palliative
people
care
life
patients
illness
hospital
hospice
get
think
disease
chronic
quality
treatment
medical
years
Palliative
Well
doctor
Care
hospitals
experience
now
also
medicine
families
patient
health
live
home
time
possible
need
feel
spiritual
Medicare
team
training
trained
better
important
serious
physicians
cure
like
different
paid
enough
things
know
ago
family
make
mean
bill
much
MmmHmm
costs
actually
goal
access
place
want
fact
country
right
prolonging
longer
long
help
go
medicine
diagnosis
question
died
length
needs
old
well
something
whether
Yeah
focus
across
social
point
short
real
future
million
consultation
believe
blood
schools
progress
difficult
among
example
include
work
excellent
alive
talk
system
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existential
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chaplain
thinking
majority
understand
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today
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helping
focused
young
one
many
just
got
requires
manage
tell
made
end
million
alive
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