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Introduction: Patients with chronic illnesses such as cirrhosis, often have significant symptoms, psychosocial needs, and desires for heightened knowledge about their illness. Historically, cirrhosis management has focused on controlling or modifying cirrhosis progression, and complications of liver dysfunction. Work has started to focus on a parallel pathway of care, involving symptom management, early advance care planning, and other interventions aimed at improving a patient’s ability to cope with chronic illness.

Discussion: A recent paper was published on August 2016 (Brisebois and Tandon 2016), suggesting various ways to heighten cirrhosis care early in the disease trajectory. This discussion will provide detailed strategies for GI specialists to integrate palliative principles into cirrhosis care early in the disease trajectory. Principles to be outlined include modern definitions of palliative care, how palliative principles can be integrated during acute decompensations, how non-palliative specialists can provide this type of care, and how palliative care services can aid the Family Practitioners and Gastroenterology Specialists at various stages of the cirrhosis disease trajectory. This discussion will aim to provide tools for non-palliative care practitioner to heighten patient support in these areas. Evidence for this care approach will be provided, based on the current literature.

Conclusion: Evidence is increasing for integration of palliative principles early in the cirrhosis disease trajectory. With continued work, perhaps interdisciplinary collaborations can heighten inclusive patient care and result in increased patient preparedness for the challenges that come with progressive decline in hepatic function.

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