

THE REFERRAL

SHARED KNOWLEDGE FOR BETTER PATIENT OUTCOMES



INSIDE THE ISSUE:

- **Major Study: What Do Physicians Want at the End of Life? Insights from an International Study**
- **Expanding Home Care in Calvert County**
- **Closer Than You Think: Your Guide to Hospice of the Chesapeake Locations**



THE LAST ROUNDS: PHYSICIANS ON THEIR OWN END OF LIFE DIGNITY

A new international qualitative study by Sarah Mroz and colleagues sheds light on a deeply personal yet professionally relevant question: **What do physicians want for themselves at the end of life—and how do their experiences shape those wishes?**

Through 45 in-depth interviews with physicians in Belgium, Italy, and the United States, the researchers found that most physicians—especially those in palliative care—have reflected extensively on their own mortality. They overwhelmingly expressed a desire to avoid aggressive, life-prolonging interventions and to prioritize comfort, dignity, and connection with loved ones. As one Belgian physician reflected, ***“Being aware of the situation, saying goodbye to loved ones, and being without fear—that is dignity.”***

KEY TAKEAWAYS FOR CLINICIANS:

- **Peace over prolongation:** Most physicians want to forgo high-intensity treatments such as mechanical ventilation, artificial nutrition, and CPR when facing poor prognoses.
- **Personal and professional influence:** Experiences with dying patients and loved ones profoundly shape physicians’ preferences. Witnessing both “good deaths” and distressing ones often leads to a preference for comfort-focused care.
- **Evolving views:** Physicians acknowledged that their preferences may change over time with new experiences or as illness progresses.
- **Reflection improves care:** The study suggests that physicians who regularly reflect on their own mortality feel more comfortable discussing end-of-life options with patients—a practice that benefits both doctor and patient.

Learn More

This research underscores the importance of fostering reflective end-of-life dialogue within medical education and clinical teams. As Mroz et al. conclude, “Death and dying become more comfortable and normalized the more they are reflected upon and discussed.”

[Read the full study here](#)

EXPANDING ACCESS: IN-HOME PALLIATIVE CARE IN CALVERT COUNTY



Chesapeake Supportive Care (CSC), the palliative care division of Hospice of the Chesapeake, is proud to announce a new partnership with Southern Maryland House Calls (SMHC), a respected provider of home-based geriatric care. This collaboration is designed to expand access to high-quality, in-home palliative care for patients in Calvert County.

Through this partnership, patients living with progressive illness will benefit from coordinated, in-home visits that provide expert symptom management, support for complex medical decisions, and compassionate care planning, all in the comfort of their own homes.

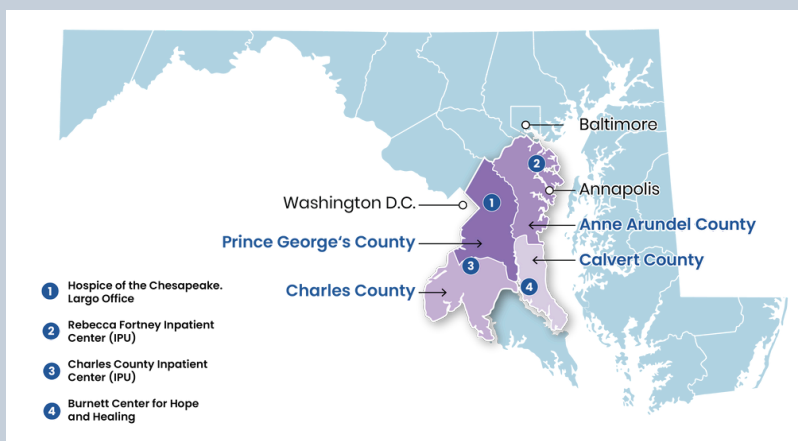
What This Means for You and Your Patients in Calvert County

This partnership gives you a trusted, streamlined option for referring patients who need in-home palliative care, especially those who are homebound or managing complex conditions.

By referring earlier to Chesapeake Supportive Care, you help ensure your patients receive timely symptom relief, goal-centered care planning, and support that aligns with their values—right at home.

CLOSER THAN YOU THINK HOSPICE OF THE CHESAPEAKE'S SERVICE REACH

We're excited to share a new visual resource that highlights the breadth of Hospice of the Chesapeake's service coverage across the region. This map was designed to help referral partners quickly understand where Hospice of the Chesapeake provides care, including proximity to major cities and underserved counties. Whether you're working with patients in urban centers or rural communities, this tool ensures you know exactly where Hospice of the Chesapeake can step in to support.



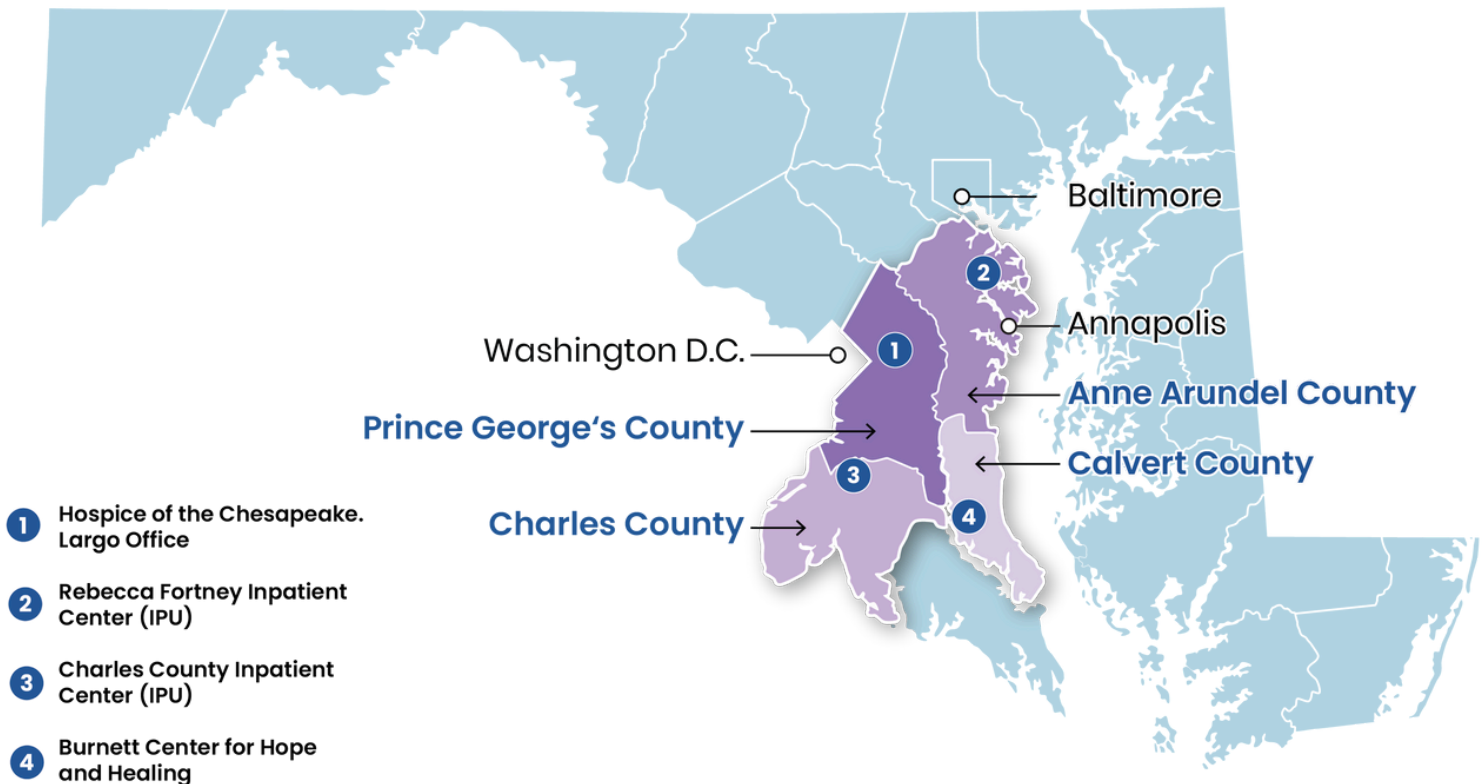
REFER EARLY. BETTER OUTCOMES.

It's especially useful for identifying care options for patients who may be relocating or need services closer to family. Referral partners can use this map to make faster, more informed decisions about patient placement.

Early referrals also allow our team to coordinate care more effectively and reduce delays. This resource is part of our ongoing effort to strengthen collaboration and streamline care pathways. Together, we can make sure every patient receives timely, compassionate support—wherever they are.

CLOSER THAN YOU THINK

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