



Palliative Care – What it is, why it matters, & how dosimetrists make a difference

American Association of Medical Dosimetrists

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Katie Jones, RN, NP & Erin Perejda, LCSW



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Learning Objectives

DEFINE what palliative care is and describe its role across the continuum of serious illness.

IDENTIFY appropriate patient populations and clinical scenarios where palliative care can be integrated

DISCUSS how early palliative care involvement can improve patient outcomes, symptom management, and quality of life.

ACKNOWLEDGE how you, as dosimetrists, **IMPACT** patient care in meaningful ways



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Homecare vs. Palliative care vs. Hospice

HOME CARE	PALLIATIVE CARE	HOSPICE
ILLNESS/INJURY	SERIOUS OR LIFE LIMITING ILLNESS	TERMINAL DIAGNOSIS
RESTORATIVE	CURATIVE OR PALLIATIVE INTENT	6 MONTH OR LESS PROGNOSIS
INTERMITTENT	SUPPORTIVE CARE	COMFORT FOCUSED CARE ONLY
IMPROVEMENT	ONGOING	NO HOME BOUND REQUIREMENT
REHABILITATIVE	SYMPTOM MANAGEMENT	END OF LIFE CARE
HOME BOUND	QUALITY OF LIFE	
	NO HOME BOUND REQUIREMENT	
	NO TERMINAL ILLNESS REQUIREMENT	



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What is palliative care?



- It is **NOT** end of life
- **Whole-person** care delivered by an interdisciplinary team
- Care focused on relieving symptoms of serious illness & improve QOL – for the patient **AND** the caregivers.
- Matches the patients' goals of care with what is **realistic**
- Focus on needs, **values**, priorities of the patient **NOT** prognosis - match goals to what is realistic.
- **Any** age, **any** stage in a serious illness and can be provided along with **curative** intent therapies



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How does palliative care help?

Symptom management

Improves Quality of Life for the patient and loved ones

Decreases burden on caregivers, hospitals, and outpatient clinics

Improves survival in some malignancies



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Advance Care Planning



Advance care planning is not about surrender; it focuses on directing care according to the patient's values and wishes.

This process helps prevent unwanted treatments, promotes informed choices, and maintains patient autonomy.



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Why is palliative care important?

"Patients don't care how much you know until they know how much you care."

~Theodore Roosevelt



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Who delivers palliative care?

WE ALL DO!!!

- Interprofessional palliative care team
- Physicians
- Nurse Practitioners/Physician Assistants
- Nurses
- Radiation professionals
- Pharmacists
- Referral & scheduling specialists
- Social workers
- Chaplains
- Volunteers



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Why do you do what you do?



The human-ness of care is why many of us chose the healthcare profession.

We **ALL** have the power to help.



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Difficult conversations — how do palliative clinicians have them?



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Palliative Care Consultation

D.W. is a 68 y.o. female with metastatic breast cancer with brain metastases who comes to the clinic to review results of recent imaging done to assess her response to chemotherapy. She is becoming increasingly weak, and treatment has caused many side effects and toxicities that are impacting her quality of life. Her imaging results show she is no longer responding to treatment. Further treatment options are likely to cause significant toxicity and shorten her life instead of extending it. D.W.'s goal has been to extend her life for as long as possible to spend time with her young grandchildren, her adult children, and her spouse.



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SPIKES

S: etting
P: erception
I: nvitation
K: nowledge
E: mpathy
S: ummary



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Setting (Spikes)

Set the stage for the conversation

- Arrange for privacy
- Involve significant others
- Sit down
- Make connection with the patient
- Manage time constraints and interruptions

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Perception (sPikes)



Perception: understand the patient's and family's perception of their situation.

Before you tell, ASK

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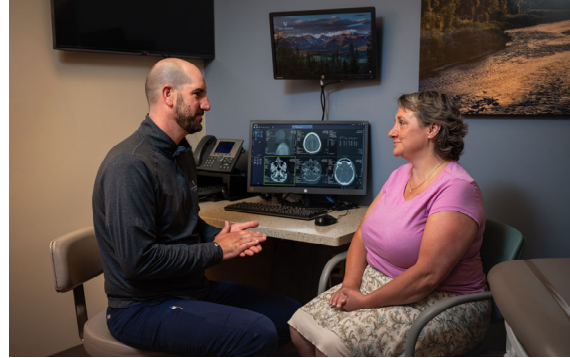
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Invitation (sp|kes)

Invitation:

Find out how much information the patient wants.

Some patients want diagnosis and prognosis, some do not



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Knowledge (spiKes)



- Give information clearly and check for understanding
- "Fire a warning shot"
- Use simple, nontechnical language
- Avoid bluntness
- Give information in small chunks and check for understanding
- When prognosis is poor, focus on what we can still do

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Empathy (splkEs)

Empathy:

Respond to the patient's emotions with empathy and validation

Observe for emotion, silence is OK!

Identify the emotion they are experiencing

Identify the reason for the emotion

Respond empathically



Summarize (spikeS)

Summarize/Strategy:

Summarize and outline the next steps and options



Go Wish



Go Wish

1. To have human touch
2. To have a nurse I feel comfortable with
3. To take care of unfinished business with family and friends
4. To have my financial affairs in order
5. To have my family with me
6. To remember personal accomplishments
7. To be free of pain
8. To be free from anxiety
9. To have my family prepared for my death
10. To maintain my dignity
11. To be at peace with God
12. To feel that my life is complete
13. To have a doctor who knows me as a whole person
14. To have my funeral arrangements made
15. To keep a sense of humor
16. To have an advocate who knows my values and priorities
17. To be mentally aware
18. To be able to help others
19. To know how my body will change
20. To be kept clean
21. Not being connected to machines
22. To have close friends near
23. To trust my doctor
24. To meet with a clergy or a chaplain
25. Not being short of breath
26. Not being a burden to my family
27. To be able to talk about what scares me
28. To die at home
29. To pray
30. To have someone who will listen to me
31. WILD CARD
32. To prevent arguments by making sure my family knows what I want
33. To say goodbye to important people in my life
34. To be treated the way I want
35. Not dying alone
36. To be able to talk about what death means

Reframing Hope

Look at the value that remains

Upon diagnosis, you started with hopes and goals that were realistic and attainable. As your symptoms and disease changed over time, you had to adjust your hopes and goals to what is valuable to you, yet realistic and attainable. This process can be devastating to patients and the people they care about. This is what living with cancer is really like.



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ATTENTION Dosimetrists!

The POWER of your work
makes a DIFFERENCE!



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Triathlon completed June 2021



“My family & I cannot thank you enough for the quality of life (mentally & physically) you have given me these past 21 months.”

~ Bob T.



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Via Ferrata October 2022



My son and I went helicopter flyfishing in the wilds of Alaska. It was incredible!

But they threw in a special treat the first day we arrived by Float Plane.

We climbed a 1200 ft rock mountain using Via Ferrata lines. Only accessible by helicopter landing on a postage stamp.

I never would have dreamed I would ever do something like this. I'm the one in the tan jacket in the first two scenes of the video.

Incredible beyond belief. We then ate lunch on another mountain top, followed by a glacier hike

I owe this all to the excellent care (physical & mental) from all of you at the Shaw Center

~ Bob T.



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Still doing what he loves – March 2024



Still living the dream!
Thank you, Shaw Team ❤️

~ Bob T.



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Solo trips with each grandchild – 2019-2024



April 2024

Solo trip with his 15-year-old granddaughter to Zapata Ranch to horseback ride – her pick!

Other trips prior included:
Paris & Disneyworld



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Poppy's Ski School – 1/15/2024



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Bob T. -



- Bob T passed away peacefully on 9/11/2024.
- He survived for 5 years thanks to professionals such as yourselves
- In those 5 years, Bob had 98 total radiation treatments! His goal was to get 100 for which he was going to require his radiation oncologist to make him chocolate chip cookies – he sure got close!



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What do we say when we run out of options?

There is ~~nothing~~ we can do.

Our response

There is **ALWAYS** something we can do

- *Be curious*
- *Ask the patient*
- *Get creative*



Our call to action – the creation of Shaw at Home

- Shaw at Home is a home and community based, oncology specific palliative care program.
- The program provides palliative support to patients being treated by Shaw in the comfort of their own homes, as well as in the clinic and hospital setting.



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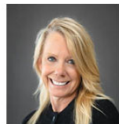


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Shaw at Home Team



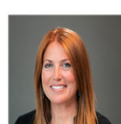
Katie Jones, MSPC, FNP-C



Jamie Swift, RN



Heidi Neuhauser, BS



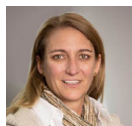
Sarah Roberts, MSW



Suzy Black, MSPC, RN



Shelly Schwartz, NP



Kristi Gremms, LPC



Erin Perejda, LCSW



Ethan Moore, MTh

Not pictured:

Daisy Jones,
Div, MTh

Haleigh
Armstrong,
LCSW

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Program Development - timeline



9/2020 – Start of Idea



9/2020 – 5/2023 –
Program Development



6/1/2023 – current –
Program Implementation
and Operations

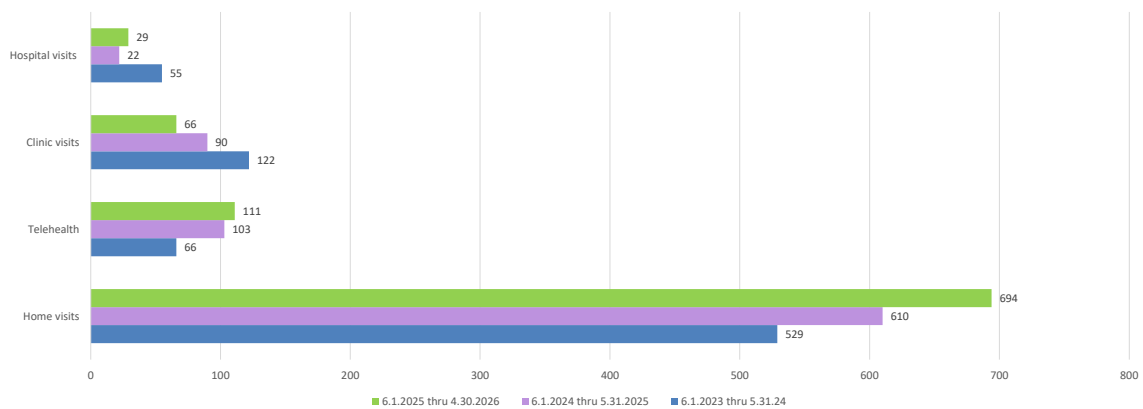


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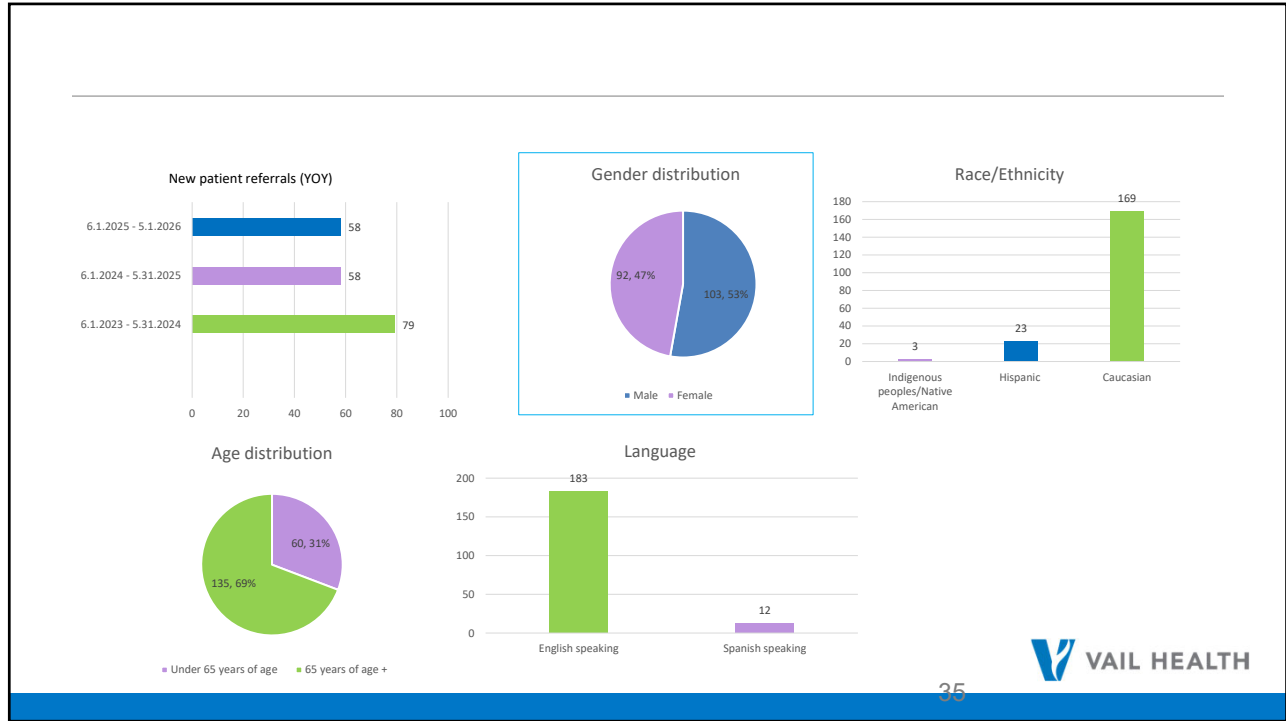
Program Evaluation – visit types and volumes (2497 total visits)

SAH Volumes by visit type YTD

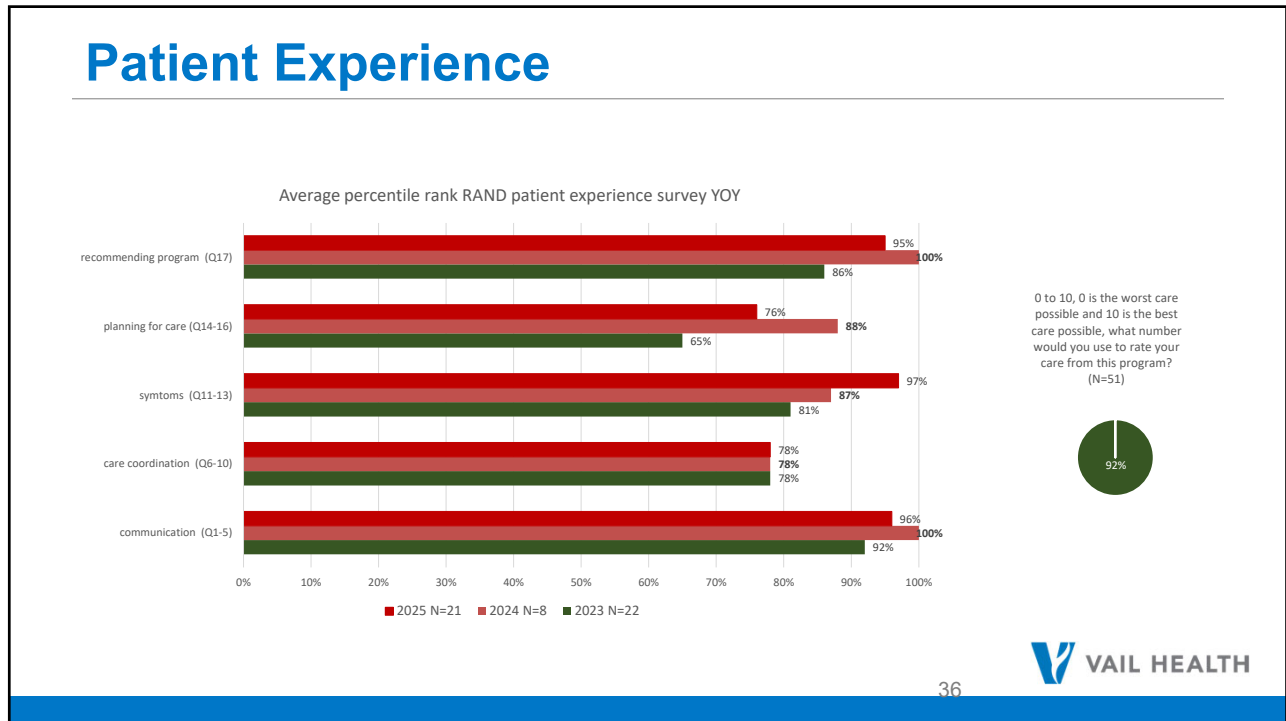


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Accolades



ACCC INNOVATION
AWARD WINNER (2025)



ASCO POSTER
PRESENTER (2025)



VOLUNTEER CORP
GRANT RECIPIENT (2025)

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Oncology Issues - Vol 41, No.1, 2026; acc-cancer.org

"In a health care landscape where innovation often means new technology or artificial intelligence, Shaw at Home stands out for something simpler and more human: bringing care to the place where life happens."

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In Summary – there is ALWAYS something you can do!

Meet your patients

~ Learn the story behind the name on your screen

Be an advocate

~ What is important to the patient?
~ Be their voice in ways you are able
~ Consider where you can have an impact - Treatment planning considerations – time on table/pain?

Host a remembrance ceremony

~ Remember and reflect on the lives you have touched



Thank you!

