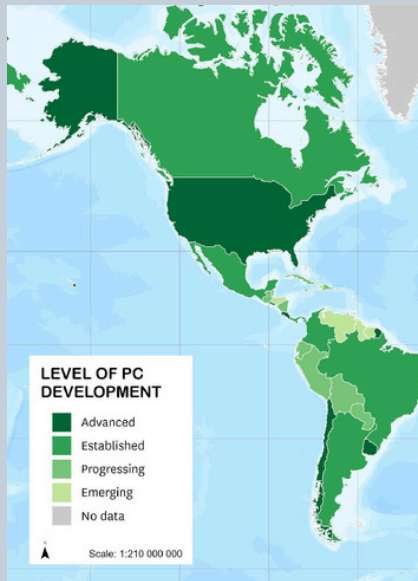


# THE REFERRAL

SHARED KNOWLEDGE FOR BETTER PATIENT OUTCOMES



## INSIDE THE ISSUE:

- **New insights from JCO highlight practical ways clinicians can affirm dignity and hope at end of life.**
- **How Our New Partnership Helps Patients and Physicians.**
- **Major Study: Global Palliative Care Progress**

## INTENSIVE CARING:

### A REMINDER THAT PATIENTS ALWAYS MATTER

In a recent Journal of Clinical Oncology podcast, Dr. Shannon Westin spoke with Dr. Harvey Max Chochinov—cofounder of Canadian Virtual Hospice and pioneer in dignity therapy—about his article “Intensive Caring: Reminding Patients They Matter.”

Dr. Chochinov builds on Dame Cicely Saunders’ guiding principle of hospice care: **“You matter because you are you, and you matter to the last moment of your life.”** He introduces “intensive caring” as a framework for responding to patients in profound emotional or existential distress, not by “fixing” what can’t be fixed, but by showing presence, non-abandonment, and genuine connection.

## KEY TAKEAWAYS FOR CLINICIANS:

- Non-abandonment matters. Even after care transitions to hospice, small gestures—calls, notes, or brief check-ins—reinforce that patients are remembered.
- Personhood must stay central. Tools like the Patient Dignity Question (“What do I need to know about you as a person to give you the best care possible?”) can transform patient and family experience while also reducing clinician burnout.
- Therapeutic humility is powerful. Presence and acknowledgment—not perfect words—bring comfort when medical “fixes” are no longer possible.

Ultimately, intensive caring is a reminder that how we show up matters as much as what we do.



## Learn More

For a deeper dive into Dr. Chochinov’s insights, listen to the full Journal of Clinical Oncology podcast episode **“Intensive Caring: Reminding Patients They Matter.”** You can also explore more of his groundbreaking work on dignity in care by visiting [dignityincare.ca](https://dignityincare.ca).

## **EARLIER SUPPORT, BETTER OUTCOMES:** **HOW OUR NEW PARTNERSHIP HELPS PATIENTS** **AND PHYSICIANS**



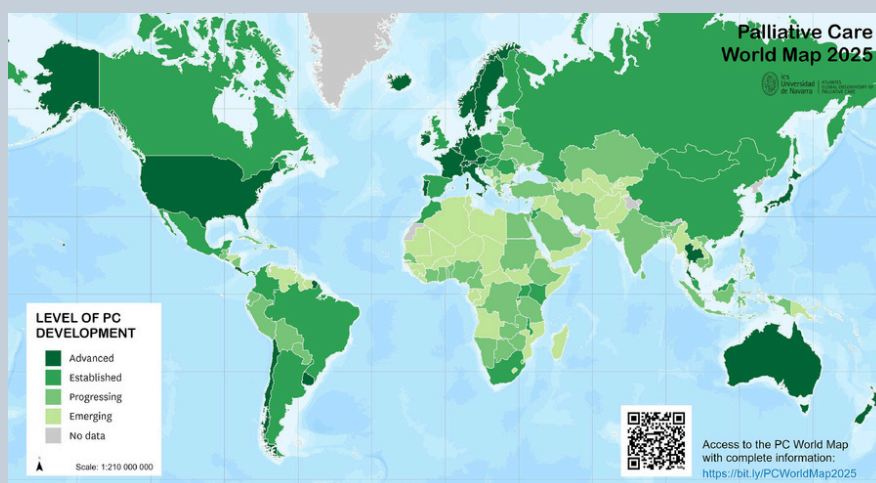
We're excited to share that Hospice of the Chesapeake has partnered with **OnSite Medical House Calls** to better serve patients, families, and the physicians who care for them. By working together, we can ensure that individuals facing progressive illness receive **earlier, more comprehensive support—whether that's through primary care, palliative care, or hospice services.** This collaboration helps patients live with greater comfort and dignity, while giving physicians confidence that their patients' needs are met at every stage of care.

Through this partnership, patients can receive seamless, in-home medical care from OnSite while also benefiting from Hospice of the Chesapeake's expertise in advanced illness and end-of-life support.

**For physicians, this creates a clearer path for referrals at earlier stages, making it easier to connect patients with the right level of care at the right time.**

Together, we're expanding access, strengthening continuity, and ensuring no one has to face serious illness without the care and compassion they deserve. Learn

## **GLOBAL PALLIATIVE CARE** **PROGRESS:** What It Means for *Our* Work Together



The 2025 World Map of Palliative Care Development.

In a landmark study published in the *Journal of Pain and Symptom Management*, the World Health Organization (WHO) and the ATLANTES Global Observatory released the first-ever global ranking of palliative care development across 201 countries. The United States was classified in the highest tier—"Advanced"—based on 14 indicators spanning policy, education, service delivery, essential medicines, research, and community empowerment.

While this recognition reflects strong national frameworks and widespread availability of specialized services, the report also highlights persistent challenges that resonate with our shared mission at Hospice of the Chesapeake.

## KEY CHALLENGES IDENTIFIED

- **Access Gaps:** Despite national coverage, disparities persist in rural areas, underserved communities, and pediatric populations.
- **Workforce Shortages:** There is a growing need for trained professionals in palliative medicine, especially in community-based and home settings.
- **Limited Primary Care Integration:** Palliative care remains siloed from primary care, hindering early intervention and continuity.
- **Public Misunderstanding:** Many still associate palliative care solely with end-of-life or cancer care, delaying referrals and reducing utilization.
- **Essential Medicines:** Regulatory and logistical barriers continue to affect access to opioids and other pain management tools, even in high-income settings.



Conceptual framework for palliative care development (WHO, 2021)

## SOLUTIONS MOVING FORWARD



The WHO framework offers actionable strategies to address these gaps:

- **Expand community-based models** to reach patients where they live.
- **Mandate palliative care education** in medical and nursing schools.
- **Strengthen public awareness** through health literacy campaigns and advance care planning.
- **Invest in workforce development** and interdisciplinary team training.
- **Promote equity** by prioritizing services for pediatric, rural, and marginalized populations.

**At Hospice of the Chesapeake, we are committed to advancing these goals through collaborative partnerships, education, and advocacy. This global benchmarking reinforces the importance of our local efforts to ensure that every patient and family has access to compassionate, high-quality care—regardless of geography or diagnosis. Together, we can transform insights into action and continue leading the way in palliative care excellence.**