disease and the treatments.”

“Better yet, he reminded me that Hospice of the Chesapeake, which had taken great care of my mother before she died, also has a whole separate palliative care practice and outpatient center. I trusted them, so I called and scheduled an appointment with Chesapeake Supportive Care (formerly Chesapeake Palliative Medicine) two days later. See the smile on my face? The old Pete is back, and I’ve still got plenty of living to do!”

I’m happy to tell you that Pete was just one of more than 1,000 palliative care patients we cared for in 2019. That’s 30% more than in 2018!

As Pete’s story shows, the sooner palliative care begins after diagnosis, the greater the benefit. Patients who may still be months or years away from needing hospice care receive personalized, holistic clinical support and psychosocial services focused on 1) goals for care and quality of life, 2) education about their illness and its progression, 3) pain and symptom management, and 4) challenges such as anxiety, difficult family dynamics, and advanced directives.

Since Medicare and private insurers currently provide limited reimbursement for palliative care, we rely on charitable donations to offer a full range of essential supportive services, including unreimbursed services provided by our social worker.

Will you please help? Your generous tax-deductible gift means more patients will avoid repeated expensive hospital visits and will stay independent for as long as possible with effective pain management, social connections and meaningful experiences.

With your support, essential supportive care will become more widely understood and utilized. We hope that will mean a more caring community, lower healthcare costs...and a lot more smiles!

Sincerely,



Ben Marcantonio
President & CEO

P.S. As Pete's story shows, our mission of caring for life throughout the journey with illness and loss is about so much more than hospice care. It's caring for people at any age and at any stage of a serious illness. Thank you for your support!

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