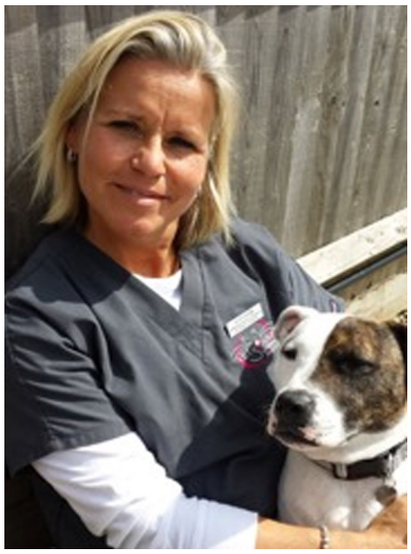

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Giving your clients the best end-of-life experience with their pets

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ABSTRACT: Animal hospice and end-of-life care are emerging specialities within veterinary medicine which hold considerable potential for development by veterinary nursing professionals. In the first of a two-part series, Dr Susan Gregersen shares what she has learned over the past 10 years of helping more than 6000 pets and families face the challenges of end-of-life care at home. This article explains the importance of focusing on end-of-life care in veterinary practice, and explores the experience of pet euthanasia from an owner's perspective.

Wouldn't it feel fantastic if you knew that you could give your pet patients and their owners the best possible end-of-life experience every single time? If you knew that you could ensure that their last – and lasting – memory of their pet was as good as it could have been, from beginning to end? Just like any other new and challenging technical procedure, preparation, training, attention to detail and good teamwork will enable you to deliver just that – every time. Adopting this view and making this approach a priority in your practice will enable you always to feel competent, confident and in control.

Although it can be difficult sometimes to find the right words in these tough situations, it is true that good planning and preparation make the difference for veterinary clients, patients and staff. There is much that we can learn to better prepare ourselves for end-of-life situations. Several newer studies suggest that even if we think we are really good at euthanasia consults, we can do much better and are only just starting out on the path into this field (Compassion Understood, 2016; Lambert, Faulkner, & Jaseni, 2015; Nogueira Borden, Adams, Bonnett, Shaw, & Ribble, 2010).

Why focus on end-of-life services now?

The death of a pet is a seminal time for any pet owner and one that has long-lasting impact, usually with potent memories of how it was handled by their designated vet and practice team. Recent studies suggest that the human–animal bond between owners and their pets has never been stronger. Ninety-nine percent of pet owners report that they regard their pet as a fully fledged member of their family and 93% say they would risk their own life to save their pet (Morris, 2012). This more than suggests that the role of veterinary staff is changing, and we are now looking after "furry children". The only difference is that these "furry babies" age much faster, and soon become geriatric or terminally ill.

Unlike other vocations, veterinary professionals act as life-long family doctors, nurses, surgeons, counsellors, social workers and advocates – and at the end we are also essentially our patients' "end-of-life midwives". No wonder we often find it difficult to fill all of these roles – many of which we have never been trained for.

With all this in mind, it is perhaps no surprise that there is a growing demand for sensitive, end-of-life care services that are removed (both literally and figuratively speaking) from a busy, wellness-focused veterinary clinic. Currently, the services we offer in normal veterinary practice are focused on curing, fixing and making pets better. Sadly, with the increasing anthropomorphism of animals, we also mirror unfortunate trends in human medicine, where, increasingly, death and dying can

be equated to professional failure and something to be "fought against".

As a result, end-of-life care is often minimal, and clinic euthanasia is simply seen as giving up, or an easy "out", when no further cures or diagnoses can be sought. Too often, in my experience, no options other than clinical euthanasia are discussed once a terminal diagnosis or old age is reached and the client declines further investigations or invasive treatment. This represents "either/or" medicine with just two offerings: aggressive therapy/investigations or euthanasia. Very little exists to bridge the two ends of that spectrum with formalised and proper palliative medicine/care, client support and the knowledge to plan a beautiful goodbye as a lovely finishing touch. Studies tell us that sending an owner home with a supply of painkillers, and the message to "come back when it is time" doesn't come close to what clients need (Compassion Understood, 2016) (see **Figure 1**).

Is the USA leading the way in end-of-life care?

Across the USA, nationwide vet services or franchises such as Pet Loss At Home or Lap of Love offer either in-home euthanasia alone or in conjunction with animal hospice services. They have successfully emerged in the last 5–10 years, and are rapidly growing in popularity to reflect what pet owners increasingly want. Additionally, large mobile vet practices in various US states offer just in-home euthanasia and employ several vets for this service alone. My pioneering colleague Kathy Cooney's Home to Heaven in Colorado and also Home Pet Euthanasia in California are great examples, but there are increasingly more across the USA.

Figure 1. After being diagnosed with a heart tumour, Jack, 16, was sent home with four weeks' worth of painkillers and instructed to come back "when it's time". The owners were still unsure if this was "the time" when they called one Sunday – 12 months later – after finding Jack couldn't get up

Although the UK lags several years behind, we can see a rising number of similar initiatives. My own in-home practice, Vets2Home – Peaceful Pet Goodbyes (www.peacefulpetgoodbyes.uk) started four years ago by offering these limited services exclusively after we noticed the growing demand for this dedicated service in my established mobile practice. Last year saw the launch of a nationwide end-of-life franchise called Digni-Pets (www.dignipets.co.uk) in the Birmingham area. Finally, Dignified Departures (http://dignified-departures.co.uk) is a recent UK initiative which provides online listing for vet practices (both mobile and normal) which fulfil the ethos of quality in end-of-life care. In-home euthanasia and pre-euthanasia sedations are the pillars of this movement.

By starting to meet and consider the changing needs of our clients, whose pets are increasingly part of the family, we will release the untapped potential currently not being addressed in most UK practices in a consistent and education-based way.

In the worst-case scenario these difficult, emotionally charged situations are dealt with "on the hoof" by unprepared team members with inconsistent and unfortunate outcomes. These emotionally (and, at times, technically) difficult situations, and the time constraints imposed in a busy practice, are part of what makes our jobs so emotionally draining and stressful. Over time, this can move us towards emotional and professional exhaustion, and burnout (Dobbs, 2012).

What happens when there is not enough focus on our end-of-life approach?

Recent UK surveys (Compassion Understood, 2016; Lambert et al., 2015) suggest that about 20% of clients never return to the same practice after euthanasia, despite them having other or subsequent pets. The outcome for unmet client expectations at the end of life is, perhaps, most clearly reflected in the year-on-year RCVS complaints statistics, where euthanasia currently has its own classification. It is the *only* clinical procedure singled out for this dubious "honour", and it has been within the top sixth position every year for more than a decade.

It is estimated that 85%–86% of all pets are euthanised (Compassion Understood, 2016; O'Neill, Church, McGreevy, Thomson, & Brodbelt, 2013), and as such, here in the UK, this makes euthanasia a common procedure in companion animal veterinary practice – one which has important implications for all members of practice staff involved with client care. These numbers suggest it is an almost daily routine for us, but it is *never* routine for the owner, and we must remember this; pet owners usually experience veterinary euthanasia only once every 10–15 years. Having now listened to thousands of owners about this very topic, I strongly believe that there are mostly two things owners remember with certainty about a past pet (see **Figure 2**):

1. How they acquired their pet
2. How they lost him or her – and that is a life-long memory

Euthanasia is also one of the few procedures we perform *in front of the owner.* This is us taking the life of their family member – however justified and expected this may be, given the short life expectancy of our beloved pets.

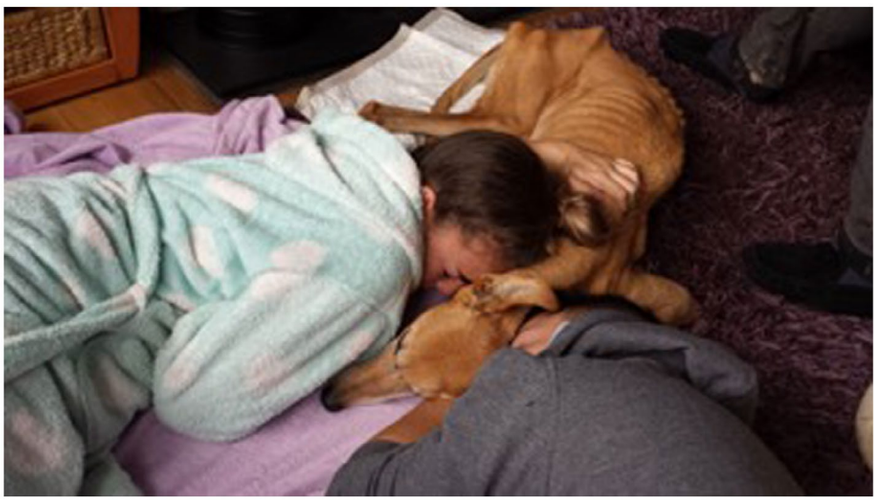


Figure 2. A life-long, peaceful memory of a first goodbye

The very last contact and a life-long memory: the euthanasia experience

> *People will forget what you said, people will forget what you did, but people will never forget how you made them feel. Maya Angelou, 1989*

There is another really interesting conclusion I have come to as a result of my many intimate conversations with bereaved pet owners. Seeing them at home for the euthanasia of yet another pet without fail brings back the painful memories from previous losses (both human and animal). Now that I work relatively free from time constraints, I have plenty of time for these important conversations, and perhaps my most surprising finding over 10 years as a mobile and end-of-life hospice vet is how often clients say *the way* their previous pet(s) died still haunts them years later.

What they explain vividly is something that we as professionals can forget because we perform this clinical procedure so often. Far too often, owners tell me, they are shocked and upset by the speed with which their pet goes from alive to dead when given an intravenous injection. Despite our being generally good as a profession at preparing owners for this, it is still a considerable shock for owners to see their beloved pet having the life "sucked out" of them so fast, often on a clinic table or floor. As a vet, this awful realisation was a surprise to me at first, because when a quick, smooth intravenous injection worked perfectly, I saw it as the mark of professional excellence. But now I have heard owners' perspectives so many times, I know we *must* change this approach or, at the very least, make more options available, very clearly explaining the difference between these potential choices, the consequences and our approach in relation to the actual euthanasia.

Interestingly, I have found that those of us in the profession often choose to sedate and have a home visit when it comes to our own pets. This realisation made me think of my own experience of having my childhood dog put to sleep – and suddenly I remembered painfully exactly what these owners were describing. Veterinary training and working in practice can make us forget the perspective of owners, although I am sure we would not be able to cope with our challenging and often emotional jobs if we dared to remember this too well. But for now, try to remember your own very first pet being euthanised – what do you remember? How does this make you feel?

A pro-active and caring profession such as ours should consider how we can help owners and patients at the end of life. The time is right for UK veterinary practices to embrace a new specialty: animal hospice (or end-of-life, palliative veterinary medicine) which also, it should be emphasised, includes the gift and blessing of a gentle euthanasia. Small animal practices should consider adopting this novel philosophy in order to improve their care provision for loyal clients whose pet is nearing the end. Quality end-of-life care also makes good business sense, as we know retaining one loyal, happy client is far more cost-effective than attracting a brand new one.

In order to make an informed decision when the time comes, owners need help to more clearly understand and use the options and resources made available to them. This is an important part of client expectation management. When a pet is diagnosed with a terminal illness, or is suffering, the first decision is whether to pursue aggressive, potentially curative therapies or authorise further investigations. From my many extended veterinary consultations, it is apparent that a significant number of owners would like to choose *not* to pursue more invasive options; they often feel pressurised to select between aggressive therapy and/or invasive investigations, or premature euthanasia. I have also discovered that, too often, owners have been afraid to discuss this with their own vet openly and have turned to my practice in distress.

When the curing turns to caring

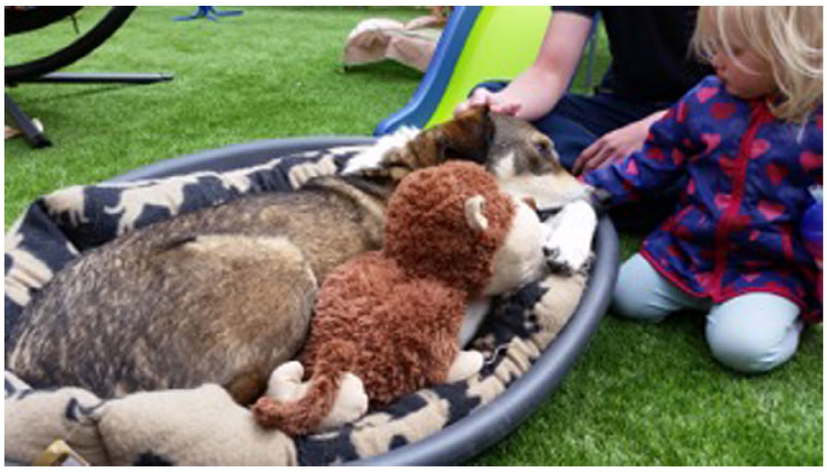
The way we as a profession treat pets and their families at the end of their lives clearly needs to change to match pet owners' expectations. Over half of pets are put to sleep under planned circumstances and *not* as an emergency (Compassion Understood, 2016). It is possible to plan ahead, with the owner, to make the end a successful, expected experience without surprises – just a precious, shorter or longer, time spent saying goodbye at home.

There comes a time when the pursuits of diagnosis and treatment become too stressful, expensive, complicated or invasive for pet owners. This is the time when all our efforts to cure must turn to care. However short this time may be, it is the time to show how much we care – both for the pet and for our clients. There is often so much more we can do to prepare and support them and buy time to say goodbye. Once it is clear that dying is inevitable, or a terminal diagnosis has been made, owners value time alone with their pet – also, where circumstances allow, this includes taking the pet home. This time – a week, day or even a few hours – is made all the more important when the pet has been hospitalised, or been through intensive therapy/diagnostics.

Having time to say goodbye after the decision has been made, knowing their pet is properly palliated, not in pain or suffering, and their normal trusted vet practice team (you) is ready to support them, is of immense importance. Everybody is prepared for what comes next, and the hows, wheres and whens

(a)

(b)



(c)

Figure 3. (a) Child giving Billy a treat as sedation takes effect; (b, and c) a lasting memory

have all been addressed compassionately, so clients know what to expect in relation to their pet's situation.

I would like to propose that we as a profession start seeing the acronym PTS not as Put To Sleep, but rather as our opportunity to Prepare, give Time and Support to our clients. What they need is for us to co-create a good memory of parting with their beloved furry family member, their animal child, or pet companion (see **Figure 3**).

In the next article, I will be introducing veterinary end-of-life care, or animal hospice and palliative care, as this new specialty is called in the USA. Animal hospice is a pro-active response from forward-thinking veterinary staff in the USA to the changing customer demands and needs of the pet-owning population to give their animal companions the best possible care. The potential importance of VNs within this new specialty provides a huge opportunity not to be missed.

There is *so* much more we as a profession can do when the end is near.

Acknowledgement

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