

THE REFERRAL

SHARED KNOWLEDGE FOR BETTER PATIENT OUTCOMES



David Weng, MD PhD

IT'S NATIONAL HOSPICE & PALLIATIVE CARE MONTH!

This month, *The Referral* is dedicating special issues to the clinicians, caregivers, and community partners advancing the mission of hospice and palliative care. In this first release, we spotlight Dr. David Weng, a Maryland oncologist helping to reshape how healthcare professionals understand and integrate these vital services into patient care.



REFER EARLY. BETTER OUTCOMES.

IT'S NOT ABOUT GIVING UP: CHANGING THE CONVERSATION AROUND HOSPICE AND PALLIATIVE CARE

When Dr. David Weng talks about hospice, he doesn't describe it as the end of the road. He sees it as a turning point—a moment when patients and families can refocus their energy on what truly matters: living well. As a medical oncologist with Maryland Oncology Hematology, Dr. Weng has guided countless patients through some of the hardest decisions of their lives. His philosophy reframes hospice as a continuation of care rather than a conclusion.

"Hospice is not end-of-life care. It's best-of-life care," he said.

That simple distinction reshapes everything. Instead of centering on loss, it emphasizes what can still be gained—comfort, dignity, and autonomy.

Early in his career, Dr. Weng encountered hospice primarily in hospitals, often when patients were already overwhelmed by complications and exhaustion. But his experience over time revealed a different truth: hospice doesn't have to come at the very end. It can be introduced much earlier, even while patients are still exploring treatment options. **"Care doesn't always mean treatment," he explained. "It means identifying what their priorities are in relation to what's possible."**

This approach has profound meaning for patients facing advanced or aggressive illnesses, such as metastatic pancreatic cancer, where treatment options can be limited and burdensome. For many, choosing hospice is not an act of surrender—it's a choice to prioritize the quality of their days. **"Hospice provides the opportunity for patients to focus on the quality of their life in relation to their medical condition," Dr. Weng said.**

REFRAMING THE CONVERSATION

Yet the stigma around hospice persists. Too often, it is seen as synonymous with giving up. Dr. Weng challenges that belief head-on. **"No one wants to give up," he said. "But giving up is really an expression of fear. Hospice is not about fear. It's about living."**

He stresses that hospice care is led by the patient. It doesn't take control away—it restores it. **"A big part of acceptance is understanding that the patient is in charge, not the medical establishment,"** he explained. This sense of agency helps patients reclaim their voices and define what living well means to them.

[ONLINE CLINICAL REFERRAL FORM](#)

"HOSPICE IS NOT ABOUT FEAR. IT'S ABOUT LIVING"

- DR. DAVID WENG

HOSPICE CARE HELPS FAMILIES RECLAIM WHAT MATTERS MOST



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That empowerment extends to families too. Without hospice, loved ones often become overwhelmed caregivers, managing medical complexities while trying to preserve a sense of normalcy. Hospice shifts that balance. **"The initial importance of hospice care is to allow the family to be the family again, not the caregiver."**

Despite these benefits, institutional barriers still limit access. Many hospice referrals occur only after hospitalization, when the disease has advanced and choices have narrowed. **"The biggest institutional barrier is the sense that hospice referrals can only come once a patient is hospitalized," Dr. Weng noted. "That's just not true."**

Insurance structures also complicate the decision. Patients are frequently forced to choose between pursuing treatment and receiving hospice benefits. Dr. Weng sees this as a serious flaw in the system. **"If reimbursement forces patients to give up treatment to qualify for hospice, it reinforces the idea that accepting hospice means giving up," he explained.**

To change that, healthcare systems must adopt a broader understanding of hospice's purpose. It is not simply about the final days. It is about symptom management, emotional support, and maintaining quality of life throughout the entire journey. **"Hospice is focused on symptom management and quality of life. Those are essential aspects of a best-of-life approach," Dr. Weng said.**

At Maryland Oncology Hematology, Dr. Weng has seen firsthand how collaboration can transform care. Embedded hospice nurse practitioners work alongside oncologists to introduce palliative care earlier in the process. This team-based approach helps patients and families see hospice not as a line of last defense, but as a bridge to better living. **"That's the kind of relationship that allows the concept of best-of-life care to be introduced much earlier," he explained.**

For Dr. Weng, this is the heart of the conversation. Hospice and palliative care are not endpoints—they are pathways to living fully, meaningfully, and with dignity. When patients and providers embrace that truth, care becomes less about what is ending and more about what remains possible: time, comfort, and the freedom to define one's own best life.

» LOOKING AHEAD »

In forward-thinking medical practices, the line between treatment and hospice care is becoming less of a boundary and more of a continuum of support. When healthcare providers begin to view hospice as a vital part of living well rather than a sign of decline, patients experience care that feels more human, compassionate, and empowering. This evolving perspective has the potential to transform how health systems approach serious illness across the nation. As Dr. Weng puts it, the goal is not to redefine hope, but to restore it—and to remind every patient that quality of life is always worth fighting for.

