

## PREFACE

# Palliative Gastroenterology



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*Guest Editors*

**G**astroenterologists can expect to encounter a substantial number of patients who have advanced and terminal illnesses. Most of the literature on palliative care medicine is not directed specifically toward gastroenterology.

This issue of *Gastroenterology Clinics of North America* acknowledges cognitive and psychologic barriers that may hamper the practitioner in addressing the needs of this patient population. Although it is not an exhaustive summary of current approaches to palliative care, this issue is a point of reference for practicing gastroenterologists seeking guidance for the management of salient problems encountered in palliative care, the goal of which is to relieve suffering and improve quality of life. Palliative care may be the sole aim of care or offered simultaneously with all other medical treatment.

The first article introduces the historic and philosophical background of palliative care, addresses palliative care's current status in the field of medicine, and concludes by affirming it as a durable philosophy of care that is applicable across a wide spectrum of illnesses encountered in the practice of gastroenterology. Ensuing articles cover basic palliative care skills, such as palliative care assessment, palliative endoscopy, and chronic pain management. The issue concludes with an article on problems encountered in individuals with non-transplantable liver disease. Although much of the material addresses oncologic illness, the principles and many of the interventions covered are applicable to a much wider spectrum of illnesses, such as liver and intestinal failure.

Although the field of palliative care has been developed previously outside the field of gastroenterology, gastroenterologists face many of the same

problems and some problems that are unique to the specialty. There is little doubt that the future will witness a more clearly defined consensus about palliative care by gastroenterologists. It is hoped that this issue will stimulate interest by gastroenterologists in accomplishing this.

Palliative care challenges some of our most basic assumptions about the meaning of illness and leads us to ask new questions and discover new problems. As practitioners, we are creating a tradition of service in the relief of suffering that is equally welcome, with our recent accomplishments in eliminating and preventing disease. For a start, we must at least acknowledge the worthiness of a philosophy of care that represents a shift from the elimination of disease to the unconditional relief of suffering and the affirmation of our patients' lives.

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