Getting the best result at the end using animal hospice

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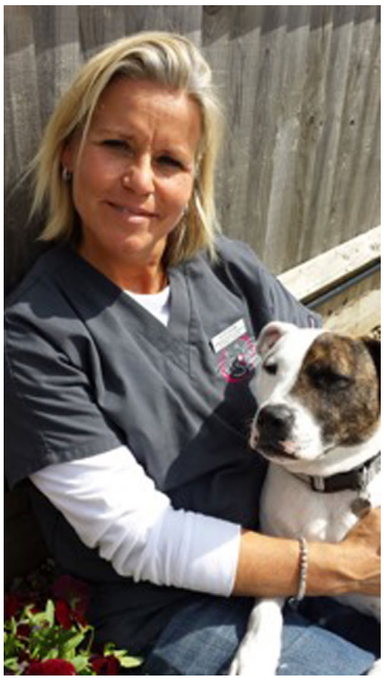
ABSTRACT: A rapidly growing specialty in the USA, animal hospice care is finally mirroring the human hospice movement in offering comfort-oriented care at the end of life, most often incorporating a gentle euthanasia. In the second of a two-part series, The Hospice Vet, Dr Susan Gregersen MRCVS, describes the emerging speciality of animal hospice or end-of life (EOL) care, and why it has an important place within regular veterinary practice. Based on her experiences helping more than 6000 pets during the past decade, Susan also discusses the role that specially trained veterinary nurses can play in animal hospice and palliative medicine.



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Susan studied in her native Denmark and since 2005 she has been an entrepreneur, in-home hospice vet and co-founder of Vets2Home GP Mobile Vets, re-launched in 2012 as Peaceful Pet Goodbyes – the first fully dedicated in-home animal hospice service in the UK. Susan is the programme consultant for Compassion Understood www.compassionunderstood.com and the founder of Sunset Pet Solutions www.sunsetpet.solutions, a veterinary consultancy supporting forward-thinking veterinary practices in redesigning their end-of-life approach. Susan has two dogs and two cats, all rescues, four guinea pigs and two collections of aquatics.

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Introduction

As pets are now regarded as full family members, it is not surprising that many pet owners who have had positive human hospice experiences with terminally ill relatives now want compassionate care and humane options for their furry family members at the end of life (EOL). Luckily for us as veterinary professionals, animal hospice fits the bill perfectly, offering a valid and third option of comfort, outside of aggressive therapies and premature euthanasia. This is a gentle, properly medicated and palliated "bridge" towards the inevitable end, whether that's just a few hours, days, weeks or even months away. This time is ultra precious for owners to prepare themselves for the loss of their pet.

When a pet is diagnosed with a terminal or chronic illness (**Box 1**), or when age begins to affect its body and mind, animal owners are forced to make difficult decisions regarding their companion's final days. During my more than 10 years of assisting pets and owners at home, I have found that most owners – especially first-timers – are unprepared for this.

Box 1. Diseases where hospice care helps

The diseases that most frequently warrant hospice or palliative care for animals are:

- Cancer, and progressive tumour management
- Incurable organ failure (kidneys, liver and heart are common examples)
- Osteoarthritis/degenerative joint disease (impaired mobility)
- Progressive or unmanageable neurological conditions, including dementia, vestibular syndrome, "stroke" and seizures

Senior pets reaching the end of life and/or with management and client compliance issues

For veterinary surgeons and practice staff, the end of a pet's life can be a challenging event because most of us have not had comprehensive training to perform consistently well. Instead, we learn on the job, by trial and error (and we have all had an unfair share of those, I think) in front of understandably devastated owners. Studies tell us that navigating a sometimes technically challenging procedure alongside managing clients' needs can be a dreaded part of our job (Cohen-Salter, Folmer-Brown, Hogrefe, & Brosnahan, 2004; Morris, 2012).

The routine clinical procedure of euthanasia is what those of us in practice are used to offering because it (almost) fits into an agenda of fixing and curing. However, what we offer may not be based on our clients' preferences at this time. Recent client surveys (Compassion Understood, 2016; Lambert, Faulkner, & Jaseni, 2015) have found a profound mismatch between

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what we as a profession offer at the end of life and what pet owners, or pet "parents", expect. Not surprisingly, new approaches, and types of practice are rapidly emerging to meet these needs, including animal hospice and in-home euthanasia services.

Animal hospice in practice: vet-supervised comfort care and gentle euthanasia

Hospice care is a long-standing idea from the UK (for humans) that is being revived through the work of a few dedicated colleagues in the pioneering US veterinary market. Through the work of the International Association of Animal Hospice and Palliative Care and a recently launched certification programme in animal hospice, it is hoped that families and veterinary providers alike will recognise that the end of an animal's life requires more standardised attention and care. Dying animals, like people, have very special needs, and therefore the level of EOL care must remain high to avoid suffering until a natural death occurs or, much more commonly, euthanasia is chosen. This is more than possible both in practice and, even more so, in a home setting. The latter is ideal for animal hospice, but needs to be supported by hospice-trained veterinary professionals to ensure the proper standard of care and animal welfare is maintained.

It should be noted that the decision to seek hospice care does *not* rule out euthanasia, as it must be emphasised that a natural death is not necessarily the goal in animal hospice. Personally, I strongly believe in the humane gift of euthanasia for both animals and people, but I respect diverging personal or spiritual views on this controversial topic as long as suffering is prevented by maintaining an open line of communication.

Under animal hospice circumstances, owners act as carers, and have a hands-on role under the close guidance of EOL veterinary professionals. Usually, this involvement gives a more satisfactory – and often healing – experience of parting with a much-loved pet (**Figure 1**). EOL care can provide veterinary nurses with a perfect opportunity for professional growth, and specialist skills in animal hospice and palliative medicine can be developed.

The unit of care in animal hospice is the whole family, the pet and the humans; both need to be looked after by meeting the family's needs without compromising animal welfare, which is always paramount. This unit includes the youngest in the family. A pet's death may be a child's first encounter with dying and death, so it is preferable that it is a dignified and non-traumatic experience. Parents tend to be extremely grateful to have reliable guidance from their vet on how to best deal with this.

Through my work as a mobile vet dedicated to offering unhurried home euthanasia consultations, it has become obvious that fear and worry are the primary reasons people choose euthanasia prematurely, plus the fact that animal hospice has not been made available to them. Combined with lack of education, there are many reasons why a well-meaning owner also chooses euthanasia too late, when the animal has been suffering far too long. I have also had many requests to "put down" a senior pet which clearly still enjoys life and is not yet suffering because the owner simply cannot bear the unknown.

The uncertainty that comes with death and dying means that owners can miss out on the intimate and often emotionally healing process of final-stage care for their pet. In animal hospice we offer and discuss all options openly, without judgement and with honesty, to manage and match the reality with feasibility and expectations.

Adopting an animal hospice approach need not be a complicated process. For example, veterinary practices could consider the additions of simple, tailored EOL protocols, such as adding a pre-euthanasia consultation or a gentle two-step (including a sedation) home euthanasia. This would give owners a better understanding of what to expect, and help them prepare for the inevitable death/euthanasia. In addition, adding these – and other – client-centred approaches could add value to the practice's reputation, brand, and is often reflected directly at its bottom line. With ever-increasing competition in the market, offering something unique is the way forward – as is achieving better job satisfaction for clinic staff.

Animal hospice can be summed up as advanced pet comfort care, client expectation management and education. It includes understanding and explaining logistics that could otherwise be overlooked, such as the pet's general age or disease trajectory with, to name but a few, changes in mobility, mental stimulation, behaviour, wound care, infection control and nutrition.

What animal hospice provision entails

Hospice care begins with formulating an individualised plan, based on a comprehensive assessment of the patient's and family's needs. This could easily be done by a designated, trained, end-of-life RVN or "Care Coordinator" following a pre-formulated practice checklist including, but not limited to, the five-step plan outlined in **Box 2**.

Box 2. Suggested checklist for formulating an individual hospice plan (Shearer, 2011):

- Evaluate the pet owner's needs, beliefs and goals for their pet
- Educate them about the disease process and progression
- Develop a personalised plan for the pet and the pet owner
- Apply palliative or hospice care techniques
- Give emotional support during the care process and after the death of the pet

An interdisciplinary professional team, which offers hospice care and palliative medical services ideally, involves a veterinary surgeon, veterinary nurse and (external) mental health worker. When choosing to use an animal hospice care provider, pet owners can be supported through a variety of services to assist with the care of their terminal pet (NB: tailor this to your practice's new, specific EOL protocol). Services can include:

- Over-the-phone consultations and in-home visits, ideally 24/7
- Information on disease progression and crisis management
- Daily stimulation programmes such as early memorialisation activities and

Figure 1. After two weeks of "preparation time" with advanced hospice care, the sedated pet on the sofa next to its terminally ill owner

mental/physical stimulation supporting the stronger human–animal bond towards the end
- Palliative care and pain-relief plans
- Instruction on medication administration, supply and storage
- Professional assistance in deciding if and when euthanasia is warranted (ideally available at any time once the owner and pet are ready). This step is particularly important!
- Discussion of the format of the final euthanasia procedure which may be two- or three-step options with a tailored sedative first so the family knows exactly what to expect
- Aftercare options including previously vetted, respectful cremation services and grief support (**Figure 2**).

Changing from curing to caring: the CARE framework

When working in a busy, wellness-based practice, it is important to know *when* and *how* to change focus completely from diagnosing and treating to simply caring. This means actively *showing* your client that you and your practice really care about them and their pet – now more than ever as their bond with their pet has never been stronger. This can be challenging and communication needs to be sensitive; at the end of their pet's life, clients can be understandably emotional and extra-sensitive.

When suddenly dealing with an EOL client during a busy day filled with non-terminal patients, remind yourself of the principles by thinking of the acronym CARE (**Box 3**).

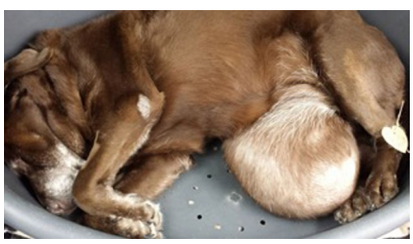

Figure 2. Milly went to her normal veterinary practice five days before this picture was taken for a repeat prescription check for her incontinence, diabetes and severe arthritis. This would have been an excellent opportunity to prepare, support and help the owners for what their pet needed

Box 3. The acronym CARE

C: Compassionate communication

Listen well, use a soft tone of voice and choose your words carefully. The owner will remember how you make them feel over and above exactly what you said.

A: Attention

Take careful notice of your role in and your approach to every single step (before, during and after) the client takes on this very last journey with their pet. Be observant, attentive and support the client – treat them like a V.I.P.

R: Reach out

Don't be afraid to ask how your client feels at this difficult time, but respect their need for time, space or silence. They need your support and understanding – actively show your client you are there for them.

E: Empathise

Verbal and non-verbal empathy (a gentle touch on a hand or elbow says more than a thousand words) will help clients to feel supported and cared about at this difficult time (both before and afterwards).

By helping confidently and compassionately and supporting pet owners at this time, we can provide authentic, client-centred care, which matches our professional values. In short, pet death does not have to be a crisis resulting in the loss of a client or a potential complaint. This last stage of life is best handled as a natural, integral part of life. To achieve this, client education and staff CPD are key to preparing for what is to come, both for owners and for veterinary professionals wanting to take on this potential new speciality.

There is so much more we can do for our patients and clients when nearing the end – and I will let you in on a secret: it feels *really, really* great to be able to provide the needed support at this time.

Case study: Flossie – animal hospice in action

With adequate preparation, time and support, in-home palliative medicine and care makes an inconceivable loss acceptable to even the most loving pet owner.

As mentioned before, I have personally assisted with the final parting in many thousands of EOL cases. One of the most difficult – but also one of my most rewarding examples – was helping devoted cat owner, Emily H., come to terms with what was, to her, unthinkable: the impending loss of her cat, Flossie. Emily shared a very special, strong bond with Flossie because she was the last shared connection to Emily's recently deceased parents.

This case proved to be a classic example of how using animal hospice can make a significant difference in helping owners part with a very special companion by minimising the inevitable repercussions and emotional trauma afterwards.

My role started late one Sunday afternoon, just hours after the discharge of 12-year-old Flossie from her local referral and specialist GP practice (**Figure 3**). After rigorous investigations – including specialist ultrasound examination, FNAs and other diagnostics – she had been tentatively diagnosed with suspected carcinomatosis or diffuse GI-lymphoma with large amounts of free abdominal fluid.

This news was unexpected and a big blow to Emily, who had been pursuing a diagnosis and effective treatment for Flossie's mounting complaints for six long, stressful months. Her initial symptoms had been subtle, starting with increased irritability, incontinence, soiling, intermittent vomiting, anorexia and, later on, unexplained pyrexia and general lethargy. Emily had sought veterinary advice from three different veterinary surgeons including a reputable homeopathic vet, ending up at the second-opinion referral practice.

All avenues had been explored, with multiple, less-sinister causes being suggested along the way including trial treatment

Figure 3. Flossie on the sofa

for a skin complaint, FAD, psychogenic over-grooming, cystitis and IBD. The prospect of a terminal diagnosis had not been made clear, and now Emily was suddenly dealing with this final, unexpected blow.

Emily was in shock and denial, and, despite her gentle nature she was very, very angry when she called me that Sunday. She explained she felt she'd had to mobilise all her strength to insist on taking Flossie home, as the specialist veterinary surgeon had given her two options, neither of which she agreed with: euthanasia or further invasive in-clinic investigations. From a rational, medical standpoint Flossie was still very ill, pyrexic and anorexic for the fourth consecutive day, and the prognosis was grave.

After 25 minutes of conversation, while I mostly listened and reassured Emily, I made a quality-of-life/hospice appointment to see them all at home the next day.

I found Flossie to be a typical, delightfully feisty tortoiseshell feline who was also very reserved and trusted only her "mummy", so we had to approach her very delicately. (This is the time when having been a mobile vet who is used to dealing with pets in their home for 10 years or more comes in very handy!)

After listening to a very upset Emily recount their journey together during those past months, I prepared a personal hospice plan to support Flossie – who was still not eating. This included injectable analgesia, because the dispensed oral painkiller was impossible for Emily to administer (as is the case for many clients with this type of determined feline patient).

After the initial injections of steroids, diuretics, vitamins and a low dose of diazepam (**Figure 4**) in an attempt to kick-start her non-existent appetite, Flossie miraculously – and almost instantly – started eating again. According to a more than thrilled Emily, Flossie was suddenly back to a version of her normal self that she had not experienced for months– and all this was on the very day of my visit.

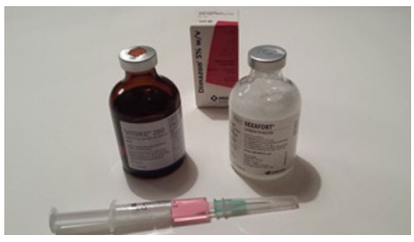

Figure 4. Example of palliation: vitamin B, Dexafort, Dimazon

During the following four weeks we made sure Flossie was given mild diuretics and potent oral pain relief three times daily hidden in food, now her appetite was back (unlike other drugs, tasteless gabapentin is a wonder drug in animal hospice, despite it having to be compounded in the correct dose to suit a small cat), concurrently with her regular appetite enhancing steroid injection. Smart as only a tortoiseshell can be, she had craftily learned to try to resist the now expected injection, but Emily's husband and my experienced nurse found creative ways around this and she was given a much-needed booster injection upon first signs of decline. Emily was very much in tune with her companion's needs and could quickly pick up on signs of deterioration.

Alongside this regime of medication, we were available 24/7 for texting, emailing and calls to address every little niggling worry or question Emily had along the way. It enabled Flossie and her loving owner to enjoy an amazingly spritely four weeks together before the cat's ascites meant that her comfort level was compromised. But, by this time, Emily was ready too.

Up until this point Flossie's appetite, interaction and overall quality of life – according to our own tailored client quality-of-life scoring chart – had improved from day one after entering active hospice care (**Figure 5**).

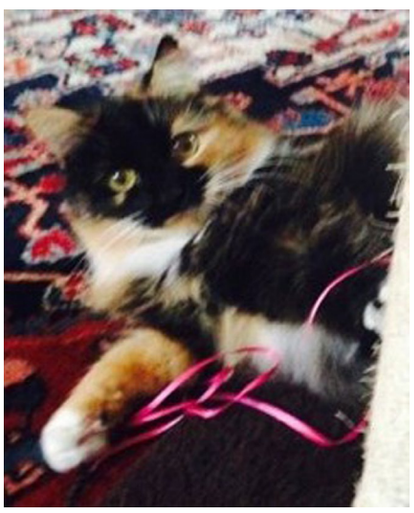

Figure 5. Young Flossie with band

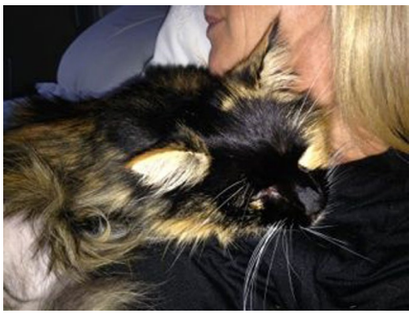

Figure 6. A sedated Flossie gently held by Emily

More importantly, the return of the shared, daily joys of their strong bond, without the overriding worries of Flossie not eating or being in pain, signalled the concurrent healing trajectory of Emily's (and her husband Peter's) emotional states.

It was the first time I had ever closely watched the classic Five Stages of Grief (shock/denial, anger/frustration, bargaining, depression, acceptance) being played out so overtly and in an almost textbook-like linear way over the course of one single month.

By the time we had reached the end of the long, four-week journey, Emily was prepared for the end and, although nervous, she faced it with poised dignity and strength. She was able to support and hold Flossie against her chest, sitting in her bedroom, and neither of them even realised when, without any preparation necessary, I slowly administered the sedative dose that gently and gradually, over 10 minutes, sent Flossie peacefully on her way to eternity (**Figure 6**).

This case beautifully sums up what animal hospice is all about: preparation, protocols and ample time and support of both the patient and the family while they are coming to terms with their impending loss. Quoting Emily on the first anniversary of her loss, she says that this animal-hospice-supported journey "made the impossible possible" and not long after she told me this, Emily and her husband were ready to invite two new adorable kittens into their lives, starting a whole new cycle of life.

Conclusion

Bearing all this in mind, it is tempting to propose that the well-known acronym within our profession of referring to euthanasia ("a good death") as PTS

(put to sleep) should instead stand for: Preparation, Time and Support. Openly and proactively addressing these three factors concurrently are what, in my experience, produce the best and most consistent outcomes for everyone involved: the pet, the client, the veterinary surgeon and the whole practice team. The true, but so far rather intangible reward is a happy pet owner that returns to your practice with their next pet as the natural lifecycle – or lifetime value – of keeping a content client.

Further information

www.iaahpc.org – The International Association of Animal Hospice and Palliative Care (non-profit)

www.compassionunderstood.com – new UK online resource in pet loss for pet owners and end-of-life training/CPD for the whole vet team

www.sunsetpet.solutions – the author's consultancy in improving the end-of-life approach and protocols in veterinary practice

Organisations

www.dignified-departures.co.uk (non-profit)

www.hometoheaven.net

www.lapoflove.com

www.peacefulpetgoodbyes.uk

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