

McGill Palliative Care National Grand Rounds 2025 Series

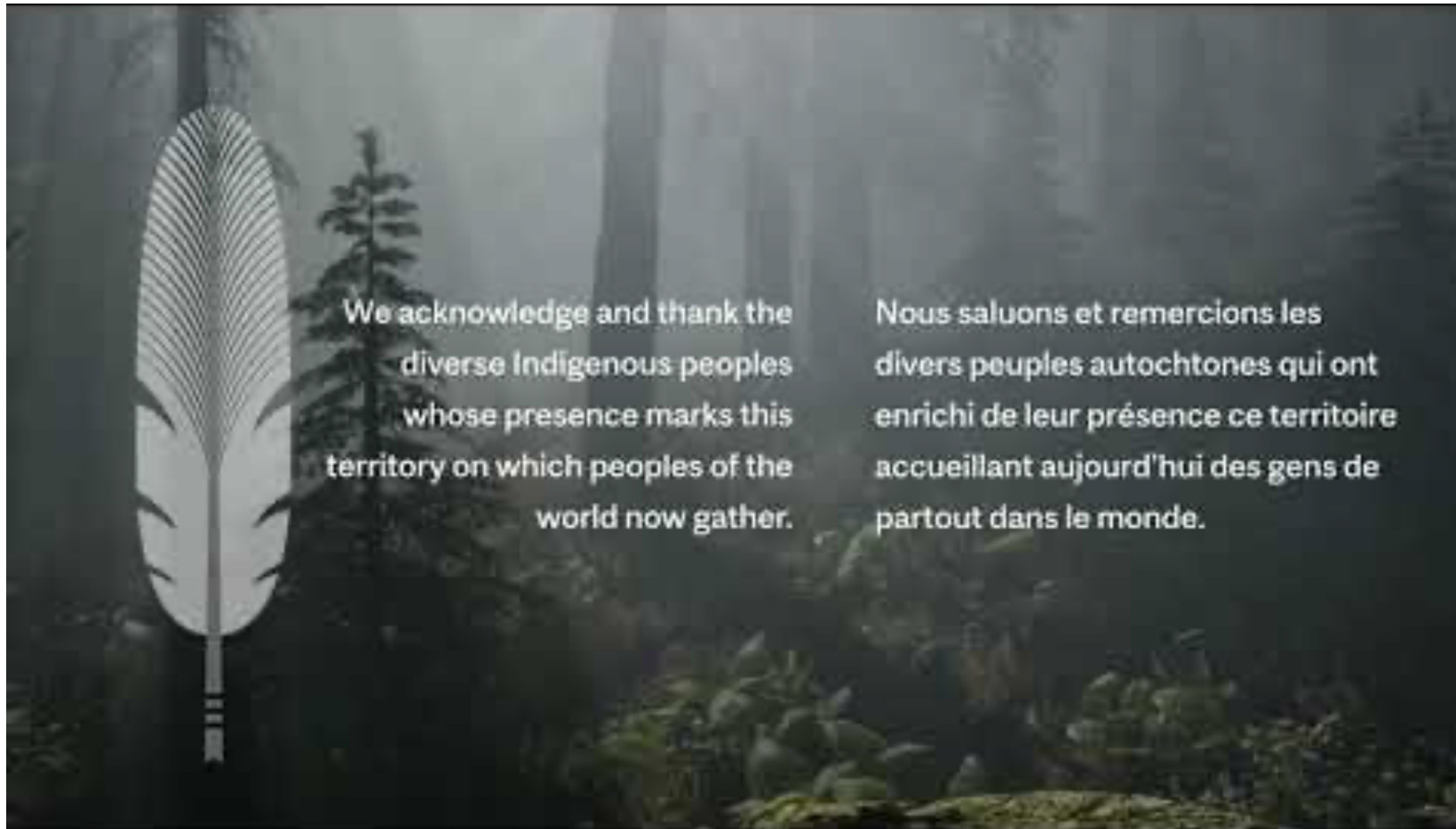


**MCGILL
SOINS PALLIATIFS**

**MCGILL
PALLIATIVE CARE**



Territorial acknowledgement



Welcome and Reminders

For questions, please use the Q&A function, these questions will be addressed at the end of the session.

This session is being recorded – this recording will be emailed to registrants within the next week.

Remember not to disclose any Personal Health Information (PIH) during the session.

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. Raphael (Palliative Care Residence) American Society for Clinical Oncology (Guideline Committee)	Oklahoma University Health Sciences (honorarium), Oregon Health Sciences University (honorarium), Pancreatic Cancer Canada (grant)
Stéphanie 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	Centre for Caregiving Excellence for the Caregiver Grief Connection Project (Azreli Foundation grant)
Naomi Goloff, MD, FRCPC, FAAHPM	Canadian Society of Palliative Medicine, ALPM paediatric representative	Kindred Foundation and AQSP (grants)
Olivia Nguyen MD, MM, CCMF(SP), FCMF, FRCPC	Société Québécoise MD de Soins Palliatifs	Chaire de la famille Blanchard pour l'enseignement du 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 Centre*
- *Hope & Cope Wellness Center*
- *Jewish General Hospital Foundation*
- *Montreal General Hospital Foundation*
- *Montreal Neurological Institute*
- *MUHC Foundation*
- *Pallium Canada (Health 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*

Mitigation of Potential Bias

Strategies discussed by the scientific planning committee to manage or mitigate the identified potential sources of bias prior to or during the CPD 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 as a means 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

Palliative Care as a Place of Healing

Michael Kearney, MD
Balfour Mount Lecture

January 21, 2025



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Conflict of Interest Declarations:

Michael Kearney MD

I am a member of an advisory board or similar committee:

- Mindful Heart Programs

LEARNING OBJECTIVES

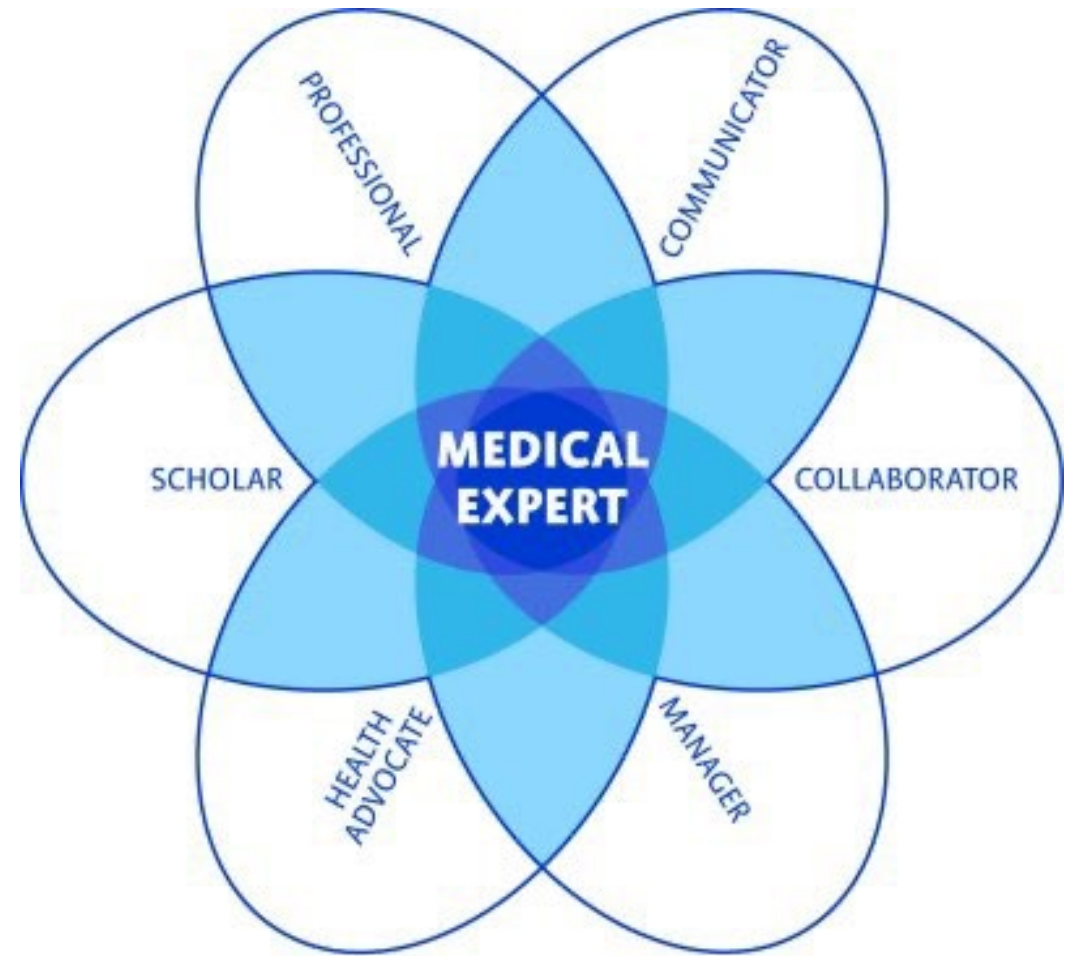
At the conclusion of this presentation, participants will be able to:

- Analyze the concept of healing and argue its central role in the palliative care mandate
- Apply strategies for fostering healing in patients and families through clinical practice in palliative care
- Integrate a comprehensive model of "deep resilience" and self-care 2.0 to ensure the sustainability and enjoyment of a long-term career in palliative care

CanMEDS Framework:

The CanMED competencies that will be identified during this presentation:

- Professional
- Scholar
- Health advocate
- Communicator
- Collaborator
- Leader





St Christopher's Hospice, London 1974

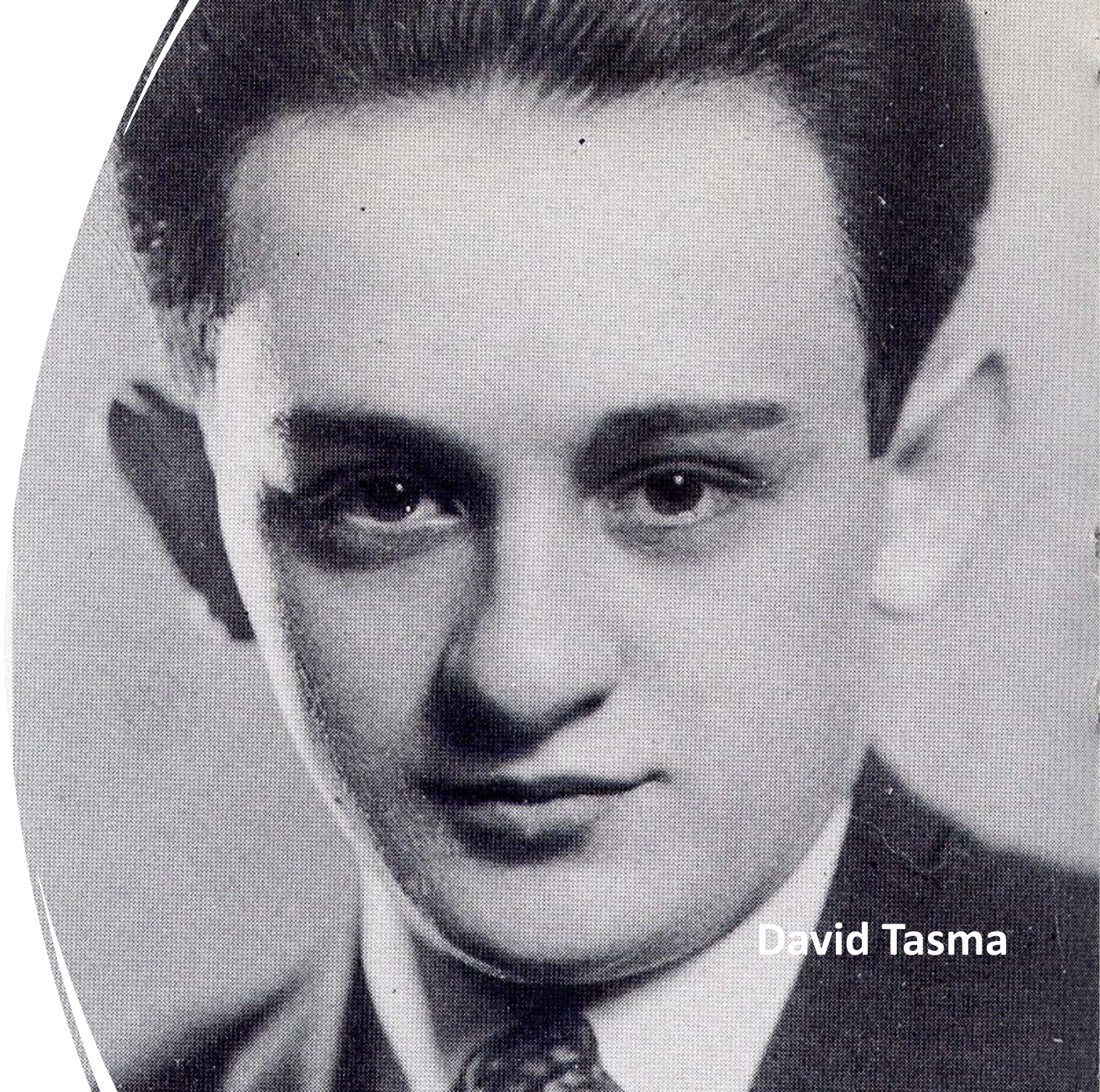


“A place of healing”

1980

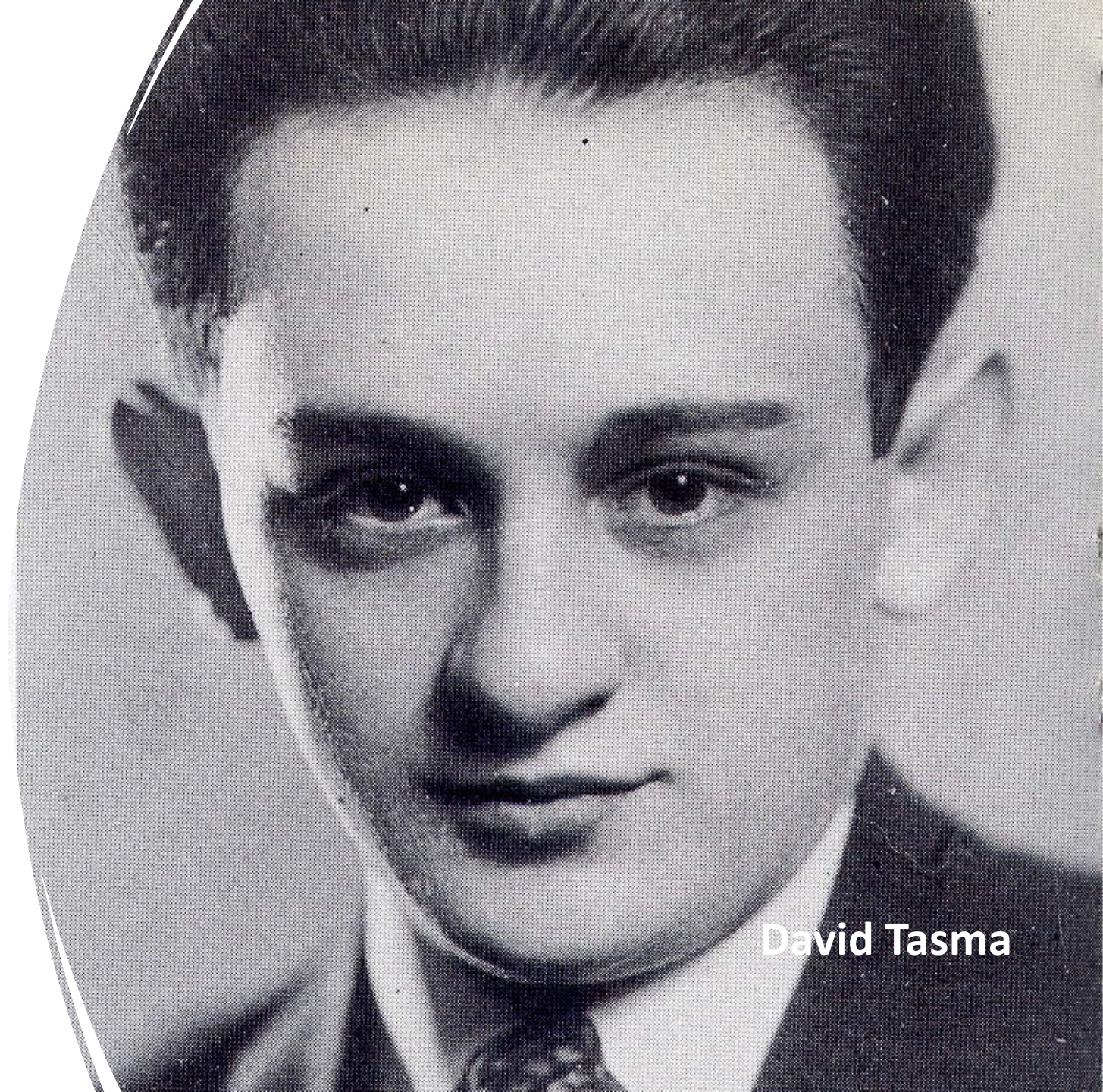


“I only want
what’s in your
mind and in your
heart”



David Tasma

“Effective, loving
care”



David Tasma





Yes, it's about what we do, and how well we do it, but
it's also about how we do what we do



“The way care is given can reach the most hidden place and open space for unexpected development”
Cicely Saunders

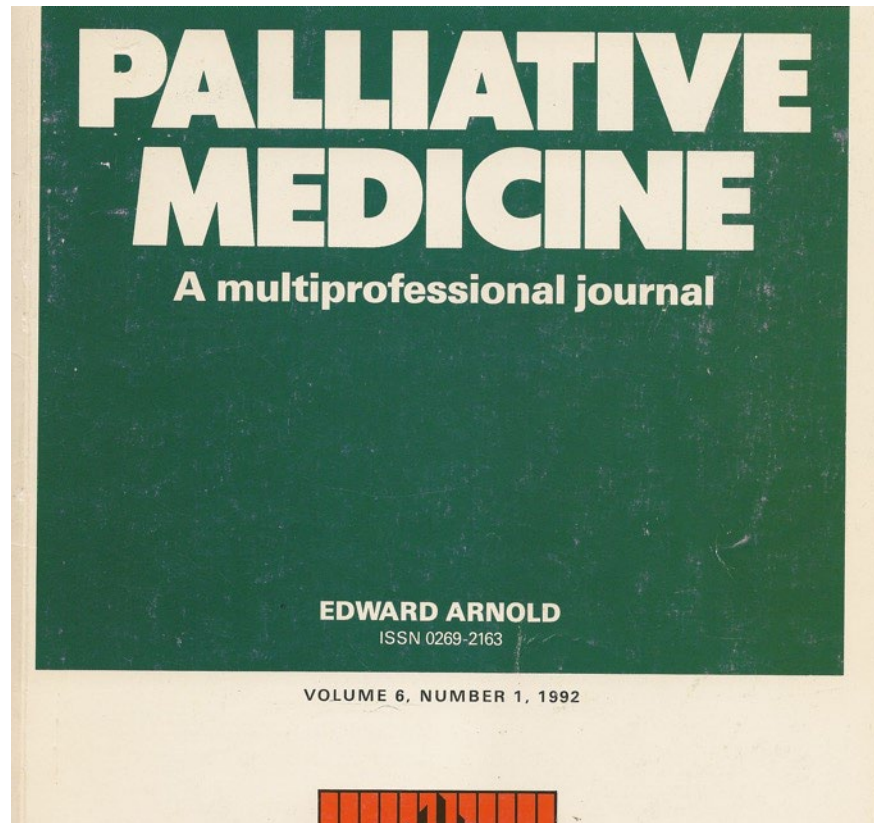


Palliative Medicine 1987

THE
ROYAL COLLEGE
OF PHYSICIANS

1992

Palliative Medicine - *“Just another specialty?”*



Palliative Medicine 1992; 6: 39–46

Original papers

Palliative medicine – just another specialty?

M Kearney Consultant in Palliative Medicine, Our Lady's Hospice, Dublin, Eire

Key words: healing (non-MeSH), hospice, medical philosophy, medical specialties, specialism, terminal care

It is argued that palliative medicine may be in danger of developing into a specialty of 'symptomatology'. Such a specialty would be confined by the limits of the medical model and its particular view of illness. The potential for physicians working in palliative medicine to go beyond symptom control to creating conditions where healing at a deep personal level may occur for the individual patient, and the practical and personal implications of this, are discussed.

“It is argued that Palliative medicine may be in danger of developing into a specialty of ‘symptomatology.’ Such a specialty would be confined by the limits of the medical model and its particular view of illness. The potential for physicians working in palliative medicine to go beyond symptom control to creating conditions where healing at a deep personal level may occur for the individual patient, and the practical and personal implications of this are discussed.”

Sam Ahmedzai, *Five years, five threads.*

Progress in Palliative Care, 1997; 5 (6): 235-7

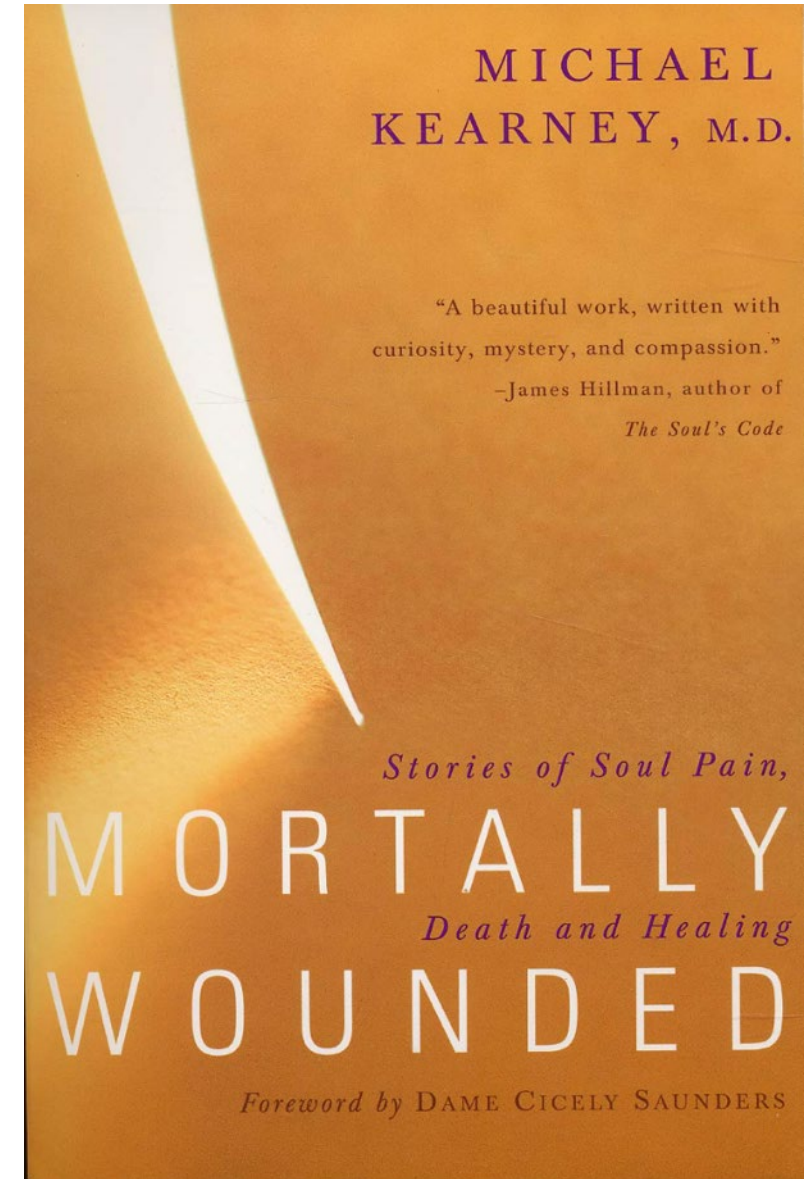
“Ultimately, suffering from losses, lack of love, existential doubts as well as poverty and cruelty are not medical issues, and the response to them is not necessarily the responsibility of any healthcare discipline... The view now within palliative medicine, is that it is OK to be a symptomatologist – and proud of it!”

1996

“Soul Pain”

The emotional and existential anguish that is experienced when an individual is cut off from the depths of themselves

Advocated an approach that combines biological evidence-based medicine and depth psychology (through image-work, art and music therapy)



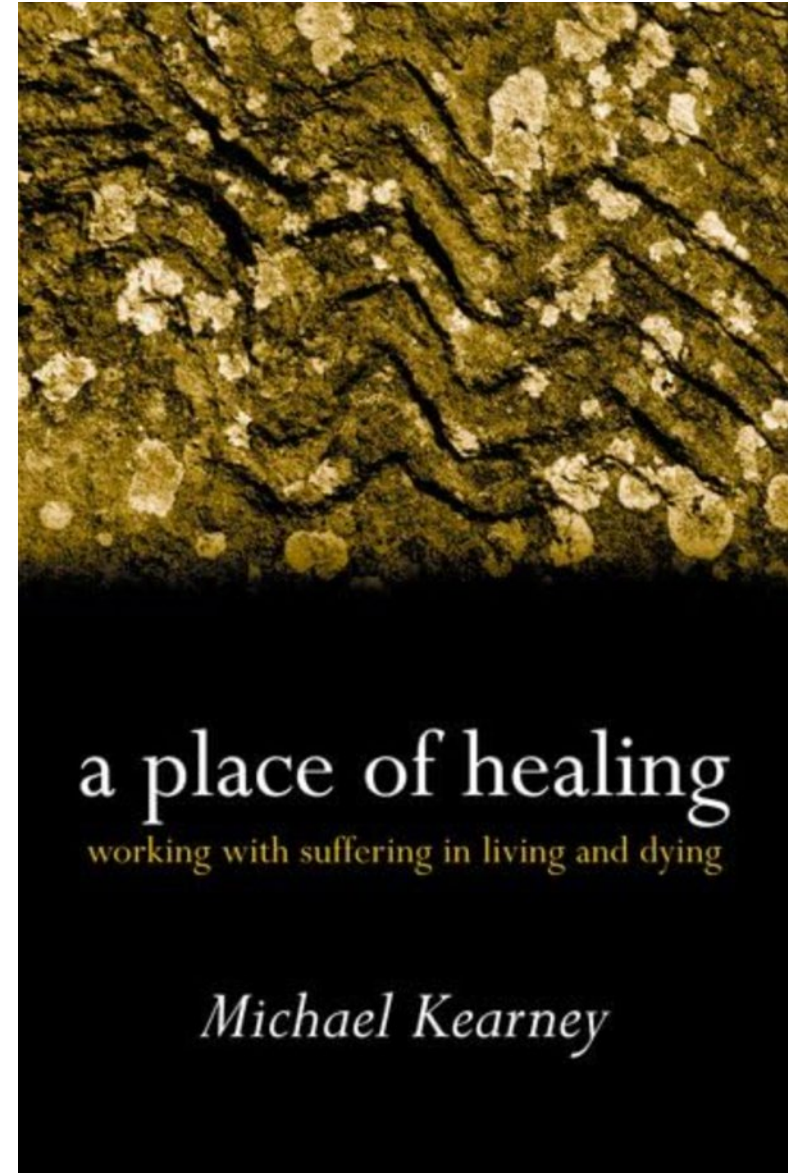
2000

“Inner healer”

Working with nature for the
healing of suffering

“Nature, through dreams,
prepares us for death”

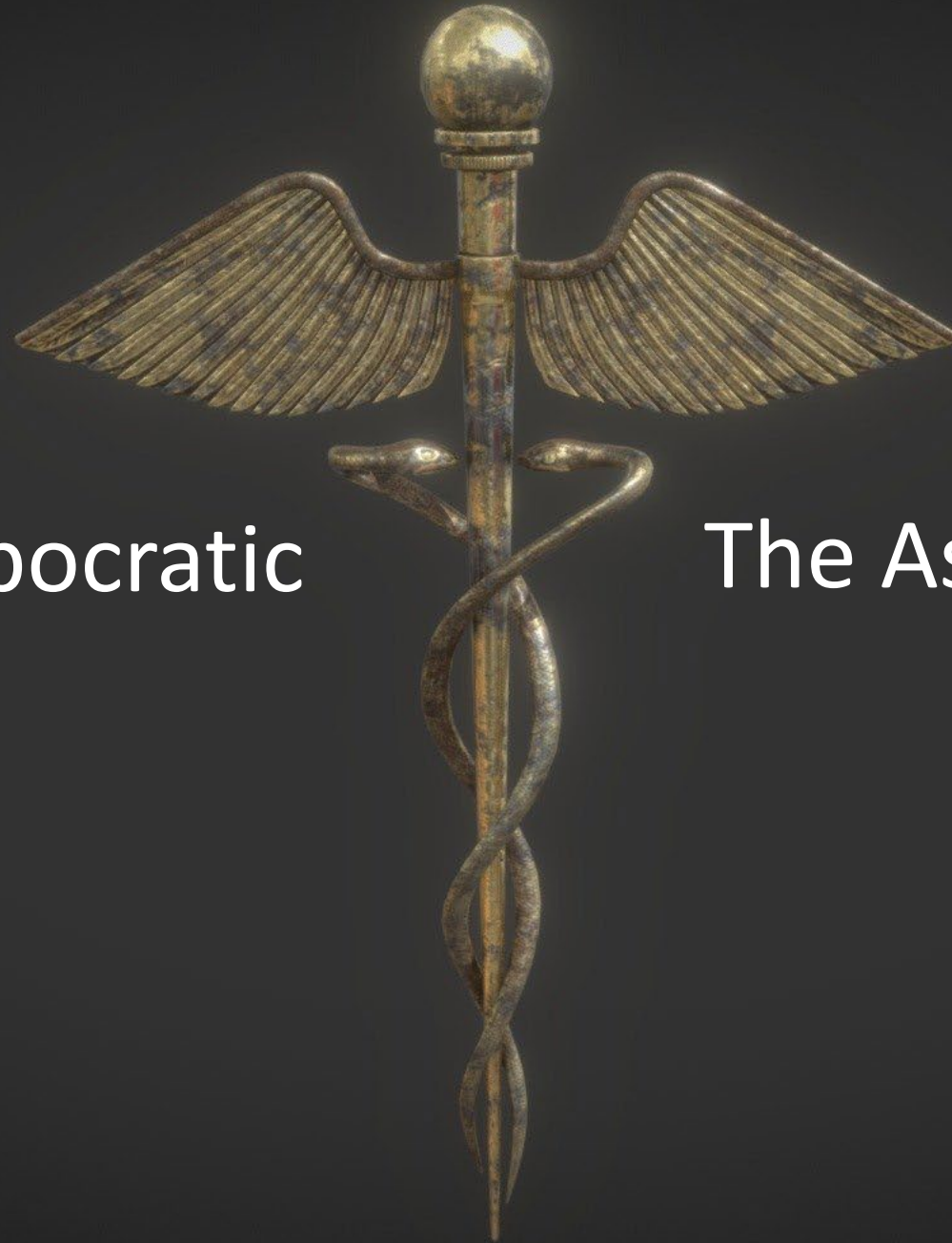
Marie Louise Von Franz



Epidaurus







The Hippocratic

The Asklepian



“We do not heal another person. The most we can do is to prepare and hold the space where the miraculous may happen”

David Findlay

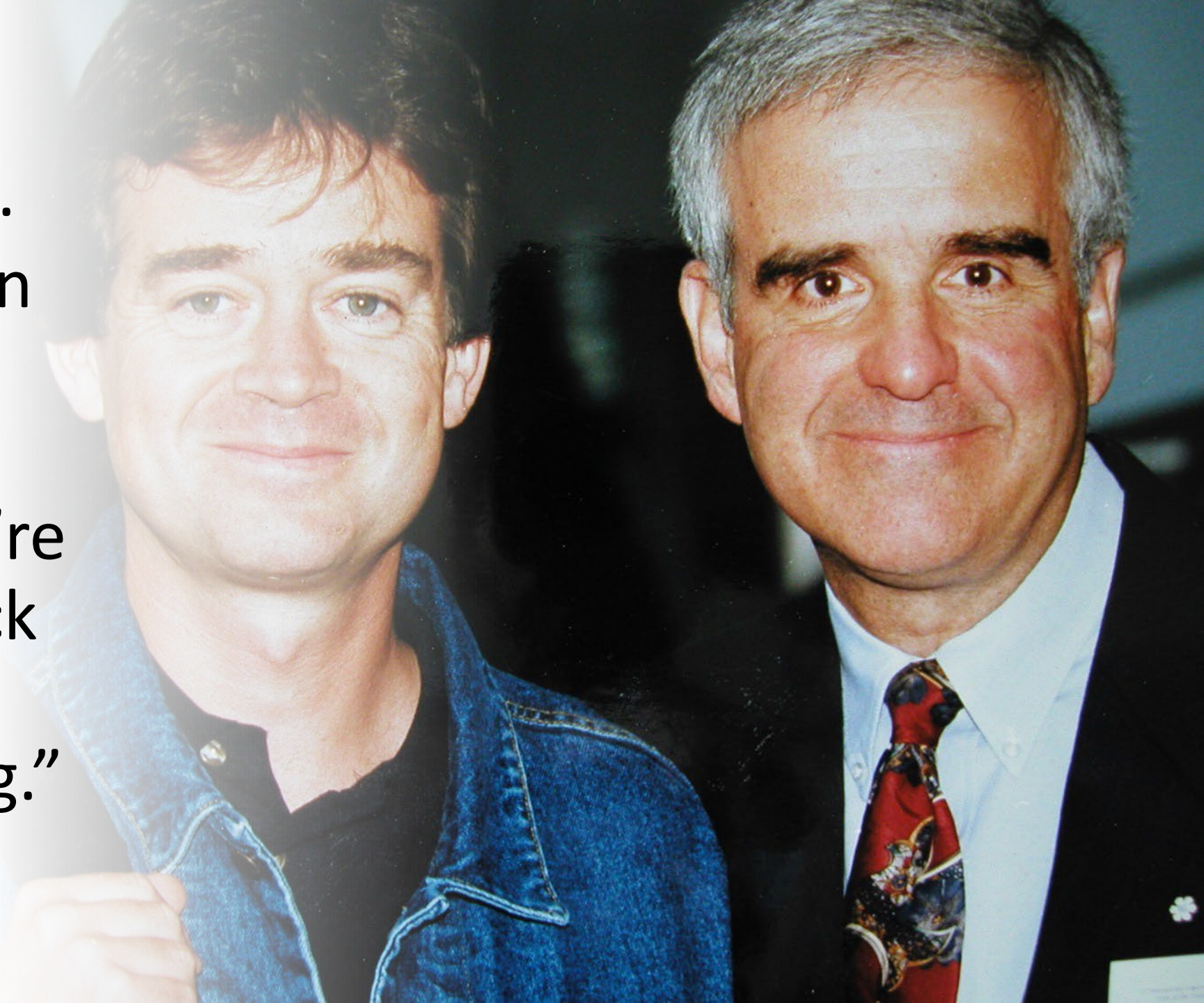


St Christopher's Hospice, London 1974



“Let me introduce you to...”

Balfour Mount.
He's a Canadian
surgeon.
He wants to
bring what we're
doing here back
into the acute
hospital setting."



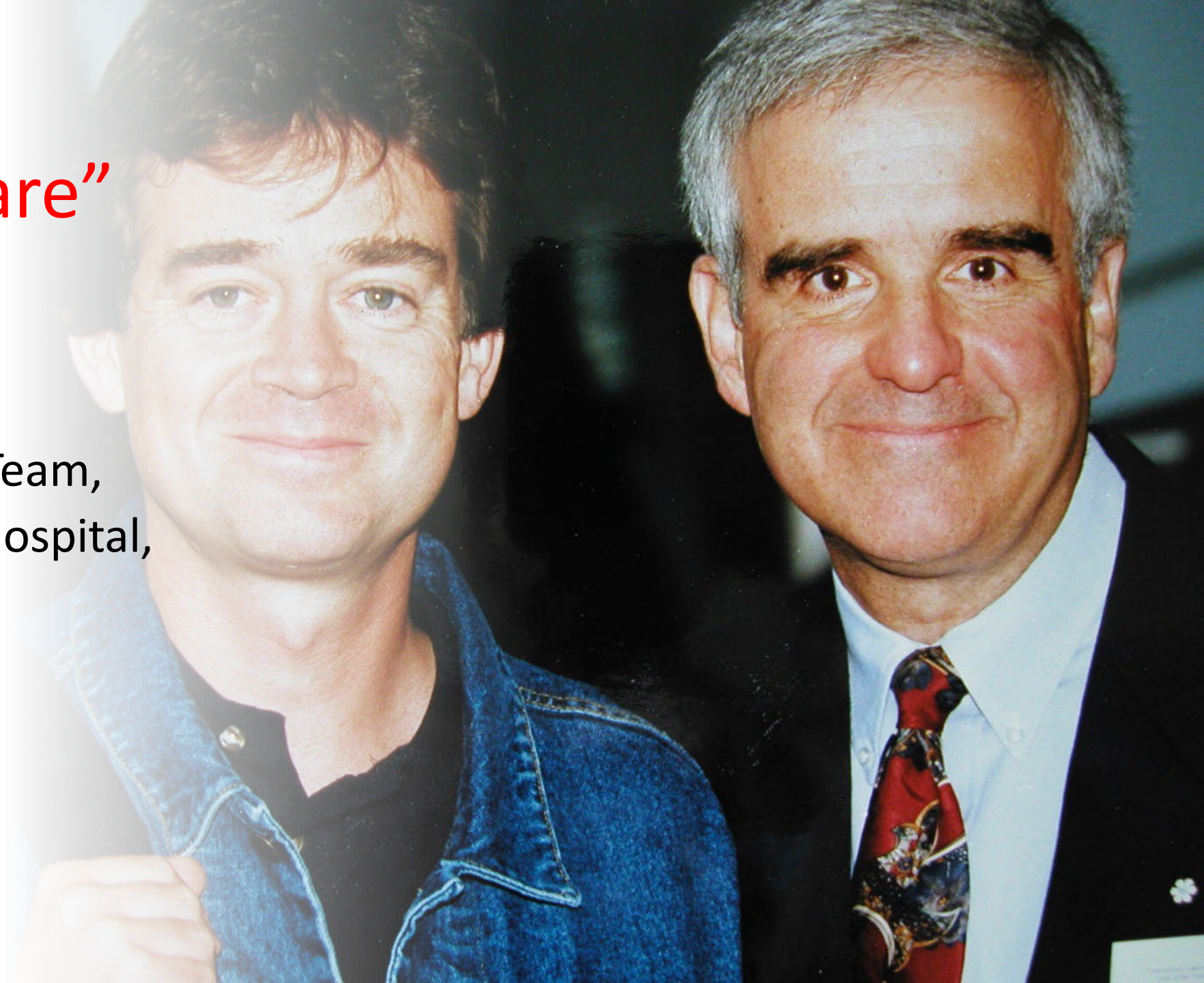
“Palliative Care”



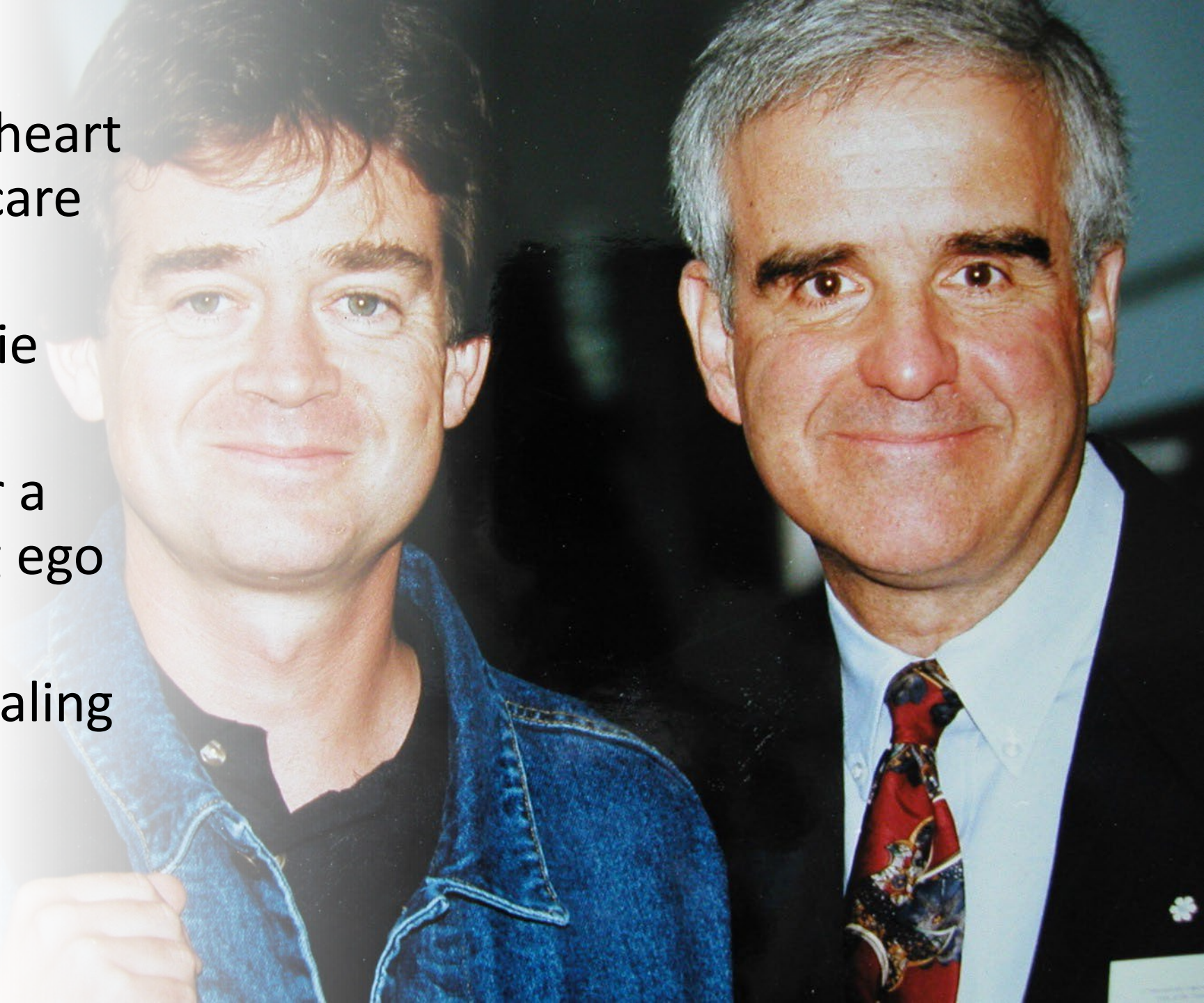
“Palliative Care”

1975

The Palliative Care Team,
The Royal Victoria Hospital,
Montreal



- Healing is at the heart of the palliative care mandate
- It is possible to die healed
- We are caring for a frightened, dying ego
- We create the conditions for healing through whole person care



A smiley face is formed by various white pills and capsules of different shapes and sizes, arranged on a dark blue background. The eyes are two clusters of small round pills, and the mouth is a curved line of capsules. The entire face is enclosed within a larger circular border of various pills.

“We are the medicine”

Michael Balint

First Edition, 2000

HANDBOOK OF
PSYCHIATRY

IN

PALLIATIVE
MEDICINE

EDITED BY

HARVEY M. CHOCHINOV

WILLIAM BREITBART

Chapter 25

Spiritual Care of the Dying Patient

Balfour Mount

Michael Kearney

First Edition, 2000

HANDBOOK OF
PSYCHIATRY

IN

PALLIATIVE
MEDICINE

EDITED BY

HARVEY M. CHOCHINOV

WILLIAM BREITBART

“We are advocating “whole person care.” Recognition of the rich potential this embraces challenges us to re-examine medical education; to consider what whole person education for doctors might look like. Our thesis is not that all doctors must become competent in the area of spiritual distress, but that all doctors must be aware that existential issues are intrinsic to the experience of illness; that the issue of spiritual pain is an important consideration in establishing each differential diagnosis; that such issues need to be recognized and attended to by each multidisciplinary team.”



2001

McGill Faculty Working Group on Healing in Medicine

2002-2004

McGill Faculty Working Group on Healing in Medicine

2002-2004

- *What is healing?*
- *Is healing part of the medical mandate?*
- *If so, what are the implications for clinical practice, education and research?*

REPORT OF THE FACULTY WORKING GROUP ON HEALING
FACULTY OF MEDICINE, MCGILL UNIVERSITY

March 31, 2003



Recommendations

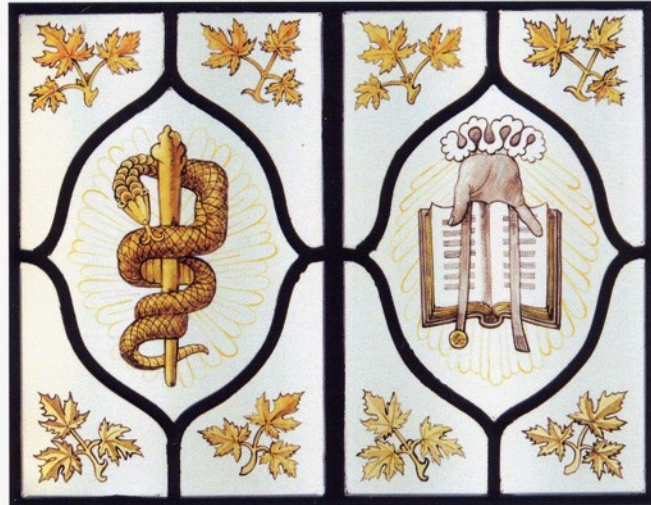
1. **Undergraduate curriculum**: two-hour didactic session followed by two to three hours small group discussion in each of the four years.
2. **Portfolio**: ongoing, self-reflective charting by each student throughout the four undergraduate Years, documenting personal thoughts and feelings generated by clinical encounters.
3. **Portfolio Review Groups**: comprising 8-10 students per group; to meet at least three to four times per year with a mentor for discussion of healing and professional aspects of their evolving Physicianship.

Recommendations

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PHYSICIANSHIP PORTFOLIO

The Physician as Healer and Professional



Episteme, Techne, Phronesis

Name: _____

Hoping for a “Trojan Horse Effect”

Aim: To integrate the subjective lives of the medical students into medical training

Hypothesis: Whole-person clinicians enable whole-person care

Editorial

Healing and palliative care: charting our way forward

Healing has been defined as a relational process involving movement towards an experience of integrity and wholeness, which may be facilitated by a caregiver's interventions but is dependent on an innate potential within the patient.^{1,2} It is not dependant on the presence of, or the capacity for, physical well being.³ Indeed, it is possible to die healed.

year, part-time visiting professorship to lead the Working Group, teach in all four years of the medical curriculum and participate in a series of continuing education programmes hosted by McGill. It also undertook a detailed review of curriculum content to assess current approaches to instruction concerning healing and professionalism at McGill.

“Healing has been defined as a relational process involving movement towards an experience of integrity and wholeness, which may be facilitated by a caregiver’s interventions but is dependent on an innate potential within the patient. It is not dependent on the presence of, or the capacity for, physical well being. Indeed, it is possible to die healed.”

2005





SANTA BARBARA COTTAGE HOSPITAL

Meet Our Doctors



Michael Bordofsky, MD

Dr. Bordofsky practices Internal Medicine in Santa Barbara. He is Board Certified in Internal Medicine as well as Hospice and Palliative Medicine ...



Michael Kearney, MD

Michael Kearney, MD, has spent over thirty years working as a physician in end-of-life care. He trained and worked at St. Christopher's ...



Natasha Marston, MD

Dr. Natasha Marston is Board Certified in Family Medicine as well as Hospice and Palliative Medicine. After medical school at UCLA ...



Dennis H. Baker, MD

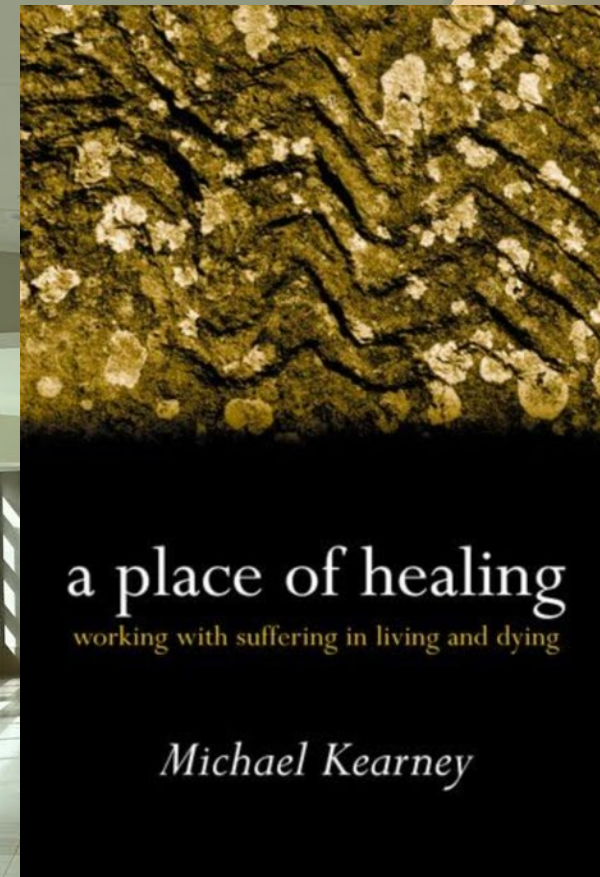
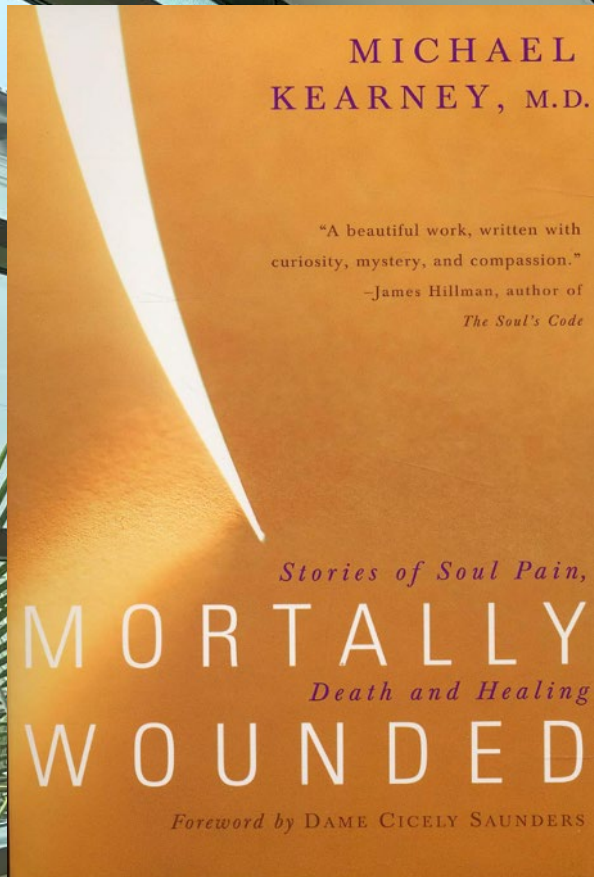
Dr. Baker has practiced Internal Medicine in Santa Barbara since 1987. He has served as a Medical Director of the Cottage Hospital Palliative Care ...



Eric P. Trautwein, MD

Dr. Eric Trautwein practices Internal Medicine in Santa Barbara. In addition to this, he serves as one the associate medical directors of the Palliative ...

2005 -



2005 -

That wasn't what was needed



2005 -

“bread and butter”
palliative care and hospice



2005 -

Pain and symptom management



2005 -

“Symptomatologist”



Original Article

Healing Connections: On Moving from Suffering to a Sense of Well-Being

Balfour M. Mount, MD, Patricia H. Boston, PhD, and S. Robin Cohen, PhD
*McGill Programs in Whole Person Care (B.M.M.), Department of Oncology, McGill University,
Montreal, Quebec; Division of Palliative Care (P.H.B.), Department of Family Practice, University of
British Columbia, Vancouver, British Columbia; and Departments of Oncology and Medicine (S.R.C.),
McGill University, and SMBD Jewish General Hospital, Montreal, Quebec, Canada*

“A purposive sampling of 21 participants...”

“Existential anguish”

“Wholeness”

“A purposive sampling of 21 participants...”

“Existential anguish”

1. Sense of disconnection
2. Crisis of meaning
3. Preoccupation with future or past
4. Sense of victimization
5. A need to be in control

“Wholeness”

“A purposive sampling of 21 participants...”

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“Wholeness”

1. Sense of connection
2. Sense of meaning
3. Capacity to find peace in present moment
4. Experience of a sympathetic, non-adversarial connection to the disease process
5. Ability to choose attitude to adversity

“The presence or absence of ‘healing connections’”

“Existential anguish”

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“Healing connections”

A sense of bonding to self, to others, to the phenomenal world, and to ultimate reality (however this is understood by the individual)

- **Self** – self-empathy, forgiveness, compassion
- **Others** – family, friends, community
- **Phenomenal world** – nature, music, art, yoga, exercise
- **Ultimate reality** – religious practice, prayer, meditation

“A sense of meaning was evident in those able to find a sense of well-being and wholeness in facing serious illness, while a sense of meaninglessness was common to those experiencing suffering and anguish. What seemed increasingly evident to the interviewers, however, was that meaning was not an end in itself, but a by-product of a related experience, a sense of connectedness.

It was not meaning, per se, that brought the person alive, but the underlying experience of being part of something greater and more enduring than the self.”

Self-care of Physicians Caring for Patients at the End of Life

“Being Connected . . . A Key to My Survival”

Michael K. Kearney, MD

Radhule B. Weininger, MD, PhD

Mary L. S. Vachon, RN, PhD

Richard L. Harrison, PhD

Balfour M. Mount, MD

THE CLINICIAN'S STORY

Physicians providing end-of-life care are subject to a variety of stresses that may lead to burnout and compassion fatigue at both individual and team levels. Through the story of an oncologist, we discuss the prodromal symptoms and signs leading to burnout and compassion fatigue and present the evidence for prevention. We define and discuss factors that contribute to burnout and

Box 1. Symptoms and Signs of Burnout^a

Individual

Overwhelming physical and emotional exhaustion
Feelings of cynicism and detachment from the job
A sense of ineffectiveness and lack of accomplishment
Overidentification or overinvolvement
Irritability and hypervigilance
Sleep problems, including nightmares
Social withdrawal
Professional and personal boundary violations
Poor judgment
Perfectionism and rigidity
Questioning the meaning of life
Questioning prior religious beliefs
Interpersonal conflicts
Avoidance of emotionally difficult clinical situations
Addictive behaviors
Numbness and detachment
Difficulty in concentrating
Frequent illness—headaches, gastrointestinal disturbances, immune system impairment

Team

Low morale
High job turnover
Impaired job performance (decreased empathy, increased absenteeism)
Staff conflicts

^aBased on Maslach et al⁹ and Vachon.¹⁷

“Overwhelming physical and emotional exhaustion”

Box 1. Symptoms and Signs of Burnout^a

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“Overwhelming physical and emotional exhaustion”

“Feelings of cynicism and detachment from the job”

“A sense of ineffectiveness and lack of personal accomplishment”

Box 1. Symptoms and Signs of Burnout^a

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The image features three lit candles in clear glass holders, arranged in a horizontal line. The candles are lit, and their flames are visible. Thick, white smoke rises from each candle, swirling and drifting upwards against a solid black background. The smoke is captured in a way that makes it look like delicate, ethereal wisps. The overall mood is contemplative and serene.

“But why? How? I was practicing self-care 1.0”



Prevalence of Burnout Among Physicians: A Systematic Review

Lisa Rotenstein, MD, MBA, et al., JAMA, 2018 Sept 18; 320(11): 1131-1150

A metaanalysis of 182 studies involving 109, 628 physicians in 45 countries between 1991 and 2018, found a prevalence of:

67%

The image features three lit candles in glass holders, arranged horizontally. The candles are lit, and their flames are visible. From each candle, a plume of white smoke rises, which then drifts and swirls upwards and outwards, filling the upper portion of the frame. The background is a solid, deep black, which makes the white smoke and the yellowish glow of the candles stand out. The overall mood is somber and contemplative.

chronic vicarious traumatization

The image features three lit candles in glass holders, arranged in a horizontal line. The candles are lit, and their flames are visible. Thick, white smoke rises from each candle, swirling and drifting upwards against a solid black background. The smoke is captured in a way that makes it look like delicate, ethereal shapes. The overall mood is somber and contemplative.

I didn't know how to be with my own pain



2018

The nest in the stream
was pointing towards
another way of being
with pain; my own,
others, our world's

MICHAEL KEARNEY, MD

FOREWORD BY *Joanna Macy*



*The Nest
in the
Stream*

Lessons from Nature
on Being with Pain

MICHAEL KEARNEY, MD

FOREWORD BY *Joanna Macy*

“You don’t have to be afraid of your pain. The pain you feel is a sign of how connected you are. It’s OK to feel what you’re feeling but you don’t have to hold onto it or push it away. You can let it be. You can let it flow through you, like a nest in the stream...”



*The Nest
in the
Stream*

Lessons from Nature
on Being with Pain

MICHAEL KEARNEY, MD

FOREWORD BY *Joanna Macy*

I realized that I could only do this if I knew (not just conceptually but experientially) that I was held in, that I was one with, the flow of a deeper stream



*The Nest
in the
Stream*

Lessons from Nature
on Being with Pain

Big Sur

August 2020



December 2020





Unstable
Rock
Formation

May 2022







An illustration of a forest scene. The top portion shows several trees with dark trunks and sparse, light-colored foliage against a pale yellow background. A small white animal is visible in the distance. The bottom portion of the image is dominated by a dense, intricate network of glowing green roots that spread across a dark grey ground. The roots are thin and fibrous, creating a complex web-like pattern.

Deep Resilience

An illustration of a forest scene. The top half shows a line of trees with dark trunks and light green foliage against a pale yellow background. A small panda is visible in the distance. The bottom half shows a dark grey ground surface with a dense network of glowing green roots extending downwards. The text "Rooted in depth" is centered in the middle of the image.

Rooted in depth

An illustration of a forest floor. The top half shows several trees with dark trunks and sparse, light green foliage. A small white animal, possibly a rabbit or mouse, is visible in the distance. The bottom half of the image is dominated by a dense network of tree roots, with some roots glowing in a vibrant green color. The ground is a dark, muted green.

Rooted in what's life-giving



Rooted in what matters and is meaningful

An illustration of a forest scene. In the background, a panda is visible among several trees with yellow-green foliage. The foreground is dominated by a dense network of dark brown tree trunks and roots. A thick layer of bright green, glowing, fibrous roots or mycelium-like structures spreads across the ground, creating a complex, interconnected web. The overall color palette is muted, with greens, browns, and greys.

“Self-care 2.0”

An illustration of a forest floor. The top half shows several trees with dark trunks and green foliage. A small white animal is visible in the distance. The bottom half shows a dense network of dark tree roots extending from the surface into a dark grey soil. A thick layer of bright green, fibrous roots or mycelium is shown in the foreground, appearing to grow from the soil and connect to the tree roots.

Why is this important?

An illustration of a forest scene. The top portion shows several trees with dark trunks and sparse, light green foliage against a pale yellow background. A small white animal, possibly a rabbit or mouse, is visible in the distance among the trees. The lower two-thirds of the image are dominated by a dense, intricate network of roots extending from the trees down into a dark grey ground. The roots are depicted in a vibrant, glowing green color, creating a complex web of lines that fills the lower half of the frame.

It fosters regenerative sustainability



It fosters a capacity to stay open-hearted,
present, and engaged in a wounded world

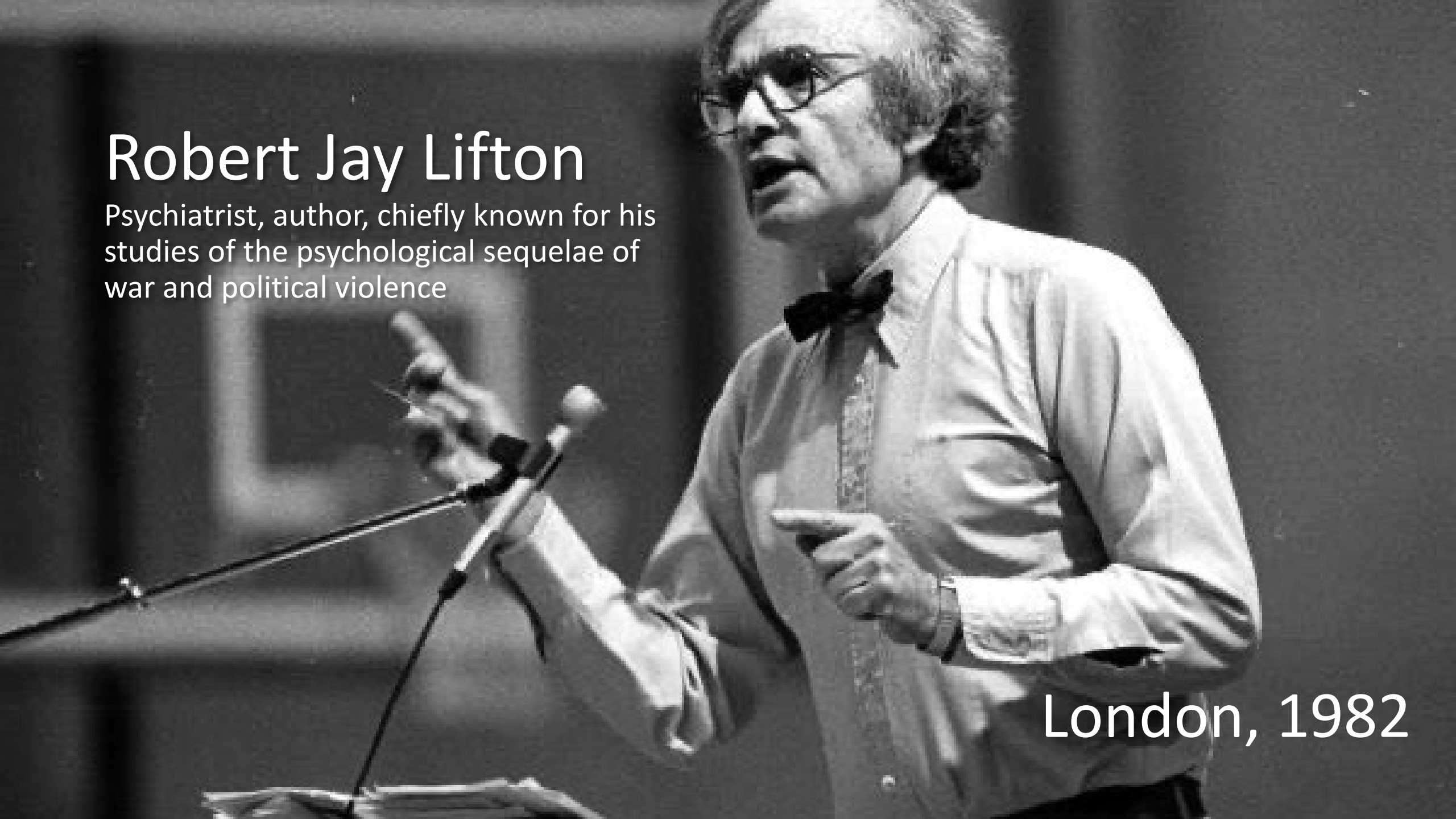


It affects our quality of presence

Robert Jay Lifton

Psychiatrist, author, chiefly known for his studies of the psychological sequelae of war and political violence

London, 1982



A black and white photograph of a man with glasses, wearing a white dress shirt and a dark bow tie, speaking at a podium. He is gesturing with his hands while speaking into a microphone. The background is dark and out of focus.

“What’s the quality of your life?”



“Because that’s the quality of presence you bring to the bedside”



DELI

ATM

Dr
like

prices

uber
chea

Sunglasses

Colombia





How can we shift our basis of operation?



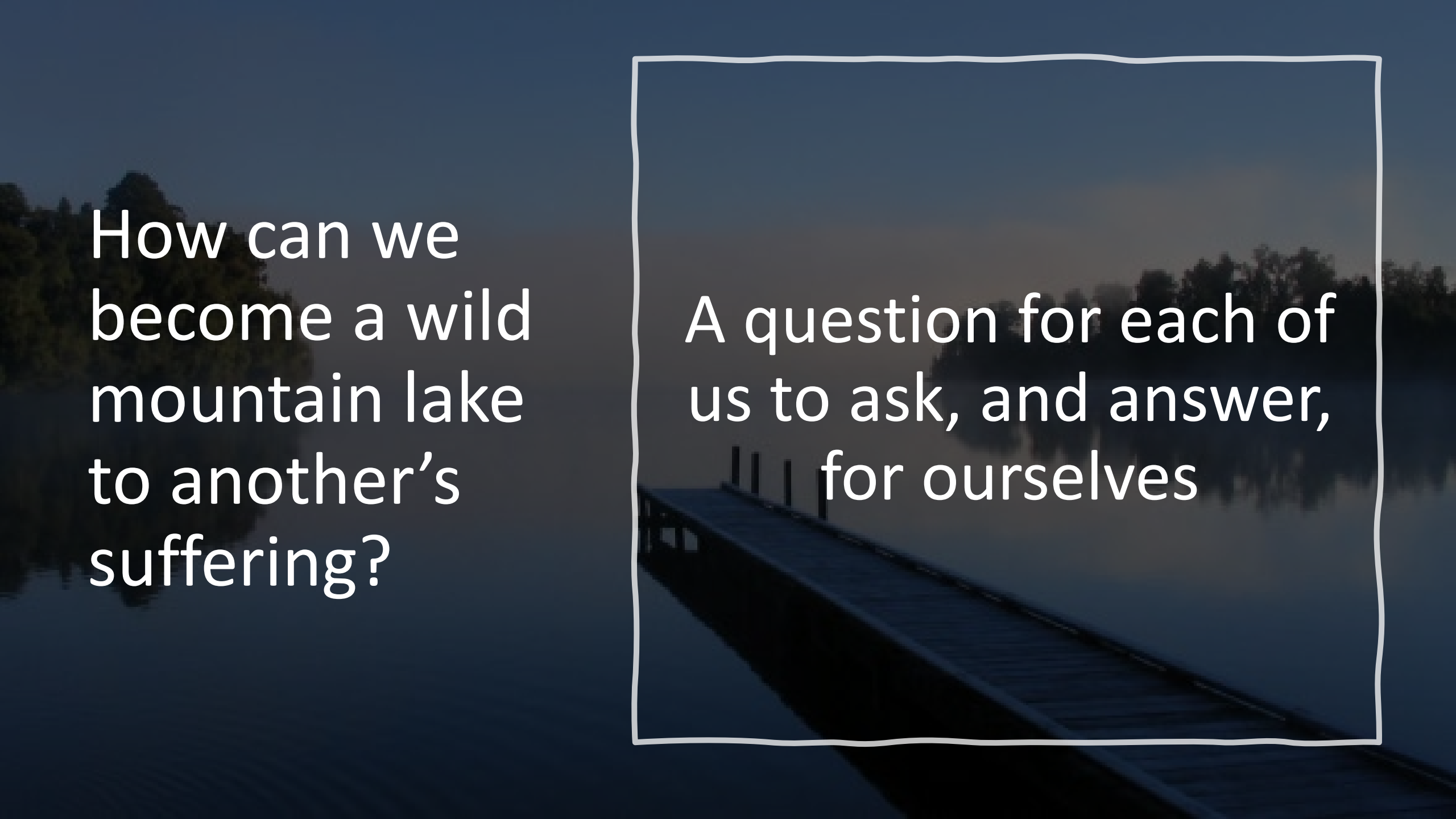


Two ways of being present to suffering



How can we
become a wild
mountain lake
to another's
suffering?





How can we
become a wild
mountain lake
to another's
suffering?

A question for each of
us to ask, and answer,
for ourselves

How can we
become a wild
mountain lake
to another's
suffering?

“What for me is a
relationship, a place, an
activity, a practice, that
situates me, that roots
me, in a bigger, deeper
context than my ‘skin
encapsulated ego’?”



“What are my healing connections?”



“And how can I tend and deepen these?”

2025

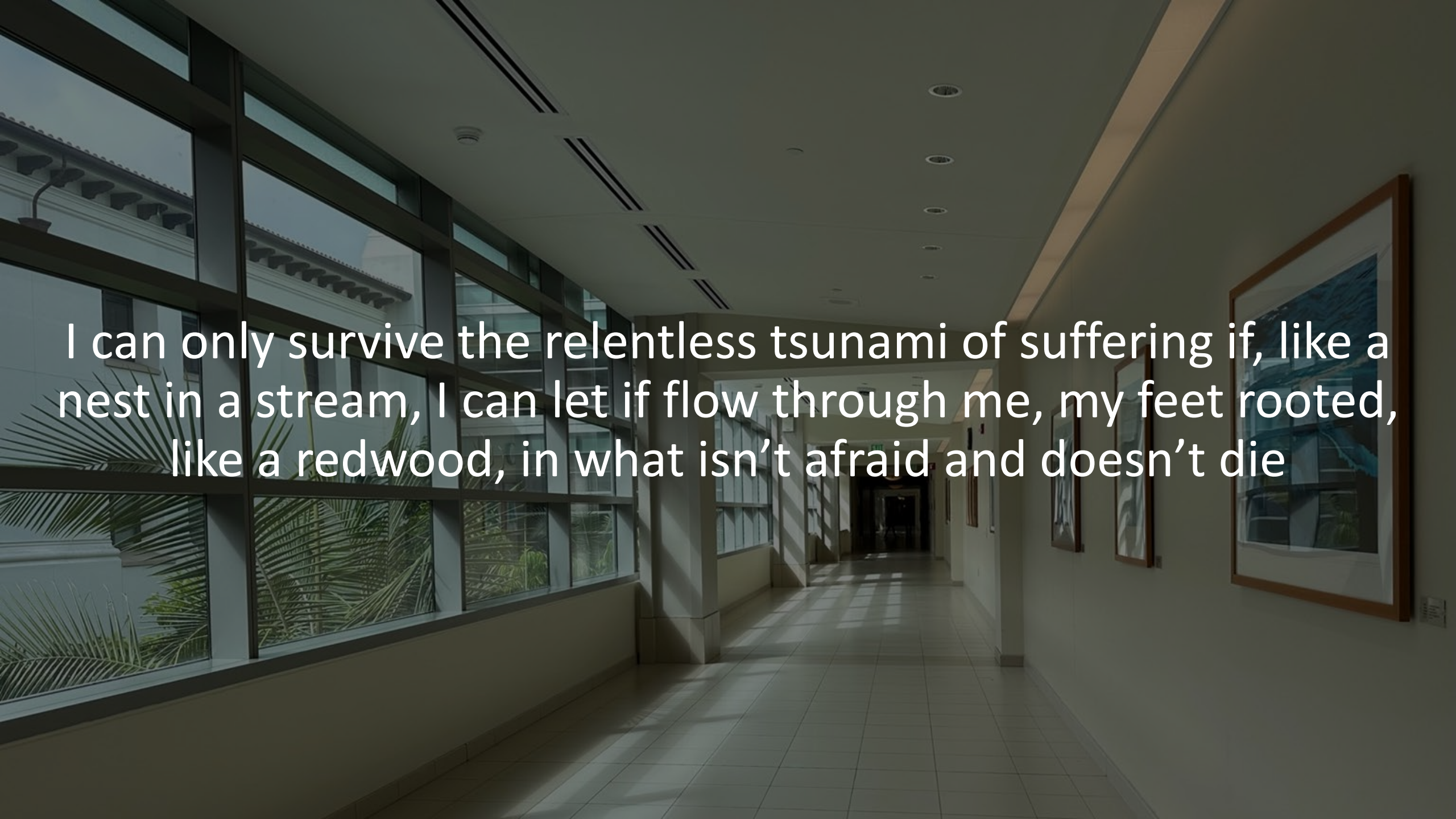
I'm still walking these corridors



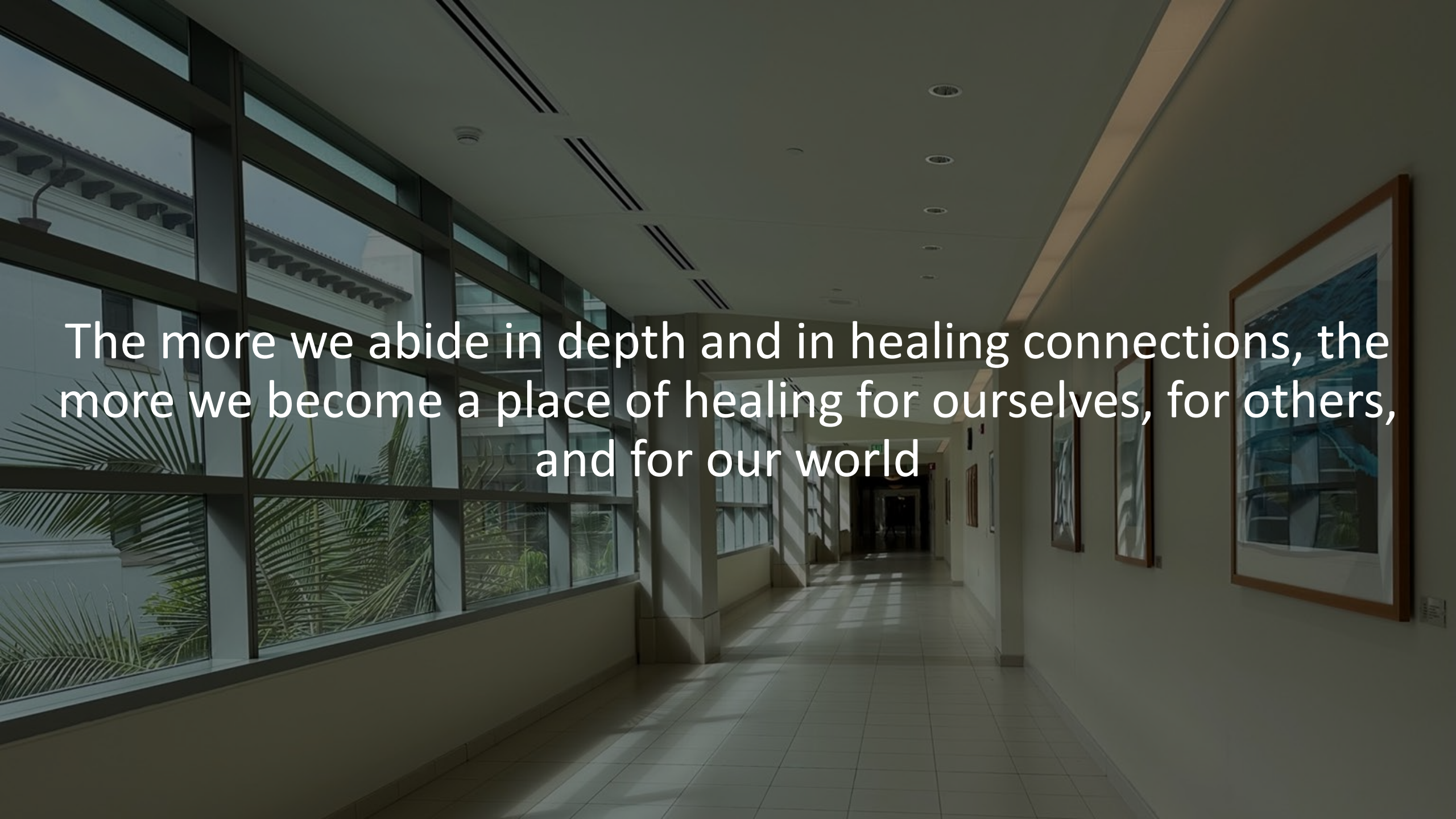
2025

“bread and butter”
palliative care and hospice



A long, empty hallway with a tiled floor and a white ceiling. On the left, there is a large wall of windows with dark frames, looking out onto a building with classical architectural details and palm trees. On the right, the wall is white and features several framed pieces of art. The hallway leads to a darker area at the end, possibly a doorway or another part of the building. The overall atmosphere is quiet and contemplative.

I can only survive the relentless tsunami of suffering if, like a nest in a stream, I can let it flow through me, my feet rooted, like a redwood, in what isn't afraid and doesn't die

A long, bright hallway with large windows on the left and framed art on the right. The text is overlaid in the center.

The more we abide in depth and in healing connections, the more we become a place of healing for ourselves, for others, and for our world

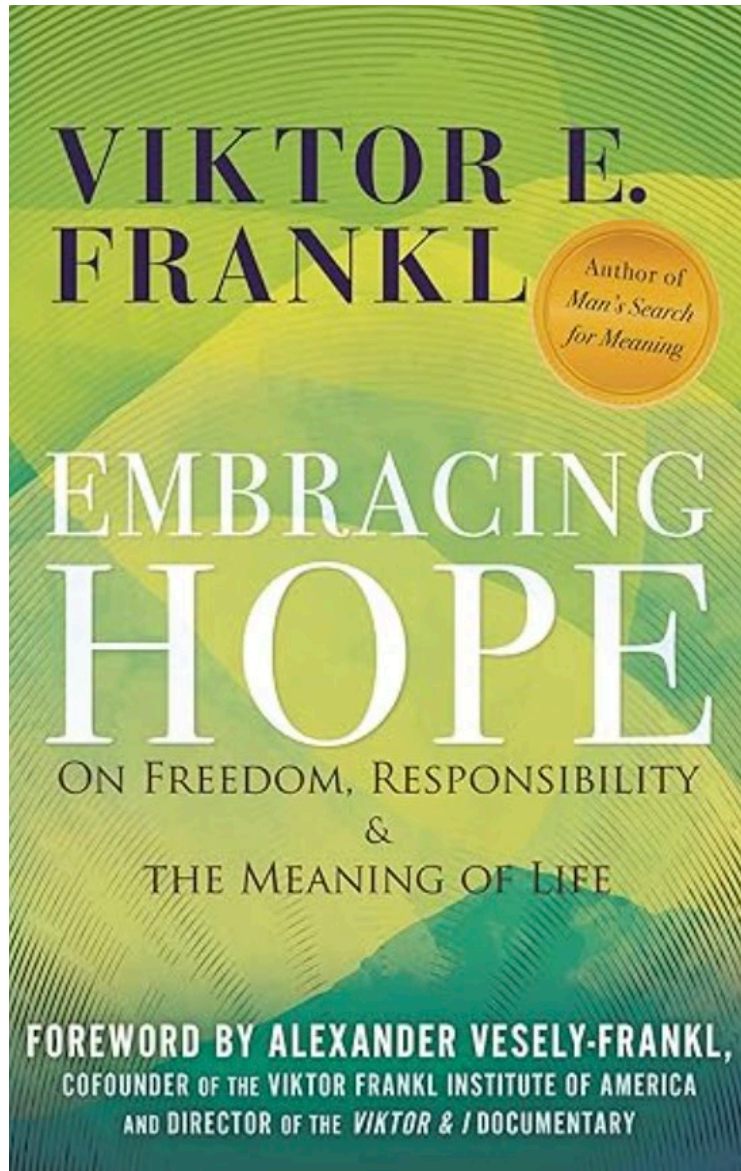


“Deep calls to deep in the roar of waters”

Psalm 42

2025

“It’s OK to be symptomatologist – and proud of it!”



“And now, there is one last question:

What happens, when, for example, someone else dies and the transience of another human existence is at stake and at issue?”

p.29

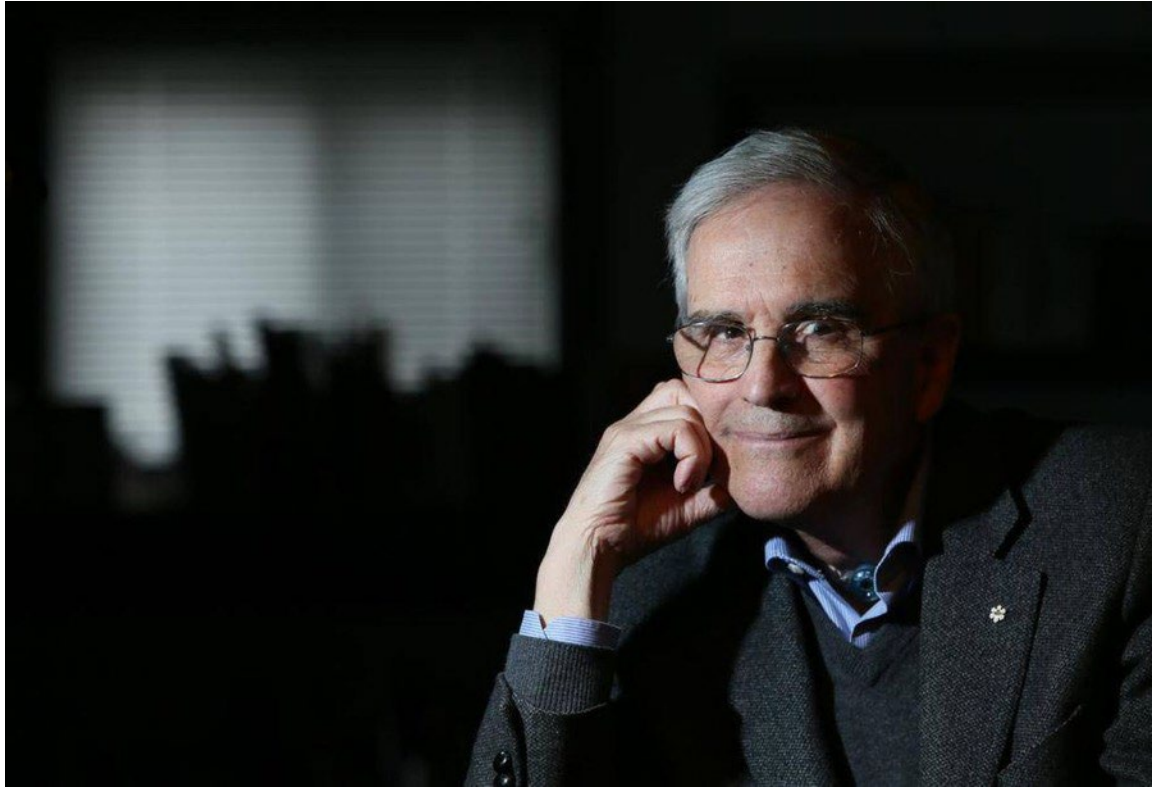


Balfour Mount

“Well, a famous urologist in the US,

who led a World Congress in Montreal about psychology in the final stages of life, therefore in people who are dying, once wrote: ‘The end of life is always a time of unparalleled potential for personal and interpersonal growth for the patient and the family.’”

“That is true.”



Balfour Mount



Balfour Mount

- Palliative care is a place of healing
- Healing is not something we “do”
- It’s about remembering the inner healer and the inner wholeness that is already there - in everyone
- It’s about realizing that “we are the medicine,” and that we become this more fully by abiding in depth and in healing connections
- This brings deep resilience, and it empowers us to become a healing presence for others
- Our patients, and their families, then experience themselves being held in an effective and loving field of care

Thank you!

Please complete your evaluation.

