

Jon: My mom was a very special lady who is certainly was and remains to be one of the most empathetic people I have ever met.

Title: Pat was diagnosed with brain cancer in 2014 and died at home with the support of her family and palliative care team.

Dr. Horvath: The one thing I will never forget is the way Pat taught all of us, meaning all of her family and all of us health care professionals involved with her care, how to die. It's an inspiration to me to this day.

Jon: Some of the questions we had when my mom was diagnosed were all the ones were all the ones that you can imagine with a terminal diagnosis: when is she going to die, you know, is she going to be in pain because it was a brain tumor, is she going to lose her mind and when is this all going to happen? Certainly those are all the questions that we had a for palliative care team.

Dr. Horvath: The word palliative care has such a huge stigma associated with it, it requires a great deal of education at both the hospital level meaning other healthcare professionals and at the level of public.

Palliative care provides comfort care to the patients and their families and a patient has to have a life limiting illness. Comfort care means, physical, emotional, psychological, spiritual, financial, all of the above care for that person and their family.

Jon: One of the first things we did was have a conversation about the end of her life.

I didn't have a very good understanding of how all-encompassing palliative care is. My previous sort of perspective on palliative care would have been you know really sick people in hospital beds getting whatever care they need in a hospital wing and obviously that's it can be further from the experience that we had

Dr. Horvath: We get involved from the diagnosis of life limiting illness.

It's not a situation of either or its care, comfort care we provide together with the existing health care professionals of the patients.

Families should be families first and caregivers after. So, we always ask people that where they want to die whether at home or in an institution. And then - meaning we explore their personal goals of care, and then we try to accomplish it, if it's safe.

Jon: The palliative care team really instilled a sense of confidence in my mom that she was going to be taken care of. They were instrumental in making sure that and she understood what her options were and that she felt comfortable that no matter where she was she was going to have the care that she needed and that was really important for her that was also equally important for the family.

Dr. Horvath: My hope is that I will give them hope, that with our help, they will live until they die. That I will help them to live until they die, and not just to die.

Jon: To meet my mom was to know her. She also gave an incredible amount of herself to the world and took back very little in return.

Title: Dedicated to the memory of Pat Mackey