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End-of-life care: The why and how of animal hospice

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ABSTRACT Palliative care is a relatively recent topic in veterinary medicine. A further development is animal hospice care, which is starting to come to prominence in the UK. Like their counterparts in human medicine, veterinary nurses are exceptionally well-placed to spearhead and deliver palliative and hospice services. Such work fits with the developing status of the profession, not unlike community nursing or Macmillan cancer nursing in human medicine. This paper introduces the principles of animal hospice care, discusses some current concerns, and outlines the potential roles and contribution of the profession.

Introduction

Animal hospice care is an emerging veterinary specialty, which was started in the US in the 1980s (Marocchino, 2011). Some veterinary schools there provide hospice care, and the American Veterinary Medical Association has guidelines on it (American Veterinary Medical Association, 2013). There is now growing interest in and debate about animal hospice in the UK (Dyson, 2015; Gregersen, 2015). For example, some mobile practices here consist solely of at-home palliative care and euthanasia services, and provide these for local, clinic-based practices. Such care delivery is a response to the many clients who are not satisfied when told their only choices for their terminally ill animals with short life expectancy are in-clinic treatments – which may be aggressive – or euthanasia. Hospice care offers a third way, by which client and animal can be fully supported until the animal's euthanasia.

What is animal hospice care and why do clients want it?

Veterinary medicine already includes palliative care, i.e. providing comfort by controlling clinical signs when cure is not possible (Lindley & Watson, 2010). Animal hospice care extends this approach through the combination of:

- closely-tailored palliative care – often delivered at the animal's home or, for others, at the practice
- personal support for the client and other household members, helping them come to terms with and prepare for, the impending bereavement, at psychological, emotional and spiritual levels

The general desire for animal hospice care parallels a common desire for our own deaths, i.e. to die peacefully at home, in due time. To want this for a family member is unremarkable, and animal companions are widely regarded as family members (Charles & Davis, 2008). This regard is not primarily a modern or cultural choice (Charles, 2014). It arises also from the nature of attachment, which is an innate social characteristic of human beings (Sable, 2013; Zilcha-Mano, Mikulincer & Shaver, 2011).

To put this into context, a national survey of the recently bereaved (N=~22,000 replies) (Department of Health, 2012) found that only 29% of those whose family members had died in hospital thought the patients had had enough choice about where they would die, compared to 88% where the patient had died at home. Although most respondents felt the patients had died in the right place, negative views on this were highest where the person had died in hospital (16%), compared to at home or in a hospice (both

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3%).This current human context makes it unsurprising that some clients resist both 'aggressive care' and 'euthanasia' options for their animal.

To sum up: 'The aim of the animal hospice is for the terminally ill patient to remain free of pain and distress and, when the time is right, for the animal to die peacefully whether by euthanasia or naturally, and it takes into account the needs of the whole family.' (Dyson, 2015). This model makes explicit the need to consider the client. In other respects, it is not so different from the implicit ideal of traditional practice. However, it typically provokes some scepticism and concerns.

Concerns about animal hospice care

Hospice care is incompatible with euthanasia/A natural death means suffering

In hospice practice, ~ 98% of animals are euthanased, as clients who may have initially sought hospice care as a route to a natural death for their animals, have had sufficient time and support to accept the impending death and related merit of euthanasia (Dr Susan Gregersen, 2015, pers. comm.). Those animals that die naturally do so under close veterinary supervision, to ensure pain relief and comfort (Gregerson, 2015, pers. comm.), as recommended in professional guidelines.

This contrasts with the current situation in some or, possibly, many practices, where clients are expected to agree to euthanasia or in-clinic palliative treatment within a 10- or 15-minute consultation, without the option of a third way or sufficient time to fully discuss all options. Thus, some clients take their terminally ill animals home and wait until they judge them to be suffering enough for euthanasia to be warranted. Not followed up with, they are reluctant to revisit a vet for fear of further pressure to euthanase. Many of these animals then either die a slow and distressing death, unpalliated, or are euthanased after an unnecessary period of avoidable suffering.

While financial concerns may underlie some of these cases, they do not explain them all. Anecdotally, full-time hospice veterinary surgeons frequently find owners turn to them, willing to pay, having felt abandoned by their traditional practices for not accepting that their only options were either aggressive treatment or immediate euthanasia (Gregersen, 2015, pers. comm.).

How can clients know what is best for their animals?

Under the traditional view of veterinary medicine, clients' assessments of their animals' well-being are not given equal weight with the veterinary surgeons' assessments despite, normally, clients knowing and caring about their animals more than the veterinary team ever can.

Dogs with mitral-valve disease provide an example. These patients are prone to crises as decompensated heart failure threatens. However, for many dogs, the periods between the crises remain worth living, i.e. there is no physical distress, and the individuals have opportunities for relevant daily pleasures, (e.g. play, social contact, a car ride, grooming, a gentle walk, novelty, etc) particularly if their owners are guided in how to support these opportunities.

The veterinary team are likely to only see such dogs at their worst, however. After seeing snapshots of decompensation in the clinic every few days or weeks, it is natural for personnel to assume that pre-emptive euthanasia is kinder, and not first enquire fully about the dogs' current daily lives and the clients' assessments (ideally part of a previously agreed care plan with specific 'red flag' end-points). Without such enquiries, the vet's recommendation of euthanasia may not be in the animal's best interests. This is because the unspoken human contract with animals – and veterinary professionals' contract, particularly – implies not only preventing suffering, but also enabling animals to flourish and not have their lives ended prematurely (Bruijnis, Meijboom & Stassen, 2013; Rollin, 2011)

Saying 'when the time is right' means hospice care caters to clients first

The ethical and practical challenges of identifying the exact moment that euthanasia is now in the animal's best interests are similar to those found in traditional practice. In all cases, clients have a legitimate interest in having peace of mind about the timing. By way of parallel: in human paediatric medicine, medical opinion isn't the sole criterion in deciding upon when to withdraw treatment from a terminally ill child. The courts also consider wider family concerns and the precedents set in other cases (Larcher, Craig, Bhogal, Wilkinson & Brierley, 2015).

To consistently and properly balance client support and animal welfare, both hospice and traditional practices need an explicit policy for end-of-life decision-making and client-care. Without a policy, a risk of animal hospice is that taking account of 'the needs of the whole family' may result in a terminally ill animal with short life expectancy having to live out the remaining days palliated but with no possibility of enjoying positive experiences that matter to him/her, all so that the family has extended time to become ready to say goodbye. While the family's need must not be taken lightly, the approach risks breaching the contract of mutuality with animals mentioned above.

To avoid such breaches, it may instead be tempting to rush the family into consenting to euthanasia. That too is problematic, however. Normally, it is unethical to seek to influence a client's choice of what's best for their animal—unless their choice is extreme relative to other clients in a similar situation, and harmful to welfare (Yeates & Main, 2010). The above example of long-extended palliative care can be both extreme and harmful to welfare, in my view. It can normally be avoided with an individualised, explicit care plan, and appropriate client support (including referral to a counsellor when appropriate). If the risk to animal welfare still arises despite this (i.e. due to the family's ongoing reluctance to say goodbye), exerting influence might be ethical i.e, after exhausting other approaches (e.g. second opinion) and before the last resort, which is reporting the client to the police for breaching the Animal Welfare Act (Yeates, 2010; Yeates & Main, 2010).

Yeates & Main (2010) identify 22 types of potential influence that veterinary personnel might exert on clients—often without realising it. Some types of influence are never ethical e.g. the threat of violence. Some other types might be ethical as a penultimate resort in end-of-life disputes e.g. use of value-loaded terms (*Treacle is suffering because his lungs are starting to fill up with fluid. Soon he will start to feel as if he's drowning.*) Using such influence is unethical as a routine approach to end-of-life discussion and, in all discussions, empathy is paramount. Thus, in the above example, the preamble might *be: I can see how much you love Treacle, and I'm so sorry we are having to have this conversation, but I have to tell you that Treacle is suffering because his lungs…*

To sum up: with a systematic policy and good client communication, hospice care does not cater to clients at the patients' expense.

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Hospice care for animals at the end of life should not become a standard part of veterinary practice
This was the view of 56% of 193 self-selected participants in a poll accompanying a recent Veterinary Futures blog (Dyson, 2015). It is not clear if the participants were necessarily veterinary professionals, and the 638-word blog could not properly describe the scope of hospice care. Thus, the poll is not representative. However, the results also suggested that a significant minority (up to 30%) of veterinary professionals may support the standard provision of animal hospice care.

The discussion above illustrates some current concerns as animal hospice care develops in the UK. With the safeguards of an explicit ethical framework and a mutually agreed care plan to protect the animal's best interests, animal hospice care can offer a new avenue of advanced patient care and client support for interested veterinary nurses.

Role of veterinary nurses in animal hospice care

Roles could include:

- an entrepreneurial hospice nursing service, on behalf of local practices that might not have the personnel themselves
- working with veterinary surgeons to provide hospice care in dedicated end-of-life practice
- leading or participating in the development of sustainable hospice care within traditional practices:
  - in-house practice advocate, 'to whom the owner can directly address their concerns and questions and who can then contact the relevant members of the team for their advice and input' (Lindley & Watson, 2010)
  - direct delivery of hospice care

Veterinary nurses could be involved in direct delivery of hospice care (Downing, Adams & McClenaghan 2011) through:

- assessments of quality of life, pain, clinical status and hygiene – assessments could be streamed to the attending veterinary surgeon by smartphone
- advice on modifying the home environment and sourcing supplies, for example non-slip mats, slings, baby gates, raised dishes
- administration of treatments agreed with the attending veterinary surgeon as part of the related care plan

A key feature of animal hospice care is that 'it is the pet's owner who takes on all the financial, practical and emotional costs involved' (Dyson, 2015). While veterinary personnel are not equipped to fulfil all roles found in human hospice teams (social worker/counsellor), a full practice service would include a counsellor. For all personnel, self-care and the avoidance of burnout and compassion fatigue are also essential (see Hewson, 2014, for a recent review).

Concluding remarks

The emerging animal hospice movement is a good option for many animals and clients. It offers an important new avenue of professional leadership and collaboration to veterinary nurses. The profession is well placed to remind veterinary surgeons that death is part of life and – under Aristotelian virtue ethics and the standard in human medicine– helping owners and animals as the latter journey towards a good death is the act of a 'virtuous' (compassionate) professional.

Further opportunities to engage with the topic of animal hospice care may be accessed at the following events -

- Clinical and business aspects of animal hospice care will be covered, respectively, at the London Vet Show 2015 and the 2016 annual congress of the Veterinary Practice Managers Association and Society for Practising Veterinary Surgeons.
- Professional empowerment is one of the topics at the British Veterinary Nursing Association's 50th anniversary Congress in October.

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