How to Help Owners with the Hardest Decisions: Assessing Quality of Life in Pets and Knowing when to Say Goodbye (Parts 1 and 2)

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Knowing when is "time" is not an easy thing to do unless a pet is in the active stage of suffering – at that point, it is usually clear to all involved. But most pet owners do not want to have their pet get to the point of extreme suffering. But when do you make that decision? This presentation will give attendees tool to help guide owners through the decision process to provide them with guidelines to do what is best for the pet and the family.

Melinda's phone call to me started off as most of our calls do, with lots of heartfelt tears. It was clear Melinda needed support and additional education through this tough time. Chance, her 4 year old male Staffordshire Terrier, greeted me at the door for our in-home hospice consultation, clearly unconcerned that he has both severe mitral and tricuspid valve insufficiency, along with atrial fibrillation. Melinda understood the gravity of his condition and was well-coached by the cardiologist. Her most pressing issue however, as with most of our clients, is knowing When to make that final decision. It's the most important question we are asked as doctors and although our clients want a specific timeline, more personalized patient and client information is needed to most comprehensively evaluate quality of life (QOL) and reach an educated, informed, and supported choice that fits not only their pet's medical condition but also the family's wishes. "Quality of Life" applies not only to the pet; it applies just as much to the family!

The most commonly used objective measurements for quality of life by veterinarians are mobility, appetite, pain, and proper voiding. I certainly do not disagree with any of these but the presence of quality of life based on these items should not be answered with a "yes or no," but rather "if… then".

There are numerous objective QOL scales available that do a wonderful job addressing these, and other, clinical signs of the pet but, in my opinion, leave out the other 50% of the equation; the family's time, emotional, physical and financial budgets. This is why I always start hospice consultations with open-ended questions. I need to get an idea of what the family values most in their pet's daily life, where their "stop point" is in relation to the pet's disease condition, and what their idea of a "good death" is for their pet.

The goal is not to evaluate the QOL for the family (although I feel owners want and deserve my opinion) but rather to help them uncover their own thoughts, feelings, and boundaries for their pet surrounding end of life decisions. These questions help me gauge the family's time, emotional, physical and (when appropriate, financial) budgets:

1. Have you ever been through the loss of a pet before? If so, what was your experience (good or bad, and why)? (Side bar: "Have you ever been through this before?" is usually the first thing I ask. I find that families experiencing quality of life evaluation for the first time generally need more hand-holding and more direct language about the process ahead. They tend to wait for that hand-written letter from their pet saying "I'm ready now, Mom." This is not just my observation, it is what I hear from these pet owners time and again after the loss of their pet; "I can't believe I waited that long."
2. What do you *hope* the life expectancy of your pet will be? What do you *think* it will be?
3. What is the ideal situation you wish for your pet's end of life experience? (at home, pass away in her sleep, etc.)
4. Do you hold any stress or anxiety about any of these issues? (This section is meant to help identify the main concerns the family has.)
   - Pet suffering
   - Desire to perform nursing care for pet
   - Ability to perform nursing care for pet
   - Pet dying alone
   - Not knowing the right time to euthanize
   - Coping with loss
   - Concern for other household animals
   - Concern for other members of the family (i.e., children)

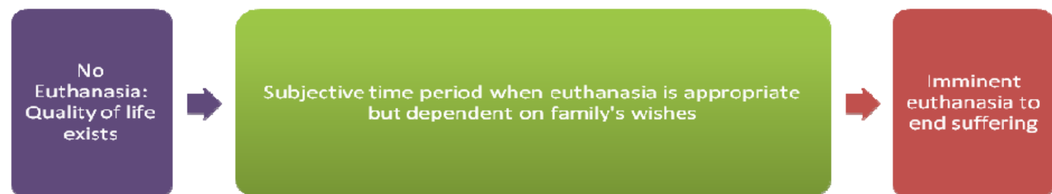
After some discussion, it was clear Melinda most valued the physical companionship Chance brought her. He followed her everywhere, even when it was clear his breathing was labored. She was aware that his condition could deteriorate rapidly at any time, leading to death in minutes to hours at best (a condition I categorize as "imminent"). Knowing the significant anxiety that accompanies dyspnea and the happiness her presence brings him, Melinda placed great value on the quality of death for Chance. Her worst fear was coming home after work to find that he passed away on his own, not knowing if he was in pain or stress during that death phase. Melinda's stop-point came a couple weeks later when Chance no longer followed her to the next room; she knew it was

time. She wanted to be with him and to lean on the support of family at that crucial moment, which is why we met at Chance's favorite spot on the beach at sunset the next day to peacefully say good-bye.

Ideally, every family's budgets and boundaries align with the disease process at hand.   For Melinda it did, but this is not always the case. The family that places greatest weight on both the happiness of the pet in addition to avoiding an emergency situation at all costs needs to understand the significant risk they run by waiting too long with imminent conditions…. This determines what clinical signs should be weighted most heavily to evaluate quality of life. We have to start moving away from the standard "call me when he stops eating"! Appetite truly does not concern me for the 85 lb Labrador that has severe osteoarthritis. This dog may never stop eating and the family must not rely on this clinical sign to ever manifest itself. The little Yorkie with congestive heart failure that suddenly refuses food, however, definitely concerns me. Each disease process has it's own set of clinical signs that should be weighted most heavily.

If the pet is declining in health and there are no additional diagnostics or treatments the family is either willing or able to explore, then quality of life is either an imminent concern or will be some point soon. If the family's emotional, time, physical or financial budgets are being drained there is a subjective time period in which euthanasia is an appropriate decision to make. This period could be hours, days, weeks, or even months. Before this specific period, I will refuse to euthanize since there is clearly a good quality of life. After this period, however, I will insist on euthanizing due to suffering of the pet. During this larger subjective time however, it is truly dependent on the family to make whatever decision is best for them under the guidance of a supportive medical team. Some owners need time to come to terms with the decline of their pet while others want to prevent any unnecessary suffering at all. Everyone is different. After all, owners know their pet's personality better than anyone, even the vet!

Chance was clearly a happy boy that loved his mom dearly, watching her every move and following her to the kitchen, just 15 feet from where I was sitting. Melinda, a 25 year old professional, found Chance in the Florida Everglades as a puppy during a college field trip. He grew up with Melinda during her first years as an adult and now helps her feel secure while living alone. She has given Chance the very best quality of life thus far but with such a life-limiting and condition, is facing the difficult and inevitable loss of her boy. Although tired and breathing more rapidly than normal, Chance is happy. He has no perception of what "heart failure" means and no emotional reaction to his physical condition. He is living in the moment (isn't that what we love about our pets anyway!?). The drawback is that once in pain, animals cannot sense an ending to their hurt. As humans, we can take a pill knowing that the headache will eventually subside but animals have no perception of their suffering ending. This key point is at the heart of quality of life evaluation; how do we measure happiness and prolong it as long as possible.



Pain and anxiety

Pain in animals is another important topic that all pet owners should be well versed on. It's the main topic I discuss during my in-home hospice consultations. Myself, and many other professionals, believe that carnivorous animals, such as cats and dogs, do not "hide" their pain, rather pain simply doesn't bother them the same way it bothers humans. Animals do not have an emotional attachment to their pain like we do. Humans react to the diagnosis of cancer much differently than Fluffy does! Fluffy doesn't know she has a terminal illness, it bothers us more than it bothers her. This is vastly different than prey animals like rabbits or guinea pigs, who must hide their pain to prevent carnivorous attacks. If you're interested in learning more about pain and suffering in pets, grab Temple Grandin's book "Animals in Translation" and read chapter 5.

When discussing the decision to euthanize, we should be just as concerned about anxiety in our pet as we are about pain. Personally, I feel that anxiety is worse than pain in animals. Think about the last time your dog went to the vet. How was his behavior? Was he nervous in the exam room? Did he give you that look that said "this is terrible!"? Now think back to when he last hurt himself. Perhaps scraping his paw or straining a muscle after running too hard. My dog rarely looks as distraught when she's in pain as she does when she's anxious. It's the same for animals that are dying. End stage arthritis patients begin panting, pacing, whining, and crying, especially at night time. Due to hormonal fluctuations and other factors, symptoms can usually appear worse at night. The body is telling the carnivorous dog that he is no longer at the top of the food chain; he has been demoted and if he lies down, he will become someone else's dinner. Anti-anxiety medications can sometimes work for a time but for pets that are at this stage, the end is certainly near.

Waiting too long
An interesting trend that I did not expect when starting my hospice practice is that the more times families experience the loss of a pet, the sooner they make the decision to euthanize. Owners experiencing the decline or terminal illness of a pet for the first time will generally wait until the very end to make that difficult decision. They are fearful of doing it too soon and giving up without a good fight. Afterwards, however, most of these owners regret waiting too long. They reflect back on the past days, weeks, or months, and feel guilty for putting their pet through those numerous trips to the vet or uncomfortable medical procedures that did not improve their pet's quality of life. The next time they witness the decline of a pet, they are much more likely to make the decision at the beginning of the decline instead of the end.

What about a natural death?
Yes, there are those pets that peacefully fall asleep and pass naturally on their own, but just as in humans, this is rare. Many owners fear their pet "passing alone" while others do not. Occasionally I am asked to help families through the natural dying process with their pet. For different reasons, these families are against euthanasia. I explain everything I possibly can, from how a natural death may look, how long it may take, what their pet may experience, etc. Inevitably, almost all of these families regret doing this. Most of them comment afterwards "I wish I would not have done that, I wish she didn't have to suffer." A natural death can be difficult to watch, especially for non-medically oriented people. Most people can watch a human family member in pain much more easily than they can their pet. To an extent, we can talk other humans through physical pain or discomfort. Humans can perceive an ending to their pain (via medication or even death) but there is little emotional comfort we can offer a pet that is suffering, they simply cannot perceive an ending to that pain. Families take this guilt difficultly and I do my very best to not only readily suggest euthanasia when appropriate, but prepare families for a "worst-case" scenario should they chose to wait.

Weigh your options carefully
If the most important thing to you is waiting until the last possible minute to say goodbye to your baby, you will most likely be facing an emergency, stress-filled, sufferable condition for your pet. It may not be peaceful and you may regret waiting too long. If a peaceful, calm, loving, family-oriented, in-home end of life experience is what you wish for your pet, then you will probably have to make the decision a little sooner than you want. Making that decision should not be about ceasing any suffering that has already occurred, but about preventing suffering from occurring in the first place. Above all, our pet do not deserve to hurt.

I've heard from countless pet owners that the death of their pet was worse than the death of their own parents. This might sound blasphemous to some, but to others it's the cold truth. Making the decision to euthanize a pet can feel gut-wrenching, murderous, and immoral. Yes, those are strong words, but that is what our pet families experience. They feel they are letting their pet down or that they are the cause of their friend's death. They forget that euthanasia is a gift, something that, when used appropriately and timely, prevents further physical suffering for the pet and emotional suffering of the family. Making the actual decision is the hardest part of the experience and I'm asked on a daily basis, "Doc, how will I know when it's time?" Let me shed some light on this difficult discussion.

Quality of life scale
When evaluating quality of life, personalized patient and client information is needed to reach an educated, informed, and supported choice that fits not only their pet's medical condition but also the family's wishes. In short, *quality of life* applies not only to the pet; it also applies to the family!

Pet's quality of life
Score each subsection on a scale of 0-2:

- 0 = agree with statement (describes my pet)
- 1 = some changes seen
- 2 = disagree with statement (does not describe my pet)

1. Social Functions
    a. Desire to be with the family has not changed.
    b. Interacts normally with family or other pets (i.e., no increased aggression or other changes).
2. Natural Functions
    a. Appetite has stayed the same.
    b. Drinking has stayed the same.
    c. Normal urination habits.
    d. Normal bowel movement habits.
    e. Ability to ambulate (walk around) has stayed the same.

3. Mental Health
    a. Enjoys normal play activities.
    b. Still dislikes the same things. (i.e., still hates the mailman = 0, or doesn't bark at the mailman anymore = 2)
    c. No outward signs of stress or anxiety.
    d. Does not seem confused or apathetic.
    e. Nighttime activity is normal, no changes seen.
4. Physical Health
    a. No changes in breathing or panting patterns.
    b. No outward signs of pain. (See Resources Below)
    c. No pacing around the house.
    d. My pet's overall condition has not changed recently.

Results

1. 0 - 8 = Quality of life is most likely adequate. No medical intervention required yet, but guidance from your veterinarian may help you identify signs to look for in the future.
2. 9 – 16 = Quality of life is questionable and medical intervention is suggested. Your pet would certainly benefit from veterinary oversight and guidance to evaluate the disease process he/she is experiencing.
3. 17 - 36 = Quality of life is a definite concern. Changes will likely become more progressive and more severe in the near future. Veterinary guidance will help you better understand the end stages of your pet's disease process in order to make a more informed decision of whether to continue hospice care or elect peaceful euthanasia.

Resources

AAHA/AAFP Pain Management Guidelines for Dogs and Cats, www.aahanet.org/Library/PainMgmt.aspx

Family's concerns

Score each section on a scale of 0-2:

- 0 = I am not concerned at this time.
- 1 = There is some concern.
- 2 = I am concerned about this.

I am concerned about the following things:

1. Pet suffering
2. Desire to perform nursing care for your pet
3. Ability to perform nursing care for your pet
4. Pet dying alone
5. Not knowing the right time to euthanize
6. Coping with loss
7. Concern for other household animals
8. Concern for other members of the family (i.e., children)

Results

1. 0 - 4 = Your concerns are minimal at this time. You have either accepted the inevitable loss of your pet and understand what lies ahead, or have not yet given it much thought. If you have not considered these things, now is the time to begin evaluating your own concerns and limitations.
2. 5 - 9 = Your concerns are mounting. Begin your search for information by educating yourself on your pet's condition; it's the best way to ensure you are prepared for the emotional changes ahead.
3. 10 - 16 = Although you may not place much value on your own quality of life, your concerns about the changes in your pet are valid. Now is the time to prepare yourself and to build a support system around you. Veterinary guidance will help you prepare for the medical changes in your pet while counselors and other health professionals can begin helping you with anticipatory grief.

Basic quality of life assessments

Let's face it – some people just need an easy way to evaluate a pet's quality of life. I'm not saying I agree with this method, but for some, this is all they can mentally handle during these delicate days.

The most traditional method is when you ask a family to record the top 5 favorite things of the pet and when they stop doing 3 or more of them, it is 'time'. My apprehension to this method is that it does not take into consideration the pet's ailment.

One twist I like to add to this is adding something that the pet hates to that list. There are certain things that just 'bug' our pets – and when they stop caring for those things, it can be a sign that they are simply tired and do not have the energy to 'care'. My own dog hated the Goodyear blimp that flew over our house. The week he passed – he didn't make a peep at it coming into his air space.

Another uncomplicated way to track quality of life is to get two jars – one labeled 'good day' and the other 'bad day'. Have the owner put a penny in the appropriate day jar based on the pet's behavior, habits, daily functions, etc. Then after a few weeks – you can see if the pet is having more bad days than good and it is probably appropriate to recommend euthanasia.

A much better quality of life scale was created by Alice **Villalobos** , DVM and is called The HHHHHMM Scale. This takes into consideration hurt, hunger, hydration, hygiene, happiness, mobility, and more good days than bad. It can be downloaded by following this link: http://www.pawspice.com/downloads/QualityofLifeScale.pdf

Advanced quality of life assessments

After helping thousands of families with determining when is 'time' – I have realized that much of that assessment is ruled by the pet's ailment. As mentioned above – the pet in heart failure is very different than a pet with arthritis. The questions that you evaluate are very different. Appetite in arthritis is not as important as it is in heart failure. Respiratory effort is vital in heart failure while not so much (except for painting due to pain) in arthritis.

Due to this – the questions I have owners ask everyday is based on the ailment. Lap of Love has created an online interactive tool that owners can use to evaluate their pet's quality of life. They create their pet's profile and choose from a variety of ailments. Based on the ailment selection, the questions and parameters they evaluate are different.

This tool is free for vets and the public at large and can be found at www.pethospicejournal.com

Using this scale in conjunction with the family's quality of life has helped many owners feel empowered over their decisions – whether to continue or euthanize their pets.

Suggestions on using any quality of life scale:

1. Complete the scale at different times of the day, note circadian fluctuations in well-being. (We find most pets tend to do worse at night and better during the day.)
2. Request multiple members of the family complete the scale; compare observations.
3. Take periodic photos of your pet to help you remember their physical appearance.

Summary

How I wish the answer to the question 'when is time' was simple and clear cut – however, it is not. It is our duty to assist owners with end of life decisions and to help end and prevent suffering of animals. There are many ways to help families explore quality of life questions but the one way that is an injustice to our profession is if you simply say, 'Call me when it's time'. Owners need more than this and animals deserve more.

Veterinary Hospice Care: Comfort Beyond a Cure

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Although medicine may not be able to cure a pet's terminal disease or old age, we can certainly help the owner keep their pet comfortable, clean, and happy, which is important not only for the welfare of the pet, but for the human-animal bond. With increasing number of positive experiences families have with human hospice coupled with the ever-increasing status of our pets in society, clients are requesting this care for their aging or terminally ill companion animals. Knowing what hospice care is, how to provide it in the clinic or home, and how to assist families in the mitigation of suffering will ensure you provide top-quality care at this delicate time.

Hospice terminology

The American Veterinary Medical Association views veterinary hospice as *care that will allow a terminally ill animal to live comfortably at home or in a facility,* and does not believe that such care precludes euthanasia. We define veterinary hospice is defined as: *A family-centered, medically supervised, and team-oriented service dedicated to maintaining comfort and quality of life for the terminally ill pet until a natural death occurs or the family elects euthanasia.* It is important to note that a natural death is not the goal for veterinary hospice, it is simply a reality for many terminally ill pets whether they are in hospice care or not. The main purpose is comfort of the pet before death, whether from natural death or euthanasia. This care can take place in the clinic or home: the home is often preferred because it is where pets are most comfortable. However, education and medical direction begins at the clinic. Using the word 'hospice' to describe this care will help families realize that their pets are at the end of their lives and unable to be cured. Many times just the use of this word is a relief to pet owners! This terminology also illustrates that comfort and quality of life are the most important goals for these pets.

When describing hospice care to clients, it's helpful to use the MMM approach: medicate, meditate, and mitigate.

- Medicate includes assisting the client in identifying, predicting, and treating pain and anxiety in his or her pet during hospice care. Transdermal and transmucosal administration is used frequently with pets that cannot tolerate oral medications.
- Meditate encompasses the discussions and education the owner will receive during the difficult time leading up to the passing of their pet. Much of the hospice discussions we have with owners revolve around helping them identify what they wish for their pet (do they wish to wait until the last moment knowing they are risking an emergency situation, or would they rather guarantee a peaceful passing via euthanasia).
- Mitigate refers to death or "end of suffering." Presenting it to clients in the latter way helps them realize that end of life also means an end to severe pain and/or poor quality of life. Remind clients that euthanasia is not just about stopping suffering that is occurring at the moment, but preventing it from occurring in the first place.

Most common conditions for hospice- overview

Mobility (see sample Hospice Consultation Summary and end of this document)

Lack of mobility is one of the most common reasons clients seek hospice care from veterinarians in our organization, mainly for canines. Making the pet comfortable, both physically and mentally, is the priority with these cases and the veterinarian can provide many therapeutic and environmental options, including:

- Medical therapy (NSAIDs and other pain medications)
- Physical therapy (heat therapy, massage, frequent short walks around the house)
- Complementary medicine (acupuncture, laser)
- Household and handling improvements (nonstick flooring and slings)
- In-depth conversation about quality of life and how to make the decision to euthanize (more on this later)

Cancer

Cancer (of all types) is another common reason hospice patients require our care. The terms *oncology* and *chemotherapy* can cause pet owners to feel anxiety and uncertainty. The veterinary team needs to encourage owners to consult an oncologist to determine whether their pets may benefit from chemotherapy.

The most common elements of hospice care for cancer patients include:

Pet owner education and discussion about:

- Type of cancer, associated signs and conditions, and disease progression
- Therapeutic options and prognosis
- Pain assessment and provision of appropriate pain management

- Proper nutrition
- Assistance with therapy once a treatment plan has been developed.
- Administration of gastrointestinal protectants (for patients receiving chemotherapy), appetite stimulants, and any other medications needed to treat secondary clinical signs.

Renal failure

Renal failure is the most common organ failure disease seen in pets requiring hospice care. Its chronic progression leads many families to question the longevity and the appropriateness of the treatments they are providing. A very direct conversation about the slow decline their pet will experience, regardless of our ability to treat the symptoms, has proven very useful for families managing this disease in their pet.

Although not typically considered sufferable, renal failure is uncomfortable and can lead to severe nausea, vomiting, diarrhea, dehydration, anorexia, and anemia. Pain medications, especially those given transmucosally or transdermally, such as buprenorphine, can be of great benefit in some patients. Although the absorption is still questionable given transdermally, owners report improvement.

Hospice therapy should also include:

- Diet changes (keep the pet eating)
- Fluid therapy
- Appetite stimulants
- Anti-emetics
- Antacids
- Client education about disease progression

Disease classification and preparation

To help veterinarians and families categorize diseases and how they should be handled, we have placed the most common conditions seen in our practice into 3 different categories: Imminent, non-imminent, and intermediate.

Imminent conditions

During the late stages of these conditions, severe symptoms will arise suddenly and progress quickly. Generally speaking, we encourage these families to make the decision to euthanize sooner rather than later to prevent any imminent suffering of their pet. When the disease enters the end-stage, it will progress so rapidly that we will most likely not be able to make it to their home for a peaceful in-home euthanasia. They may either wait until their pet declines, knowing they will have to rush him/her to the emergency clinic if he/she does not pass on his/her own, or they should make the decision to euthanize a bit sooner than they want in order to prevent a stressful situation. Below is a list of imminent condition with the general method of death (these may vary greatly, listed here are my experiences).

a. Congestive Heart Failure – fluid may back up into the lungs, "suffocating" or "drowning" the patient.
b. Hemangiosarcoma – depending on location of primary tumor, pet my bleed out into the abdomen, chest cavity, or lungs. Pet will usually become unconscious before passing (may appear like cardiac arrest to the family), or may experience a seizure.
c. Osteosarcoma – too many times we get a frantic call from families whose pet has experienced a pathological fracture and is screaming in pain. With this diagnosis, no time is too soon to euthanize.
d. Seizures/Brain tumor – at some point, an intra-cranial condition will most likely progress to such a point that will render the pet incapacitated or non-responsive. Usually, we get this call when the pet has had a particularly bad seizure and the owner "does not want to go through that again." These conditions are usually expensive to treat and maintain and can be quite difficult for the family to manage and watch on a daily basis.

Intermediate

Lap of Love Veterinary Hospice commonly sees conditions that do not fit in either the imminent or non-imminent categories. They should be treated with caution and education on a case-by-case basis. Most of these will start impeding a major organ or musculoskeletal function as they progress. Families need to make this decision based on the comfort of the pet, not his/her mental capacity.

There are 2 types of intermediate conditions:

1. Steady & Progressive – These conditions will progress slowly and start to affect quality of life based on the location of the primary tumor.
    a. Most mechanical neoplasias (those that push on or in an organ or functional part of the body – major examples below)
        1. Lymphoma
        2. Mast Cell
        3. TCC
        4. Nasal Tumors
        5. Pulmonary neoplasia

2. Chronic – These chronic conditions progress slowly but have the ability to decline quickly when compensatory capacity is exhausted and the organ finally shuts down completely. Although families have time to plan for this, they are encouraged them to not wait until the complete cessation of organ function.
    a. Liver failure – can be painful in humans but not always, commonly treated with heavy pain medication just in case
    b. Renal failure – not considered to be extremely painful in humans although most report a general feeling of "malaise." This is treated symptomatically; appetite stimulation, some pain medication if needed, and fluids if tolerated by pet.

Non-imminent

These conditions generally progress slowly. Families have time to consider their options, what they want for their pet, and how exactly they envision those last moments. These families have a difficult decision nonetheless. They have the "luxury" of time, but this can sometimes make the choice even harder. They feel so guilty for setting a day to put their friend to sleep. These families are reminded that this slow, progressive decline is not always what Mother Nature intended. In the "wild," pets that are declining in health are removed from the heard via predation. Regardless of their mental capability, Mother Nature does not allow her animals to continue on and on in a state of non-mobility. We put our pets in a perfect environment with shelter, food, and water at their every whim. The duty we have for bringing them into our world and out-live their more natural counterparts in the "wild" is to not allow them to continue in a state of helplessness or anxiety. It is our job to prevent them from developing urine scald, bed sores, and systemic infection that would otherwise set in (or treat appropriately if needed). At some point, regardless of mental capacity (this is an important point you MUST explain to owners), they will need to make that difficult decision. Conditions considered non-imminent:

a. Osteoarthritis
b. Cognitive Dysfunction Syndrome
c. Degenerative Myelopathy

Pain and anxiety are the most important aspects of managing these pets. Tramadol and/or Paxil or another SSRI if needed are used frequently. The author's success with a benzodiazepine such as Xanax (alprazolam) has been less than stellar (more than half have an adverse reaction to it, becoming more anxious than before).

1. Tramadol is generally started at 5 mg/kg, and can go up to 10 mg/kg q 6-8 hours as needed for pain/restlessness. This helps the pets sleep… and owners get to rest too!
    - This is very bitter tasting, animals may stop eating altogether with this medication. Consider compounding to transdermal if needed.
2. Gabapentin – 5-20 mg/kg PO BID – TID, sedation is the dose-limiting effect (ie, when sedation occurs, back down a bit on the dose). Pet need to be on this medication for a few weeks to reach full effect. Frequently combined with tramadol (tramadol on as needed-basis for "back up").
3. Paxil – 0.5 mg/kg to start and if well tolerated can increase to 1 mg/kg. Many say not to use with Tramadol (Serotonin Syndrome) but this is rare and usually only in high doses. Author uses Paxil if tramadol isn't doing the trick (lowering the tramadol dose of course).
4. Melatonin – good for early evening restlessness, can't do much harm here. We generally use 5 mg per 50 lb PO. These are available at any drug story over the counter.

For these families, these statements help them understand how and when to make the decision to euthanize (when appropriate):

- It's not too soon.
- There is no veterinarian that would refuse to euthanize him/her right now.
- You are absolutely within the appropriate time period, now you as a family need to decide what's best for him/her.
- You know her better than anyone; think about what she is feeling and the changes that she's experiencing.
- The guilt you may feel by waiting too long and allowing her to possibly suffer may be worse than feeling that you did it too soon. (This is a very interesting trend I see – families much more often feel they have waited too long instead of cutting the suffering stages short and doing it sooner.)

Hospice services

Hospice services and treatments can be provided on an outpatient basis or in the client's home.

Medical therapy

Specific treatment for disease process in order to manage symptoms

1. Supportive medical therapy, including pain and anti-anxiety medications and subcutaneous or intravenous fluids
2. Nutritional support, including appetite stimulants and alternative feeding strategies (eg, tube feeding)
3. Physical therapy, including moist heat therapy, mas sage, and laser therapy
4. Complementary medicine (eg, acupuncture)
5. Client education, including how to administer medications and fluid therapy and foods to feed when pet's appetite is waning

Household handling

- In-home evaluation: Provide suggestions for reorganizing the household for senior pet mobility/safety, such as:
  - Barricading stairs
  - Moving food bowls
  - Using nonslip surfaces
  - Improving traction by shaving hair between pads or using traction booties
- Sanitation:
  - Diapers or Chux pads (“puppy pads”)
  - Waterproof bedding (baby mattresses are an alternative to expensive dog beds as they are waterproof)
  - Baby powder, waterless shampoo, and shaving hair around the perianal area help keep pets clean and comfortable.
- Life enrichment: Keeping the pet’s mind active and alert can make a huge difference in quality of life. Owners can simply change typical pet games:
  - Instead of tossing the ball in the back yard, roll the ball to the dog while he is in bed.
  - Long walks can be replaced with an inside activity, such as “hide and seek,” a game many dogs enjoy, or simply short frequent walks around the house to maintain core muscle.
  - Pets with a high food-drive may love a Kong toy (kongcompany.com) filled with their favorite treats or unique bowls (aikiou.com) that encourage them to seek out food in compartments.

Senior/geriatric boarding

Many pet owners do not take vacations or leave town because they worry their pets won’t receive appropriate care or may pass while they are gone and also do not want to burden the interim caretakers. Offering senior/ geriatric boarding can alleviate these fears and can include:

- Putting nonslip mats in cages
- Locating pet in the main treatment room so the veterinary team can monitor the pet carefully
- Use slings for walks and making sure pet gets walked often (if pet is mobile enough)
- Providing daily updates (phone/email/text) to owner and sending pictures. The AVMA recommends that if a veterinary clinic is not able to provide hospice care, that the clinic should refer the pet owner to a veterinarian or veterinary service that offers hospice options.

Targeting geriatric patients

Don’t be afraid to discuss hospice and end-of-life options with clients. Owners are usually anxious and distressed when confronted with an aging pet and impending loss. The veterinary team can help these clients by asking about their expectations and fears as well as explaining the hospice process. It is important for owners to feel at peace when remembering the last few months of their pets’ lives.

While veterinary clinics usually have a standard of care developed for patients 6 years and older (blood analysis, preventive procedures, etc), geriatric patients have different needs. In order to implement the geriatric/hospice care described in this article, the veterinary team needs to target these patients. This can be as easy as determining which patients are over the age of 12; and if these patients have not been to the clinic in the past year, calling the owner to discuss what care may be needed.

Keeping it simple

Many pet owners with geriatric pets want to avoid stressing their pets as much as possible and may also have financial concerns. This includes avoiding unnecessary clinic visits and procedures. Therefore, an open discussion about the pet’s disease, appropriate medical therapy, and ancillary services, with the emphasis on quality of life, is one of the first steps in beginning hospice care.

Avoid making pet owners feel guilty if they choose to cease treatment or decide against it. For example, if an owner decides against having his or her pet’s bloodwork checked every 6 months (to evaluate long-term NSAID administration), don’t threaten to cease medical treatment. Instead:

- Educate the owner on potential side effects, highlighting the importance of presenting the pet for treatment if any adverse effects are noted.
- Have the owner sign a liability waiver refusing bloodwork to protect you and your practice.
- Help the owner plan a compassionate approach to end-of-life care for his or her pet.

Hospice handouts

In the same manner that veterinary clinics provide pet owners with a *puppy/kitten package*, detailed end-of-life information for patients should also be available. Some things to include are:

1. Disease sheets with detailed information about the illness affecting the pet, including end-stage clinical signs
2. Daily diaries that describe appetite, thirst, urination, defecation, mobility, and clinical signs of disease, which are important things to monitor while a pet is in hospice care as they help determine overall quality of life.

3. "Quality of life" scales help give a measurable value to owners; the pet can be evaluated daily or weekly and ideally by more than one person in the family, which provides a more accurate evaluation of the pet. Make sure to teach the owner(s) how to accurately use the scale. (See related lecture on Quality of Life.)
4. Adjunctive services you support and trust (preferably mobile) in the area, such as acupuncture, massage, mobile grooming, in-home pet sitting.
5. Local pet loss groups or grief counselors, contact local human hospice for a good referral source.
6. In-home hospice and euthanasia services (if clinic does not provide these services), such as in-home evaluation, rechecks, diagnostics, fluid therapy, bandage changes, and prescribing/ administering medication. Try using a pet sitter who is also a certified veterinary technician.
7. Emergency clinics in the local area, if your clinic does not offer 24-hour emergency care.
8. Specific euthanasia information, including:
   - When and how to schedule euthanasia at your clinic, and if your clinic offers euthanasia in the home.
   - How to handle an emergency situation, such as nights or weekends, when a veterinarian may not be available. For example, "rescue" pain medication (high dose tramadol is author's favorite) to get the pet through the night if emergency is care is not available or possible.
   - Aftercare information (owners need to plan ahead), including services your clinic provides and prices.
   - Local pet crematories or cemeteries, services that will pick up the pet at the home after it has passed, etc.

Sample hospice consultation summary

Pet name

"Emma" Smith, 90 lb, 14 year old spayed female Labrador

Appointment date

April 30, 2013

Regular veterinarian (rDVM)

Any Clinic Veterinary Hospital, Tampa

History

Emma is a sweet Labrador with advanced mobility issues. She has been maintained on her current medications for a few months but owners are starting to see her have anxious moments and concerned for her quality of life. She had a spinal fusion performed when she was about 4 years old after an accident which playing. Emma also has had no conscious proprioception in her hind limbs for almost 12 months. Last weekend Emma was doing very badly (panting, pacing, whining, unable to stand) and her owners were quite concerned. They contacted Lap of Love Veterinary Hospice to evaluate quality of life and an in-home consultation was scheduled.

Owner's main concerns

Quality of life, addressing pain

Current medications / treatment

Prednisone 20 mg once a day, Rimadyl 75 mg twice daily, Gabapentin 400 mg twice daily (dose split 300, 300, 200 mg through the day), Tramadol 400 mg split through the day (150, 150, and 100 mg doses)

Exam findings

Emma was bright, alert and responsive… she's a happy girl! She has a history of cataracts, has prominent corneal edema, and decreased mobility.

- Cardiovascular – HR 60 bpm
- Respiration – RR ~50, lung auscult normally
- Other - MM pale pink, crt <2 seconds, BCS 3/9, temperature WNL, significant muscle wasting consistent with old age
- Signs of Pain – no overt signs of pain such as panting, crying, moaning; just discomfort associated with normal advanced arthritis.
- Mobility – Emma is usually able to get up on her own but occasionally requires assistance. During my stay she was mostly lying down sleeping but I was able to see her get in the pool on her own (requires help to get out), and walk around the yard to urinate and defecate (postured well!). Her front limbs are also clearly sore and she walks very gingerly. Previously diagnosed spondylitis is clear in the rigidity of her back and gait in general.
- Cognition - She is a VERY happy girl with a wonderful appetite still. Emma is excited to see her owner and responds normally to ques.

Doctor's observations

Emma is progressing normally for her amazing age! Emma does not appear to be in a great deal of pain but humans with advanced arthritis report a general feeling of "malaise" that can border on severe discomfort. Inability to stand, vomiting, diarrhea, constipation, ataxia, anorexia (not eating), changes in drinking, and "spaciness" (dysphoria) are all signs we may see in the future. At some point, one or more of these signs will not be controlled by medications and quality of life may become a concern. You have the "luxury" of time to decide what is best for your family and Emma. She has far outlasted any standard we have in medicine, or any standard

Mother Nature has set! That's a testament to your amazing care for her! We are here to help walk that path with you and assist in interpretation of Emma's condition.

Recommendations

1. Continue all previously prescribed medications. Recommend weaning off Prednisone though (not good to have both Prednisone and Rimadyl) – give half dose for 5 days, then ¼ dose for 5 days, then every other day ¼ dose for 3 days, then stop altogether.
2. Kidney values and other blood parameters may continue to be monitored at your regular veterinarian's office if you wish.
3. Continue feeding her whatever she will eat – it will help keep her energy up.
4. Continue pool swimming! This may be your best indication whether or not she's happy and is a great for her mobility.
5. Hypersalivating may be a sign of nausea so keep a look out for this.
6. Encourage water consumption with fresh water in multiple locations. Adding ice cubes sometimes entices them to drink more.
7. Over the counter medications that may help:
    a. Fish Oil Capsules, 1000 mg – for Shelbey, give 7 capsules per day.
    b. Sam-E (liver protectant) – give about 250 mg per day
    c. If upset stomach is suspected: Famotidine (OTC Pepcid AC) 10mg, give 2.5 mg by mouth every 12 hours. Most Pepcid AC comes in 20mg, so give 1/4 tablet twice a day
    d. Lomotil (diphenoxylate) for diarrhea - 0.05-0.1 mg/kg (so up to 4 mg for Emma, check concentration of drug) by mouth every 6-8 hrs
8. www.PetHospiceJournal.com - you can use this as a daily diary.

Medications & adjustments

1. Tramadol – pain medication, use as needed. 150 mg every 6 hours during the day and 250 mg every 6 hours at night. Emma's top range would be about 8 tablets – you may use this dose if she is in emergent need of comfort before euthanasia can be performed. Give as directed.
2. Gabapentin – give as directed, recommend increasing to 1000 mg, twice daily or spread out over 3 doses if needed. This is a pain medication as well and should be given every day.
3. Prednisone – wean down as described above.
4. Metronidazole – anti-diarrheal/anti-biotic. Give as directed.

Sample DNR verbiage for pets (sample only, legal review is recommended before use)

Do not resuscitate order

Owner's statement

Based upon informed consent, I, the owner or authorized agent of the owner for the above pet, hereby direct the withholding or withdrawing of cardiopulmonary resuscitation (artificial ventilation, cardiac compression, endotracheal intubation and defibrillation) from the patient in the event of the patient's cardiac or respiratory arrest.

The Art of Euthanasia and the Science of Death

Mary Gardner, DVM
Lap of Love
Brandon, OR

Dani McVety, DVM
Lap of Love
Lutz, FL

The euthanasia appointment is unparalleled in emotion and sentiment. There are few things in veterinary medicine, or life moreover, that require as many outward displays of empathy, compassion, and commiseration from a doctor. The tone of voice, delivery of words, bedside manner with both patient and client, and the ability to honor moments special to the family become a delicate dance around death that the doctor and staff should carefully choreograph and continually improve. The client expects their pet to be saved in an emergency situation but helping the family and pet feel comfortable, understood, and secure in their most vulnerable moment, the death of their friend, truly transforms the professionals into heroes.

The perfect euthanasia

Dusty was a 13 year old Doberman Pincher with the perfect life; a family that loved her, two adult children that grew up with her, and 5 acres to patrol when she wasn't lounging on the couch. At this delicate age, her hips were failing, unable to support her weight though her attitude remained mostly happy. Dusty's owners knew it was time. On a cool, crisp day, the family gathered around, feeding her treats as they sat outside on a blanket telling stories of her younger years. The veterinarian pulled into their driveway and their hearts sank. It was time. After gently describing the process and answering questions, a sedation injection was given to relax Dusty. She slowly became more and more relaxed and her family was able to see one last glimpse of their girl in a painless, calm state, unlike the past few restless months of pacing and panting. A few minutes later the doctor asked "are you ready?", and with much tear-shed, the family hugged their beautiful girl as she peacefully passed away in their arms.

Yes, this account may seem idealistic but it happens every single day, and will continue to happen more frequently as our pets rise in hierarchy within the family circle; it is, in fact, what I wish would have occurred with my own dog, Dusty. I wish we would have been at home, or at least been given the option. And although kind and considerate, I wish I had not felt rushed or ignored by clinic staff that was clearly incapable and uncomfortable handling a 25 year old girl grieving the loss of her first dog. I wish they did not use the cephalic vein so that I would have been able to hold her more tightly as she left this world (I had to insist they place the catheter in the room and not remove her from me). I also wish they would not have tried to console me so much, expecting me to stop crying with their words. And mostly, I wish I did not have to get back in my car and drive home without Dusty.

Now as a veterinarian, I cannot imagine saying goodbye to one of my own pets anywhere else other than at home (unless, of course, in an emergency situation). Although this is not always possible, available, or affordable to all of our clients, we can at least modify, improve upon, and perfect certain aspects of the in-home euthanasia appointment to make it as good as it can possibly be regardless of location. Euthanasia is, and always will be, an art form that should be carefully rehearsed to perfection.

Your curbside appeal

You are the doctor. You have years of education and experience behind you. You've done this hundreds, maybe thousands of times. Your client has experienced this once, maybe twice, if ever. You are the director of this performance; the performance of a lifetime in the eyes of the client. The way you and your staff look, act, and smell will be embedded into the minds of your audience forever; they will never forget this moment so make it count. When dining at a fine restaurant, the server never asks you if you would like more water, they simply fill up your glass. Bring this level of service to your clinic; do not ask what can be done, predict their needs and fulfill them effortlessly and without being asked to do so. The Platinum Rule states "treat others the way <u>they</u> want to be treated." Remember this as you read on.

Location

Remember that the theater and lighting sets the mood of the performance. Most clients will choose a grassy patch outside or even the backseat of their car over an exam room. Suggest this change of setting whenever possible to avoid negative associations with your clinic. But no matter how cold, impersonal, or dirty the exam table is a warm compassionate touch is the one thing that can make a less-than-desirable physical setting a place of comfort and love.

Preparation

Your staff should be aware of any pre-arranged euthanasia appointments and families should be instructed to call the clinic upon their arrival. Escort them from their car into the clinic through a back door and assist with immobile animals when needed. A stretcher or basket with a plush blanket will envelope your patient from the beginning and ensure the client that their pet's comfort is your top

priority. Don't ask if they need help, just do it. All paperwork should be filled out except for the client's signature (even the date and pet information). If the family requests a private cremation, do not go over urn selection at such an emotional moment. Have a nice, standard urn your clinic uses unless the client requests to pick one out specifically. Gently suggest, "it will be easiest to handle all the paperwork and payment now so you don't have to do this after."

Prepare a few items to place in the exam room for euthanasias:

1. Lighting sets the mood. Two lamps are much preferable to florescent lights (use a flashlight if you need to better visualize a vein later instead of turning on the lights).
2. A wireless doorbell, which can be purchased at any home improvement store, will aid in more discreet and appropriate client-staff communication. Give the client the wireless doorbell button and the chimer to a designated staff member. The client can then push the button after each step if they would like time alone with their pet.
3. A small mirror can be hung on the wall or placed in a basket. Women want a quick look before walking back into public after such a traumatic moment.
4. Small travel mascaras can also be placed in a basket for the above reason.
5. Tissues, of course.
6. Water bottles are nice touch. Crying can make you dehydrated quite quickly.
7. Small decorative bag for the pet's collar, hair clippings, or anything else personal to the pet that the family will take home.
8. Air-dry clay flattened and cut with a round or heart-shaped cookie cutter. Crayola Model Magic is a well-liked brand and costs less than $0.50 for each print.

First impressions

Always smile. Not a jolly "someone just told me a joke" smile, but a true and compassionate smile with solid eye contact with both the owner and the pet. Make sure the client sees that immediate connection you have with their animal; it's why you became a veterinarian in the first place. Be happy to see both of them and greet them with a warm "it's nice to see you Debbie, and as always, it's so nice to see Max, he always makes me smile." This may sound strange but when said with warmth it conveys a caring and loving touch. A hug or (at minimum) two-handed handshake will go even further to express your empathy. (More on the value of physical touch later.) You may even venture a heart-felt "How are you, hanging in there?" followed by "stupid question, I know. I'm here for you." Clients usually give a half-smile with this statement. If possible, sit on the floor with large dogs. At minimum, a short doctor's chair that allows you to lean forward to listen is best. Touch the pet often. Remember to use both the client's name and the pet's name frequently (at least every 10 minutes) during your discussion; this engenders a familiarity and level of comfort even with strangers. If the client is able, try to have at least 2-5 minutes of small talk before you jump into the euthanasia explanation. This is the perfect time to set the mood and calm your client's nerves just a bit.

When performing in-home euthanasia, most veterinarians attend to families alone. There are many reasons for this but most importantly it allows for an unobtrusive physical presence in a client's home. In a clinic, however, many clients may feel comforted by the presence of a familiar technician especially if they are alone with their pet. This technician or support staff should try to sit closer to the client than to the doctor and therefore appear more as a supportive presence, not as a doctoral assistant. This person should be comfortable honoring silence and allow the doctor to fully lead the conversation.

Communication during euthanasia

Board complaints about veterinarians are frequently the result of euthanasias gone wrong which most commonly stem from improper or incomplete communication by the doctor. Proper communication is at the heart of any positive interaction in life, no matter how big or small. We've all heard the saying "they don't care how much you know until they know how much you care." Clients may not remember exactly what you say, but they will remember how what you said made them feel (good or bad!). Remember that human physicians that have never been sued spend an average of 3 minutes more in the exam room than their counterparts that have been sued 2 or more times (Levinson 1997).

Your greatest gift

Euthanasia is commonly referred to the "greatest gift" we can give our patients when needed. This may be true, but there is an equally important gift to provide the families; assurance and support that they are making the right decision or that you agree with how they are making the decision (these are not always the same thing). Many families contact our service because their regular veterinarian has made them feel judged, misunderstood, or simply guilty. Even if euthanasia is not the same choice you would make for this pet, if you are going to perform the procedure it is your duty to remove that guilt from the client's back. It is your gift to them; lasting and profound confidence that they made the right choice at the right time. This is not a moment for "what-ifs," it is a time to remind them they have done a good job caring for their pet, no matter how big or small those good deeds were.

Setting expectations early

Describing the process of sedation and euthanasia is the first rehearsed performance the doctor makes during this most important appointment and it should appear as fluid and natural as possible. Choose each word carefully and deliberately. A doctor's gentle confidence is the first step to putting the client's mind at ease. And any professional thespian knows that even when you forget your lines or something on the set goes wrong, you must improvise and never let the audience see your apprehension!

After your introductory small talk and concurrence with the client's choice of euthanasia, the procedural explanation begins. It is best to start with an opened ended question like "Have you ever been through this before?" Many times you will identify specific concerns through previous bad experiences that can be addressed directly during your following explanation. A common description for sedation and euthanasia may sound something like this, "I am going to give Max two injections. The first one is back here under the skin (point to lumber area), just like a vaccine. It is a heavy sedative mixed with a heavy pain reliever and will take about 3-5 minutes to set in. He's going to feel very calm and comfortable. Remember he might react more to this injection than he normally does with a vaccine, but that's because he's not feeling like himself today. When Max is nice and calm, I will shave a little area on his back leg to find a vein (we use butterfly catheters routinely, adjust this for indwelling catheters). I will then ask you if you are ready. Once you're ready, I will give him the second injection in the vein. This second one will take about 30-90 seconds to take effect and is an overdose of anesthesia. Similar to going "under" for surgery, it will effect the brain first, then the respiration, then the heart. It's very peaceful. The two things I will prepare you for is that his eyes will not close all the way and his bladder might relax. It is very rare, but if anything else happens I will explain it at that time. Do you have any questions at all?"

Sedation (See related lecture on Sedation Protocols for Euthanasia for more detailed information.)

In our in-home euthanasia practice, all pets are given an intramuscular (IM) or subcutaneous (SQ) sedation injection (unless medically unnecessary due to an emergency). This slow sedation is integral to setting a calm and relaxed mood for the procedure. It is humorously, yet appropriately, considered "secondary sedation of the owner." IM or SQ is highly preferred over intravenous (IV) sedation due to the time required to take effect and the gradual onset of "sleepiness." Clients much prefer to see their pet become sedated slowly; watching a beloved pet go immediately unconscious has been described by a client as "worse than watching my wife faint after childbirth." A 3-10 minute sedation time is ideal, depending on the pet, (and especially when children are involved) as the pet appears to simply fall asleep naturally.

Here are some tips for explaining the IM or SQ sedation process (these do not always apply to IV sedation):

1. Use words like "calm," "relaxed," and "comfortable." These imply a warm feeling that their pet will have instead of a physical state of unconsciousness that does not always occur with IM or SQ sedation.
2. Never use the word "asleep" when describing sedation. Clients will expect their pet to be nonresponsive with closed eyes, which is generally not the case.
3. To avoid client complaints about their pet's reaction to the sedation injection, explain that their pet may react more to this injection than they regularly do with a vaccine due to his/her current state of discomfort. If more explanation is warranted, you may elaborate with "when you have a migraine and someone touches you, it can be painful; something that is generally not painful becomes uncomfortable when you are already in a state of pain." This reminds them that their pet has received many injections in the past and that they should not expect a sick pet to react the same as a healthy one. (This is also a trait seen in human hospice. Patients report that the sensation of a simple touch can become painful as their bodies begin to shut down.)
4. Remind the family that "sedation will take about 3-5 minutes but every pet is different." A second sedation injection is warranted occasionally, but never give a third unless absolutely necessary; you will have lost complete authority with the family if you must give a third injection, so make the first (and definitely the second) count! Remember that animals with a high body condition score, dyspneic, or very painful will not always sedate as quickly or as deeply; dose your drugs appropriately and prepare your clients before administering.
5. If the pet is not sedating appropriately, timely, or if the disease process is prohibiting complete sedation (as the case with many dyspneic or overly painful patients), remind the family that sedation is not physiologically necessary since the euthanasia injection, by itself, is an overdose of sedation. Explain that you would rather their pet pass from the euthanasia drugs than from suffocation or extreme pain. In other words, "we don't want to wait for him to be completely sedated from this first injection as this might cause unnecessary suffering."
6. Remind them you will ask "are you ready" before proceeding with the second injection.

After administering the sedation injection, ask the family if they would like to spend this time alone (only if they have an immediate way of alerting the staff for help, like a wireless doorbell, in case the pet has a side effect). "Would you like me to stay with you or would you rather be alone with Max?" You can also offer for your staff member to remain with them as well. If they are hesitant, always stay. This is a few minutes of your time that will go a long way at conveying your compassion for them. This is also a wonderful time to ask questions about their pet and to smile about happier times. Favorites conversation topics include stories about

how they chose the pet's name, what kind of youngster he was, how his brother/sister is handling the decline (and whether they are concerned about the pet's housemates after this loss). Always compliment the pet no matter how poor the pet's physical presence is, "what a distinguished face he has," or "she has such a kind aura about her."

Euthanasia

Explaining the euthanasia injection concisely and gently ensures that the family has the information they need without worrying about dramatic and atypical occurrences such as vocalization or seizures that rarely occur. Even mentioning these unwanted (yet possible) side effects of euthanasia can anchor the owner's perception of the appointment (and of you) to one of pain and misery, even if they do not occur. This is why we prefer to only warn about the pet's eyes not closing all the way and the bladder relaxing. Variations on this explanation are tailored around the family and the pet. Adequate sedation should decrease unwanted effects to about 1 out of 30 patients:

1. Remind clients that death is a phase, not a moment. The body will shut down different systems at different times and in different ways depending on the individual and the disease process. No death is the same as the next; coming into this world is not always simple, and leaving this world is no different. Euthanasia is the best medical tool we have to make the process as easy as possible, and even then, medicine is not always perfect.
2. If the owner requires more explanation on the process of dying, say "have you ever been under anesthesia for surgery?" Most people have. Remind them how peaceful and painless slipping into that deep sleep was, and that the doctor made an otherwise painful procedure (like getting your wisdom teeth removed), painless with the use of anesthesia. By inducing unconsciousness via pentobarbital, we are providing the pet the same painlessness. They quite literally go to sleep and not wake back up.
3. Eyelids are muscles; they will not close all the way but rather relax like the rest of the body.

The final act of kindness

When the pet is calm and comfortable, your physical movements to the back leg will announce that the time is near. (Use of the saphenous is highly preferable for administration of euthanasia in order to stay out of the family's way.) Do not remove the euthanasia syringe from your pocket until you are ready, especially with children in the room who tend to be needle-phobic. After shaving (save the hair in a small bag or glass bottle for the family!) explain that you are going to place a catheter. After, or if using a straight needle or butterfly catheter, look the family in the eye and ask "are you ready." Many families will comment "no" or "I will never be," after which your response should be "he's ready." Upon confirmation from the family, begin administration. The author's preference is about 1 mL per 5-10 seconds depending on the size of the pet (longer for smaller pets). Always keep one hand on the pet; this will not only show your affection for the animal but also allow you to predict any changes that may indicate stretching or muscle tremors as the pet passes away which can be immediately and gently explained to the family (again, this is rare though).

Occasionally the heart will continue to beat for a few minutes after administration of euthanasia. This is not a concern and will vary with the patient's circulation and cardiac output. The best way to prevent a client's concern about their pet's heart not stopping immediately is to wait at least 60 seconds after administration before listening. Do this by slowly pushing the last 1-2 mL of the drug, leave the syringe in the catheter for a few seconds while you look at the pet and gently pet him, slowly remove the syringe, re-cap, flush the catheter, and gently place your stethoscope in your ears. If there are still cardiac sounds, use your judgment as to whether you will need to simply wait a bit longer or (rarely), or give another euthanasia injection (tell the family "and now I'm going to give the rest," always bring the bottle into the room with you!). If you need to wait a bit longer, tell the client, "there were a few escape rhythms, I will check again in a minute," or "he's gently passing, let's give him another minute, keep talking to him."

Plan B

Common peripheral veins may not be immediately accessible. The medial accessory branch of the down leg on a laterally recumbent pet (good blood pressure), sublingual vein, ear vein, and even tail veins have been used by the author. Cutaneous vessels supplying tumors are also appropriate when visible and perfused. Above all, remain calm and confident in your technical ability. Alternative routes are always available. Some appropriate explanations may be:

1. "His blood pressure is a bit low, I'm going to try another vein."
2. "Instead of using my normal areas here, he's telling me I need to give this a different route here."
3. "His body is declining quite rapidly, I'm going to give this in the most efficient way possible."

The AVMA Euthanasia Guidelines allow for other routes of pentobarbital administration (with unconscious sedation only):

1. Intra-cardiac – If needed, gently place your hand over the thoracic cavity and say "I'm going to give this in a central vein that will bring it directly where it needs to be." Shield needle and syringe from the family with your other hand. Aim more cranial and ventral than you think and leave room in the syringe for air and/or blood. 1 mL per 10 lb is recommended. (Cooney 2012)

2. Intra-renal – this is a standard protocol for cats by many in-home euthanasia veterinarians. Say “I’m going to give the second injection through the abdominal cavity into a large vessel, it generally takes anywhere from a few seconds to a couple minutes.” 80% will pass before you have finished giving the full injection. Give 3 mL per 10 lb in the cortex, even in the smallest of kidneys (most skilled practitioners will recommend 6 mL). (Cooney 2012)
3. Intra-hepatic – if needed, this is a good alternative to intra-peritoneal as it causes death in 2-5 minutes. Explain “I’m going to give the injection near a highly perfused organ, he’s going to pass away in just a few minutes.” Use 2 mL per 10 lb and aim cranially just under the xyphoid process. (Cooney 2012)
4. Intra-peritoneal (pre-sedation not required at this time) – there is some evidence that abdominal irritation from barbiturate injection (Wadham 1997), but IP is still a good alternative, especially for fractious cats. 3 mL per 10 lb is recommended (Cooney 2012)

A gentle ending

As doctors, we know there is a difference between physiologic death, cerebral death, and legal death. We define this moment to the client with the cessation of cardiac function via confirmation with a stethoscope. There are many gentle ways to verbally confirm a pet’s passing with a client, usually combined with a gentle nod of your head:

1. She has her wings.
2. She has passed.
3. She is free.
4. She is free of pain.
5. She is watching over you now.
6. She’s gone. (This is not ideal though many clients will say it themselves.)

Other post mortem changes

There are natural post-mortem changes in the body that may occur. Address these concerns specifically if they arise.

1. If leaving the family alone shortly after the euthanasia, remind them about muscle twitching. “It is completely normal and usually happens in the first 5-10 minutes, generally on the muzzle or shoulder.” If seen, give a gentle reminder that death is a phase, not a moment.
2. In the author’s experience, agonal breaths are seen more commonly in animals that are close to the natural dying process (within minutes to hours of a natural death), and twice as commonly in cats. “Although rare, this is normal and tells me she was close to a natural death. It is simply a spasm of the diaphragm, just like a hiccup, and while it looks strange, I can assure you she has already passed and feels no pain at all.”
3. Clients will occasionally comment that their pet’s body is still warm after death. Body temperature decreases at only about 1.5 degrees F. per hour; exothermic reactions can continue for quite some time, as will peristalsis of the intestines, which may occasionally be seen along the abdominal wall. (Guharaj 2003)
4. Give clients permission to remain with the body for an extended amount of time; give them the doorbell and allow them space. If they require more time, suggest they take the body home for a few hours (or even a day) before home burial or returning to your office for cremation. No drastic decomposition will occur and many families find this an essential part of the healing process, especially for children.

Closing of the appointment

When the family is ready, prepare the clay paw print (this takes practice) and give to the family along with the hair clippings and any other pet belongings such as a collar, blanket, toys, etc. You do not want them to leave empty-handed. Remember to honor the silence. Do not try to console, that is not our job. Your consolation comes in the form of your presence and a gentle touch. When the family is ready to leave, have a staff member walk them to their car, preferably through a back door. If bringing the pet home, ensure the most tidy and dignified method of transportation of the body. A stretcher for larger pets and basket for smaller pets is essential; never a body bag unless specifically requested by the family and clearly necessary.

Improving non verbal communication during euthanasia & the power of touch

We have already mentioned numerous ways to use non-verbal communication; solid eye contact, two-handed handshake, leaning forward to listen, touching the pet (and/or sitting on the ground), and the use of the client and pet’s name (ok, this is verbal communication but elicits a non-verbal effect). A short doctor’s chair ensures you are not taller (and therefore subconsciously more powerful) than the client; this is another reason why sitting on the floor with large pets is so endearing to clients. Physical touch is also a very important part of this non-verbal communication and is interestingly the most proven method for servers increase their tip (and theoretically the level of service the customer believe they had). The most benign placed for physical is either on the elbow or on the shoulder. (Driver 2010)

Review of important points

1. Be comfortable with your sedation protocol (see related lecture on Sedation Protocols for Euthanasia). Use it frequently and be ready to manipulate it when circumstances require.
2. Rehearse your sedation and euthanasia explanation over and over. Do it in front of a mirror, record yourself saying it, ask your staff for feedback. This is your first performance of the last appointment and your best opportunity to convey your care for both the people and their pets.
3. Always stay calm, you are the "rock" in the room, the one that has all the answers and guides the appointment. Do not react to a client's emotions; be empathetic and compassionately confidence.
4. Honor the silence, do not try to fill it.
5. Never underestimate the power of physical touch. Physical touch says more about your genuine care and concern than your words ever will.
6. Remind the family they are making the right decision. Always.
7. Compliment the pet; be affectionate and caring towards him/her.
8. Know your answer to "how do you do this." Make it optimistic; "This is an honor, I'm privileged to be part of this memory with you."

Euthanasia is not only a necessary, essential, and permanent part of our job, but also an art form that requires immense personal focus, unparalleled empathy, and a unique form of compassion for families in varying situations. As the only health care profession with the authority to end life, the veterinary staff has the duty to ensure that our clients fully understand each step we are taking and why. Euthanasia is truly an art form in which the human aspect plays just as much, if not more, of a role as the medical and technical skills. We will be the ones to change the face of human medicine; we are the experts, we are the leaders, and we should be the best.

References

AVMA. 2011. Euthanasia Guideline Review.

Cooney, Kathleen, et al. (2012). "Veterinary Euthanasia Techniques, A Practical Guide." Wiley-Blackwell.

Driver, Janine. (2010). You Say More Than You Think. Random House, Inc. New York, New York.

Guharaj, P. V. (2003). "Cooling of the body (algor mortis)". *Forensic Medicine* (2nd ed.). Hyderabad: Longman Orient. pp. 61–62.

Levinson W, Roter DL, Mullooly JP, Dull VT, Frankel RM. Physician-patient communication. The relationship with malpractice claims among primary care physicians and surgeons. *JAMA*. 1997 Feb 19; 277(7): 553-9.

Don’t Burn the Bridge: Body Language with Difficult Clients

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The competence to mitigate pain and suffering by treating diseases and/or symptoms in animals without the ability to communicate both the intentional and potential outcomes of such treatments such that trust and rapport is gained with the client is akin to expecting to know how to ride a bike by simply reading an article about the physics of balance and rotational force. Without the belief and trust that the client and the doctor have the same desired outcome, even if that desired outcome is simply the comfort of the pet, trust and rapport will not be established and the client may not accept the treatment plan that you, as a doctor, went to medical school to learn.

As veterinarians we have two parties to serve in almost all areas of medical interaction; the owner/client and the patient. (Shelter medicine is the only exception to this rule, as treatment of animals in a shelter setting rarely include an owner.) In human medicine, the client and the patient are generally the same entity. Even in pediatric medicine, the parent is the guardian of the child, not the owner of that child. The parent generally has the levity to make decisions, but if that decision is not in the best interests of the child (as reasonably determined in a court of law), then the parent will in fact lose the ability to make decisions for that child. In fact, it took a groundbreaking case in 1984 (*In re Guardianship of Barry*, 445 So.2d 365 (Fla. 2d DCA 1984)) to determine that a parent can serve as proxy for their dying infant child’s wishes, allowing the removal of life support in this case. In veterinary medicine, however, our clients served as proxy for their pet’s wishes in almost every interaction they have with a veterinarian; from the decision to amputate a limb, chose surgical versus medical treatment, and even the removal of “life support” is a common path that the veterinarian must walk the client through on behalf of the pet. Legally, the clients are in fact owners of the patient and our communication and established rapport with that owner is imperative if we are to gain the trust such that our medical knowledge will be put to use for the betterment of the pet and/or the treatment of a disease. Learning *how* to gain that rapport is where the rubber meets the road!

In this interactive talk, we will us real-world examples and demonstrations to illustrate various aspects of nonverbal communication. We will discuss the 4 major types of clients, how to adjust your body language to gain and maintain rapport and trust with them, and how to compensate for problems that may arise. Attendees will be able to immediately identify these clients and implement different ways of nonverbally communicating by both reading their clients’ body language more accurately and changing their own to reach the desired outcome.

Important topics we will discuss include:

- Identify the 4 major types of clients.
- How to start the conversation: tone of voice to use, where to stand or sit.
- How to address client concerns and outbursts.
- Specific words to use (and not use) for different types of clients.
- How to react and what to say when things do not go perfectly.

Ethics and Euthanasia:
What "Convenience Euthanasia" Truly is and How it Can Ruin Our Profession

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When it comes to ethical-border-line euthanasia requests, we have a very important decision to make as veterinarians, but we need to ask the right questions from the start. Instead of deciding whether or not you are comfortable euthanizing that pet, the question should be "what are the alternatives for this pet." By requesting euthanasia in the first place, the family is communicating to you that the human animal bond is broken. We can either help change the situation for them (remove the pet from their care via adoption or euthanasia), or do nothing by sending them home because "I just can't do it." And in my opinion, doing nothing is professional suicide; you've now ruined any rapport you had with that family, a small loss that does not create societal trust and respect for our profession. Helping a family, in whatever way, is far preferable than sending them home with a broken human-animal bond. Remember, medicine is not our product in the veterinary world, the human-animal bond is. Without that bond, they are not coming into our clinics. When euthanasia is requested, the family is telling us that there's something wrong with that bond and they care enough to tell you about it instead of letting the dog or cat go on the side of the road.

So what should be done in these extreme cases of uncomfortable euthanasia requests? Allow me to push the boundaries a bit; in my opinion, we must take responsibility for the pet in some way. As a housecall hospice veterinarian, if I am at a home of a pet that I do not feel comfortable euthanizing, and with an owner that simply cannot go on, the pet will come home with me. Yes, it's happened. And have I euthanized animals that I may not have euthanized if they were mine? Absolutely. Have I euthanized animals that other veterinarians have refused to euthanize? Absolutely. Have I euthanized animals whose owners were completely at a lost, unable to go on for many reasons, and with tears in everyone's eyes (including mine), we knew it was a difficult but good decision? Absolutely. And when those families hug me, knowing that I did not judge them for that tough choice we made together, that I did not force an altruistic or idealistic view on them, and that I partnered with them in opting for the best alternative option for their pet, a new level of respect is earned.

Euthanasia definitions

- **Convenience euthanasia** is a very subjective term. We use this phrase when euthanasia is requested for a pet that would otherwise be deemed adoptable under most circumstances and the family is unwilling to explore these options. For example, "my pet doesn't match the decor in my home any more" (yes, I've heard this). Personally, I do not offer convenience euthanasia in my practice, we offer support and resources to re-home these pets.
- **Non-medical euthanasia** is a term I use when describing a request that is not related to the medical stability of the pet. This is a broad term that includes behavior issues (such as aggression or improper elimination in the home), in addition to emotional or lifestyle changes of the family that precludes the pet from experiencing a quality of life.
- **Non-imminent medical euthanasia** is a term that describes situations like the 12 year old cat. These conditions may be manageable or even curable under the right circumstances, but for whatever reason, those circumstances do not exist. This includes the parvo puppy that may survive with intensive care, the 5 year old intact female with a pyometra, or the young cat with a broken leg. Without the right resources and conditions (which may be too expensive), this pet would potentially suffer greatly. Rarely will I turn down this type of euthanasia request.
- **Medical euthanasia** describes most of the euthanasias that occur in our clinics; a choice that is made when the quality of life of the pet is deemed unsustainable by both the family and the veterinarian.

Non-medical & convenience euthanasia rules

- Do not euthanize a pet that you do not feel comfortable euthanizing. Period. (But say "no" carefully, keeping these other rules in mind.)
- Always help the family explore alternative options and think about how those options will effect the family and the pet down the road. Remember that a shelter is the deadliest place for a pet to be. Write them down, discuss them, think about what effect those alternatives have on OTHER animals in society.
- If you are comfortable euthanizing, even if you don't completely agree, you must help the family understand that although this is difficult for you (and them), you care greatly for the pet and the greater good.
- Do not get involved in cases if you don't plan to help, you will do more harm to our profession by judging and berating clients that if you simply hand them a number to a different veterinarian (preferable), or at least the local shelter or rescue organization.

Deciding when to euthanase your pet is complex, and Dr Fawcett says people should feel validated when grappling with it. "People feel foolish, but it's really hard to make that decision at the time," she says. "Animals can have a strong drive for survival and it's hard to know the difference, at times, between them having a bad patch or it being the beginning of the end."Â Ask yourself if you value quantity of life over quality. Is extending the life of your pet more important to you than a controlled death? Know that you might change your mind when faced with the decision. Communicate with your vet and family. This is key.Â Dr Fawcett says after any euthanasia, pet owners are likely to experience a lot of questions and doubts. "The truth is it's hard to get the timing completely right. Help Agile Teams gain a clear understanding of their Customers AND Collaborate with Agile Teams to develop Stories with clear acceptance criteria. Which two statements are true about estimating Features using Story points? (Choose two.) 1. More than one team may be involved in the estimation 2. Story point estimation is done on cadence during backlog refinement 3. Story points are accurate and provide leadership data 4. User Stories can be estimated from the top-down 5. WSJF is the best way to estimate Stories. More than one team may be involved in the estimation AND Story point estimation is ...Â Continue to support the team's decision on sizing. Which two statements are true about the SAFe backlog model? (Choose two.) The hardest part of being a pet owner is watching a beloved pet age, struggle with pain and determine at what point itâ€™s time to say goodbye. All my pets have lived at least 15+ years so they were all seniors when I had to make the decision to put them to sleep. I knew it was time when they would no longer eat on their own, and they would withdraw and hide somewhere in the house. Cats will generally never show weakness or illness as a method of self-preservation, so when they hide, you know something is wrong.Â Quality of life and the prognosis going forward will help you determine what is best for your pet. Itâ€™s never easy, but you own it to an animal that has given you unconditional love itâ€™s entire life. 38 views Â·. View 2 Upvoters. Related Questions. Tired of saying â€œgoodbyeâ€? Want to take your boring â€œgoodbyeâ€ and turn it into something friendlier or more interesting? Youâ€™ve come to the right place. Whether youâ€™re an ESL student looking to speak more naturally with your English-speaking friends, or a business person looking to connect with your clients, weâ€™ve got you covered.Â Itâ€™s a relaxed way to say goodbye, and helps you depart smoothly. Formal and Business Goodbyes in English. 7. Goodbye.Â This formal way of saying goodbye can only be used late in the evening when people are heading home for the night. Keep in mind that â€œgood morningâ€, â€œgood afternoonâ€ and â€œgood eveningâ€ are greeting expressions, and only â€œgood nightâ€ can be used to say goodbye. Slang Ways of Saying Goodbye in English. You should say When it was What you were doing What you did about it And how you felt about it. - Part 3 What do people use computers for? What should people do when their computer has problems?Â - Part 3 Why do people get bored? Some people say that itâ€™s good to feel bored sometimes.Â Can everyone become a leader? What are the qualities of a good leader? When should parents encourage their children? Should parents reward their children when they help others? What kind of encouragement should parents give? Do you think some people are better at persuading others?