Hospice Care

Clients are requesting care for their terminally ill animals that compares to what they receive for human family members. Adding this service to your practice involves many considerations, but may be well worth the effort.

This border collie had mostly lost her appetite, common for the dying. While force feeding would be contraindicated, she made an exception for food offered on chopsticks, a treat she had come to cherish before she got ill.
Hospice care for terminally ill animals and their families is showing steady growth in demand and supply, and veterinarians are receiving more requests from clients for this type of support.

Unfortunately, there's still a lack of veterinary-gearied educational resources for hospice care. As the provider of a nationwide volunteer-based, non-veterinary animal hospice helpline for the last five years, I have witnessed the disheartening dichotomy between client expectations (for patient care comparable to human hospice) and the provided or refused veterinary services (once euthanasia suggestions were not accepted by the client).

More of us are following in the inspiring footsteps of pioneer veterinarian Dr. Eric Clough. “In hospice, we never say there's nothing more we can do,” he stated more than a decade ago. “There's always something in the way of comfort.” Are you up for it?

Changing our outlook on death
Most veterinarians (including myself) and clients agree with what is said the AVMA Guidelines for Veterinary Hospice Care – that euthanasia may still be required when giving hospice to an animal if he cannot be kept comfortable. Nonetheless, for a public aware of the many benefits of human hospice, it can be difficult to hear veterinarians say that euthanasia alone is the greatest gift they can give terminally ill animal family members.

Those already familiar with the unfolding of an unhurried death also recognize that the quality of life scales some utilize in veterinary medicine, at times even in the name of hospice, are based on non-acceptance of the dying process. Modern hospice is defined by embracing death as “nothing to be feared nor avoided, not to be postponed nor hastened”, while providing for the highest quality of life possible. For practitioners not resonating with this principle, yet offering palliative care to terminally ill patients, the term “end-of-life care” can be used.

In his article “The ethics of influencing clients”, J. M. Yeates suggests that “Withholding options is arguably the strongest form of coercion.” Veterinarians not inclined to assist the dying and their families without euthanasia can still point out all the options to their clients, and refer them as needed. Otherwise, truly informed consent remains elusive, and “hospice” outcomes will yield near 100% euthanasia rates. It does not have to be that way.

Hospice is defined by embracing death as “nothing to be feared nor avoided, not to be postponed nor hastened”, while providing for the highest quality of life possible.

The more we know about achieving comfort for the dying, the lower euthanasia rates fall among patients in hospice. On last count, 67% of hospice patients in my holistic practice, while also remaining in the care of their primary conventional veterinarian, died in their own time. The owners were deeply grateful, and prone to re-elect...
the same option for their other pets. The sooner these owners learned about end-of-life options, the higher the percentage of those who chose to hospice their animals. It rose from zero to 56% once I realized it could be done; clients were much more likely to choose hospice if they knew of the option well before they entered into the distress of their animals being diagnosed as terminally ill.

What to know about offering hospice

* It has to come from your heart. Otherwise, locate and provide referral resources (no shame, no blame!). Being prepared to refer if hospice services cannot be provided is also suggested in the AVMA Guidelines on Veterinary Hospice Care.

67% of hospice patients in my holistic practice, while also remaining under the care of their primary conventional veterinarians, died in their own time. The owners were deeply grateful, and prone to re-elect the same option for their other pets.

* Seek out the best animal hospice education for both veterinarians and technicians. The aim is to be as adept in offering support through the patient’s dying process as you already are in delivering euthanasia.

* Locate team members also outside your practice: in hospice, both the patient and his family receive care! Recommend reliable pet sitters with experience in special needs care for times when the animal’s owner goes to work, travels or needs respite. A social worker can help the caregiver solve daily logistics, while a bereavement counselor can help the family with their grief, including anticipatory grief. An animal chaplain can provide comfort, help the family process spiritual concerns, and deliver memorial services. Family, friends and experienced clients with an interest in volunteering can be engaged in sharing the workload and daily household tasks.

* Inform clients of end-of-life options early, before their animals face a terminal illness.

* Offer house call visits for hospice patients; where state regulations allow, most such visits can be done by a tech under “indirect supervision”. Alternatively, partner with or refer clients to a house call veterinarian.

* Ask for and listen to the caregiver’s beliefs, needs, goals and concerns as much as you pay attention to the animal’s needs. One affects the other, always.

* Educate the caregiver on the animal’s health condition. Whenever a disease progression is discussed, illuminate available comfort care measures. Keep in mind that an invasive procedure can at times provide the most effective and suitable comfort care – for example, a thoracocentesis to relieve respiratory distress, or using an esophagostomy tube when an animal, though still hungry, can no longer eat on his own due to a mouth tumor. Just remember that force feeding an animal that has lost his appetite is contraindicated in hospice care.

* The caregiver’s perspectives, capabilities and circumstances are taken into consideration when shaping the treatment plan. Constant pain needs constant treatment – p.r.n. dosing is unsuitable for those situations, and pain levels should not be allowed to spike. Demonstrate palliative care techniques to owners; often, this can be done by a technician.

* Encourage the caregiver to keep a daily health log to track the animal’s current situation and any changes as well as treatments. This will help with care evaluation, allow others to smoothly take over the care on a temporary basis, and aid in distinguishing medication side effects from disease progression.

* Include lower budget options. Consider effective solutions that are easily available to the average household, such as pumpkin and rectal hydration for constipation. Another example are heat packs and cold packs, which can be remarkable pain relievers where indicated. Or empower
“hands on” inclined clients by teaching them simple acupressure techniques helpful to their animals.

- Always equip hospice clients with comfort kits for their animals in case a crisis arises outside business hours. The kit should contain medications to be kept in the patient’s home in the event of emergency. It contributes to peace of mind for the caregiver – and for you even if none of the contents have to be used. A comfort kit may save the day – or the night, if an emergency arises when veterinary help is not within immediate reach.

- The hospice kit should contain a strong fast-acting pain medication such as morphine. Also include an anxiolytic (consider lorazepam, as it can be safer than diazepam in medically fragile animals), and any medication that may be required if the patient’s particular condition suddenly progresses.

- If you are already practicing integrative medicine, you may be able to offer patients homeopathics and/or herbs or essential oils that may alleviate symptoms without the use of conventional medications. However, the latter should always remain a part of the comfort kit.

- Even if you momentarily think it, don’t say: “Nothing else can be done to make your animal (more) comfortable,” just because you are stepping into unfamiliar territory. If pain is the issue, consider multimodal approaches. Make sure to know how to treat neuropathic pain. If all available knowledge and experience fail, approach the situation with a “beginner’s mind”. Relax to allow the solution to come to you. It may be a lot simpler than you can imagine.