

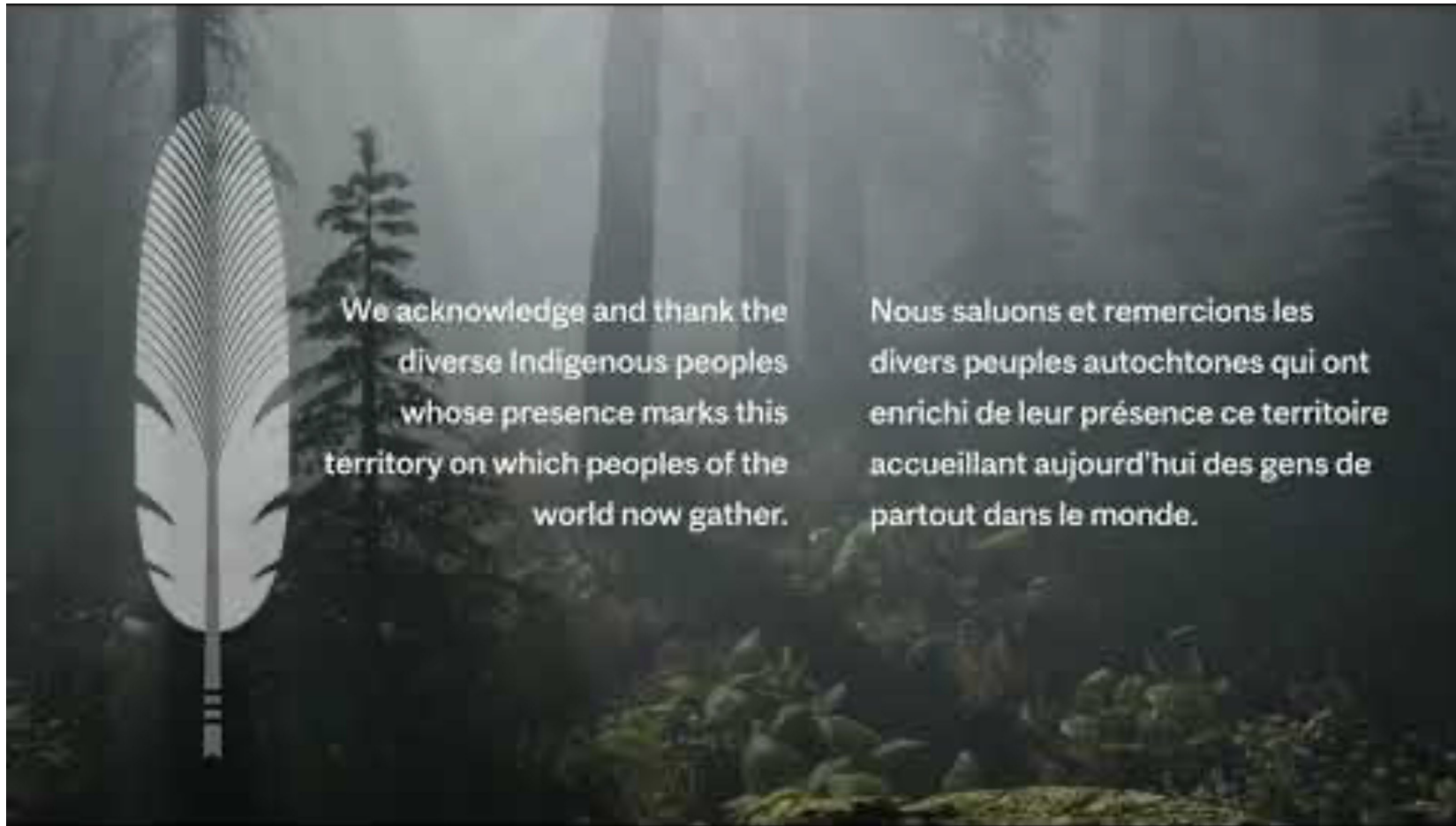
McGill Palliative Care National Grand Rounds 2025 Series



**MCGILL
SOINS PALLIATIFS**

**MCGILL
PALLIATIVE CARE**





We acknowledge and thank the
diverse Indigenous peoples
whose presence marks this
territory on which peoples of the
world now gather.

Nous saluons et remercions les
divers peuples autochtones qui ont
enrichi de leur présence ce territoire
accueillant aujourd'hui des gens de
partout dans le monde.

Scientific Planning Committee



Justin Sanders
Chair



Stéfanie Gingras
Course Director



Zelda Freitas



Naomi Goloff



Olivia Nguyen



Orel Shuker



Argerie Tsimicalis



Janel Walsh

Conflict of Interest Declarations

Scientific Planning Committee Members

Name	Advisory Board or Committee	Honoraria or Grants
Justin Sanders, MD, MSc, FAAHPM	Maison St-Raphaël (Palliative Care Residence), American Society for Clinical Oncology (Guideline Committee)	Oklahoma University Health Sciences (honorarium), Oregon Health Sciences University (honorarium), Pancreatic Cancer Canada (grant)
Stéfanie Gingras, MD, CCFP, FCFP, CAC-PC	None	None
Zelda Freitas BA, BSW, MSW, TS	McGill Council on Palliative Care, NOVA Montreal, Canadian Centre for Caregiving Excellence	Center for Caregiving Excellence for the Caregiver Grief Connection Project (Azreli Foundation grant)
Naomi Goloff, MD, FRCPC, FAAHPM	Canadian Society of Palliative Medicine, ALPM pediatric representative	Kindred Foundation and AQSP (grants)
Olivia Nguyen MD, MM, CCMF(SP), FCMF, FRCPC	Société québécoise des médecins de soins palliatifs	Chaire de la famille Blanchard pour l'enseignement de la recherche en soins palliatifs (Research subvention)
Orel Shukar, MD	None	None
Argerie Tsimicalis, RN, PhD	None	None
Janel Marie Walsh, MD, CFPC	None	None

Disclosure of Financial Support for Overall Program

This program has received unrestricted educational grants from:

- *Cedars Cancer Foundation*
- *Hope & Cope Wellness Center*
- *Jewish General Hospital Foundation*
- *Montreal General Hospital Foundation*
- *Montreal Neurological Institute*
- *MUHC Foundation*
- *Pallium Canada*
- *St. Mary's Hospital Foundation*
- *Montreal Institute for Palliative Care, a branch of the Teresa Dellar Palliative Care Residence*
- *The Montreal Children's Hospital Foundation*

Special thanks to the Department of Family Medicine at McGill University for in-kind support.



McGill

Department of
Family Medicine

Mitigation of Potential Bias

Strategies discussed by the scientific planning committee (SPC) to manage or mitigate the identified potential sources of bias prior to or during the CPD (Continuous Professional Development) activity.

- Potential conflicts of interest for every member of the SPC is listed in writing at the start of the presentation.
- All speakers will disclose potential conflicts of interest in writing and verbally at the time they present.
- The Chair is responsible for reviewing all content prior to presentation. Should a conflict be identified, the Chair (alone or with consultation with the SPC) will ask for the removal or reworking of that content in order to mitigate any bias.
- The Chair has also reviewed all the Conflict-of-Interest forms for the SPC and the speakers and is thus fully informed as to their status.

Overall Program Learning Objectives

- Review innovative approaches for the implementation of palliative care in different settings
- Assess strategies to address the most important challenges in palliative care today
- Appraise the latest research in the field of palliative care

McGill Palliative Care
National Grand Rounds
2025 Series

St Mary's Hospital Lecture

Marian Grant, DNP, ACNP-BC, ACHPN, FPCN, FAAN

JUNE 18, 2025



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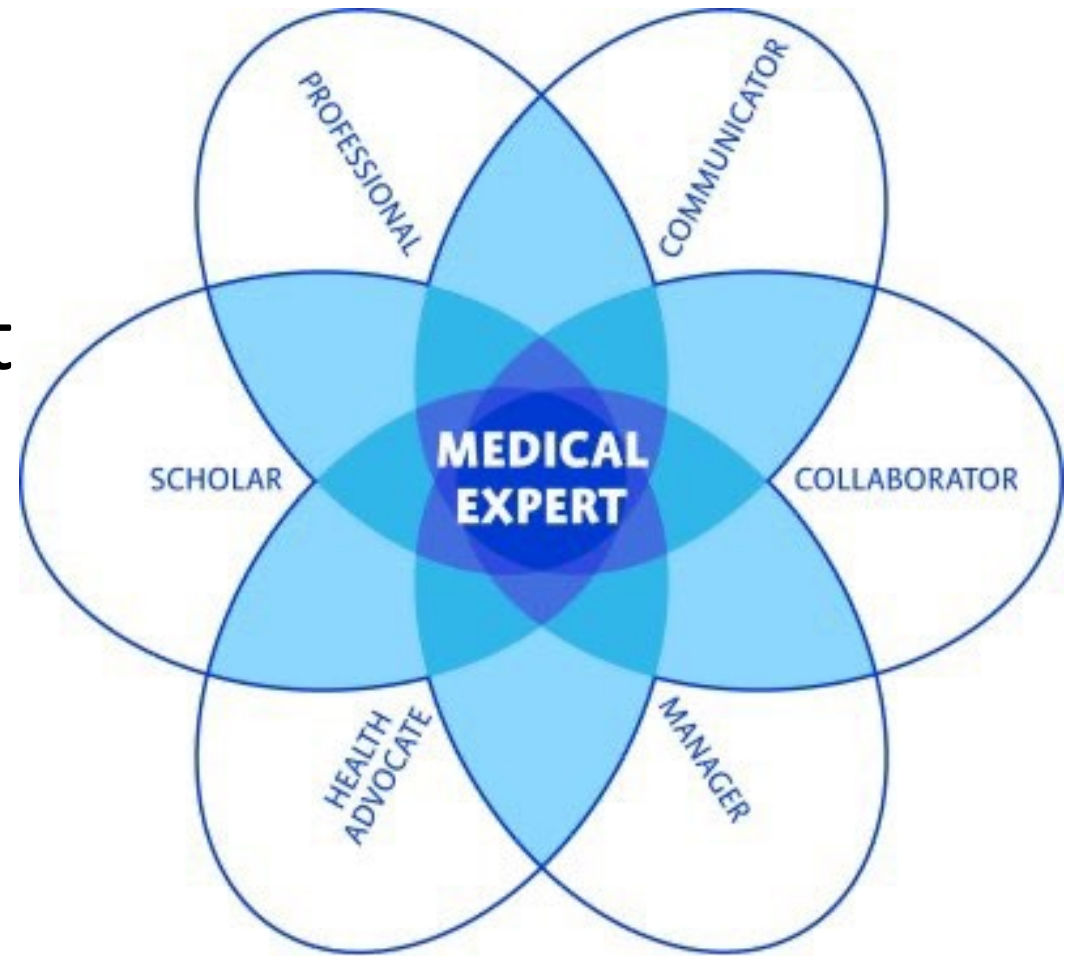
Conflict of Interest Declaration

Marian Grant, DNP, ACNP-BC, ACHPN, FPCN, FAAN

I have no conflicts of interest to declare

The CanMEDS competencies that will be identified during this presentation:

- Health Advocate
- Communicator
- Collaborator



"Improving Palliative Care Outreach with Evidence-based Strategies

Improving Palliative Care Outreach with Evidence-based Tools

Marian Grant DNP, ACNP-BC, ACHPN,
FPCN, FAAN



Learning Objectives

1. Describe common palliative care misconceptions
2. Apply evidence-based principles for palliative care outreach
3. Use text and images from a free online toolkit

My background

Nurse practitioner, Univ Maryland Med Ctr
Consultant

Center to Advance Palliative Care

Coalition to Transform Advanced Care

National Patient Advocate Foundation

2015 RWJ Health Policy Fellow

Prior Cover Girl marketing executive



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Spoiler alert

- When we lead with how palliative care helps people, they're very interested
- Positive stories and images can overcome misconceptions that it's only for dying patients
- All you need, include text and images, are waiting for you at <https://seriousillnessmessaging.org>

Disseminating Evidence-Based Messaging about Palliative & End-of-Life Care for Persons Living with Serious Illness

American Academy of Hospice & Palliative Medicine

Ariadne Labs

Center to Advance Palliative Care

Coalition to Transform Advanced Care

The Conversation Project

National Coalition for Hospice & Palliative Care

National Alliance for Care at Home

National POLST

Respecting Choices / WiserCare

PALTmed

VitalTalk



The
John A. Hartford
Foundation



Why This Is Needed



Canadian palliative care awareness

- Understanding Canadians' Views on Palliative Care (2022)
- Public
 - 58% somewhat-very familiar with palliative care
 - Qualitative showed many associate with end of life or when other options exhausted
- Health/social care providers
 - Most aware: 89% of GPs, 74% specialists, 64% nurses
 - Qualitative shows most equate with end of life as well



**WE ASKED US CLINICIANS ABOUT THEIR EXPERIENCES WITH
PALLIATIVE CARE. WHAT DO YOU SEE?**



PALLIATIVE CARE DOESN'T FOLLOW OUR ALGORITHMS

I don't know of any significant **concrete guidelines** in palliative care, except for code status. **There's no algorithmic guidelines, like we have in cardiology.** When the **plan changes, it throws us off.**

- Taylor, NP

"Palliative care would be a **very abstract picture**. More like a **grey scale** with lots of shapes and swirls that trace back and are swirling to other areas. It's **hard to follow it.**"

- Sara, PA



INVITING PC IS ADDING UNCERTAINTY UNLESS I'M AT THE END



“Palliative care is complicated. As an area of specialty it's brand new. So it's interesting to **try to figure out where it fits in** for a lot of individuals, a lot of families, **a lot of HCPs really aren't sure where palliative care fits in.**”

- Apollo, MD

“After I've run all the tests, and used all the tools that I have in my toolbox, that's when I will refer Palliative Care. It's like **an add on or an extra app outside of my toolbox or expertise.**”

- Sara, PA

THUS I WAIT UNTIL THE VERY END BEFORE CONSIDERING PALLIATIVE CARE



Outreach Principles

- 1 Lead with the positives**
These services and care improve peoples' lives.
- 2 Present choices for every step**
At every stage of an illness, you have choices.
- 3 Use stories**
The stories that resonate are positive and aspirational.
- 4 Invite dialogue—and not just once**
The call to action is to talk with someone.
- 5 Invoke a new team**
Patients, families, clinicians, & community all have a role.

Palliative care story

Laura, 72, enjoyed her retirement until she noticed she was having trouble walking with her friends.

She suspected her heart failure was getting worse and, indeed, ended up in the hospital.

A nurse, Nicole, came to see Laura. Nicole explained that she was on the palliative care team, which meant focusing on helping people live well, even with a serious illness.

Nicole asked Laura what was most important to her about her care, and then arranged support that Laura didn't know existed. That included giving her medication for her breathing, helping her with how to talk about her illness with her grandchildren, and a social worker to provide support to Laura's husband.

A few weeks after starting palliative care, Laura is back to walking with her friends.



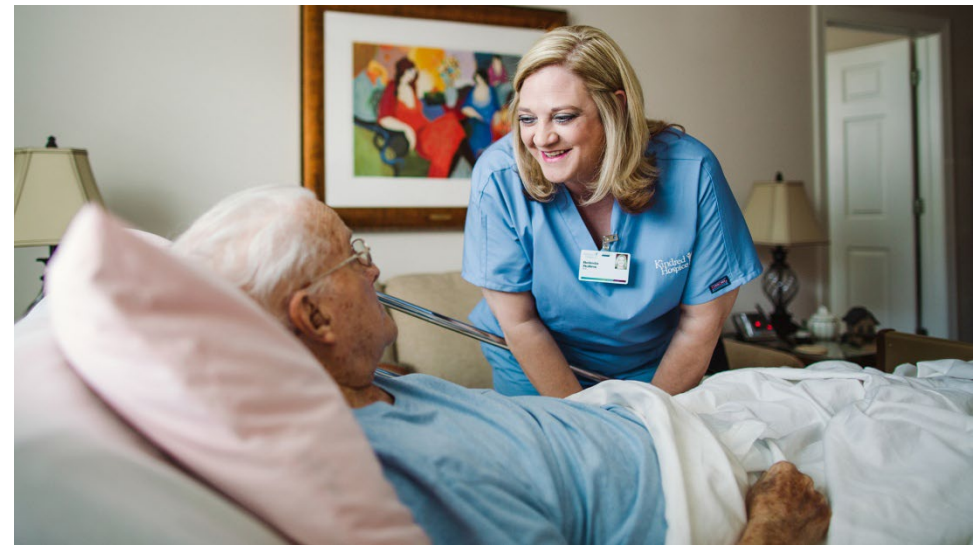
Visuals

- Should be positive and aspirational
- Should reinforce the benefits of palliative care
- Instead of hands, show what living well looks like
- The goal is motivation, not veracity



Image quiz

Which image is from a palliative care website? Which from a pharmaceutical ad? Who would you rather be?



My recent hands experience

A Policy Framework For States Seeking To Scale Palliative Care

[Brystana G. Kaufman](#), [Yurika Sakai](#), [Tamryn Fowler Gray](#), [Marian Grant](#)

JUNE 2, 2025

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Topics Journals Forefront Podcasts

A Policy Framework For States Seeking To Scale Palliative Care

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Art



F

2019 CAPC tested definition

- Appealing definition
 - Specialized medical care for people with **serious illness**.
 - Goal to improve quality of life for both person and family.
 - Provided by team of doctors, nurses, and other specialists who work with patient's other providers to provide **extra layer of support**.
 - Appropriate at any age and at any stage in a serious illness
 - Can be provided together with curative treatment.**
- “Serious” not “~~advanced~~” or “~~terminal~~” illness
- But definition not enough

iPhone definition

The iPhone is a line of smartphones designed and marketed by Apple Inc. Since its introduction in 2007, the iPhone has combined various functionalities into a single device, including mobile telephone capabilities, digital photography, music playback, and personal computing features.

A person wearing a bright red jacket and dark pants stands on a snowy mountain ridge, looking out over a vast, rugged landscape. The sky is filled with heavy, dramatic clouds, and the mountains in the distance are partially covered in snow. The overall scene is high-contrast and atmospheric.

SHOT ON IPHONE 14 PRO

Using the Serious Illness Messaging Toolkit

Steal our messages!

Download our curated visuals

Learn more about effective outreach

Share with your communications professionals



Quick Guides

Palliative Care

What you'll learn

- How best to introduce palliative care to the public.
- Why **not** to message palliative care as end-of-life.
- How to illustrate what palliative care does



What to do and not do when talking to the public about palliative care

Here are some examples we've curated, and why they work.



Instead Of: Introducing palliative care by explaining how it's not hospice

The goals of hospice and palliative care are very similar: to relieve symptoms of a serious illness, provide comfort from pain, and improve quality of life for the patient and family. Hospice care is a specific type of palliative care delivered when a patient has a prognosis of six months or less and is



Do This: Show how the extra layer of support palliative care provides can help someone live well with a serious illness.

Palliative care helps people with serious illness stay at home rather than having to go to the ER or the hospital. It reduces physical discomfort, improves



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Palliative care can help improve quality of life

Palliative care is holistic care offered in any setting for people of any age living with serious illness. It involves a range of care providers and includes the person's unpaid caregivers.

There are many myths about the term "palliative care". Let's clear some things up.

Palliative Care Messages You Can Steal



You can live well while caring for your heart.

Spend more time at home. But keep the best care.

We get your doctors to talk to each other.

When all your doctors tell you something different, we can help.

At every stage of a serious illness, we're here.

Ask for Palliative Care.

Palliative Care

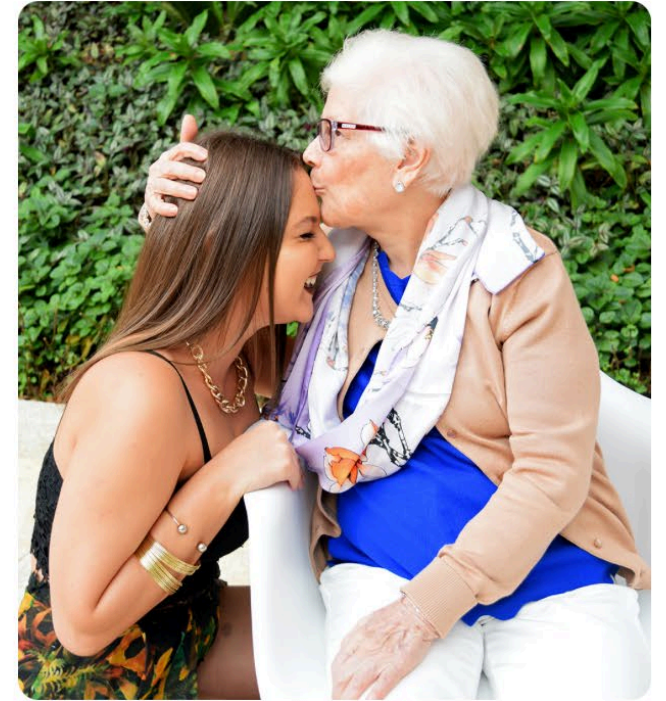
Serious Illness Messages by Anthony.

Back is marked with CC0 1.0

Download 

An extra layer of
support.

You can have quality of life while
getting treatment for a serious illness.



You can live well while
living with (heart
failure).

Spend more time at home and get the
best medical care for (heart failure).



Palliative Care helps your doctors talk to each other.

Are you getting different messages
from your doctors? Palliative care can
help.

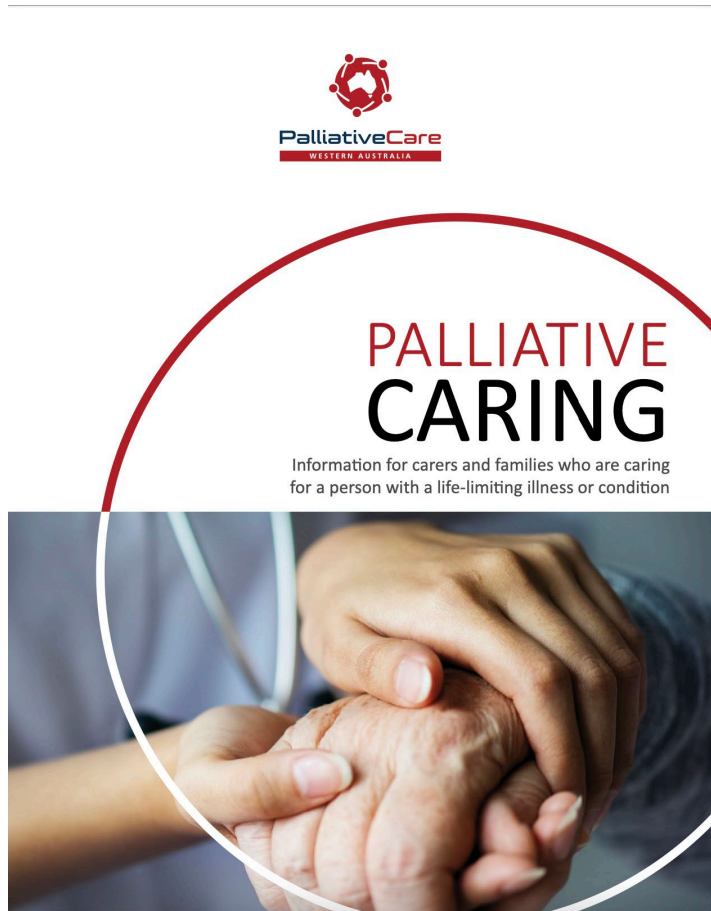


At any stage of a serious illness, we're here to help.

Ask for Palliative Care.



Test your messages & visuals



*"Well...
everyone's
trying to help..."*

*mmm...
I feel like
this is *it*,
do I have
everything in
order?"*



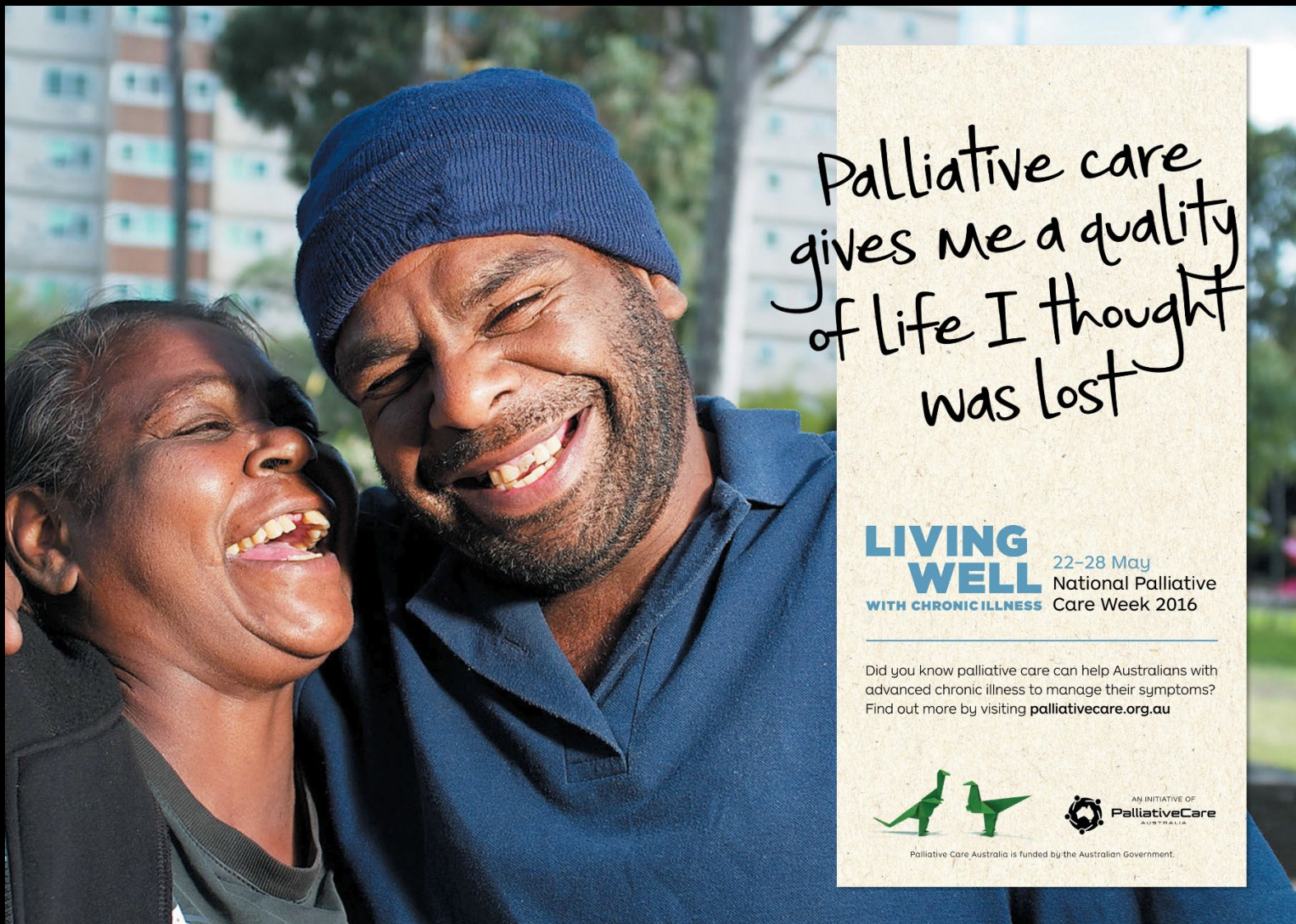
*"Well, it looks
very friendly."*

*It's not
intimidating
because I'm
sitting outside
with my dog."*

*Doesn't look
like I am on
death's
doorstep."*

**How does your existing
outreach stack up against
these principles?**







Palliative care
gives me a quality
of life I thought
was lost

**LIVING
WELL** 22-28 May
WITH CHRONIC ILLNESS National Palliative
Care Week 2016

Did you know palliative care can help Australians with advanced chronic illness to manage their symptoms? Find out more by visiting palliativecare.org.au



AN INITIATIVE OF
PalliativeCare
AUSTRALIA

Palliative Care Australia is funded by the Australian Government.



Palliative care for LGBTQ+ people in NSW



Improving Care for Serious Illness ↗

We advocate for equitable policies and improved health outcomes for serious illness care across the lifespan.

[READ MORE ABOUT OUR WORK](#)

Clinical Practice Guidelines

The *Clinical Practice Guidelines for Quality Palliative Care* ("NCP Guidelines") aim to improve access to quality palliative care for all people living with serious illness regardless of their diagnosis, prognosis, age or where they live or receive care. [Learn More](#)

Pediatric Division

A convening of pediatric palliative care leaders identified the need for pediatric-specific efforts to set field strategy and build field capacity. [Learn](#)



Pediatric Palliative Care



Pediatric Palliative Care

Pediatric palliative care is specialized medical care that is family centered. The goal of pediatric palliative care is to provide comprehensive support that improves quality of life for the child and their family by addressing the physical

Outreach tips summary

- Use the messaging principles in future outreach. Lead with the positives and positive stories
- If use images, steal ones from the toolkit or use ones where it's not clear who the patient is. No hands!
- Stop comparing palliative care with hospice palliative care or trying to debunk myths
- Test your outreach before using and revise as needed
- Go to the toolkit and send all your friends there!

<https://Seriousillnessmessaging.org>

Marian Grant
consultant@MarianGrant.com



Thank you!

Please complete your evaluation

