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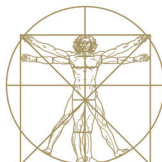
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Caring for the Geriatric Patient

Mary Gardner, DVM
Lap of Love Veterinary Hospice - Nationwide

Veterinarians have a variety of tools to keep puppies and kittens healthy as they grow, and we are well prepared to help our aging patients as they reach their senior years. The care and management of a geriatric pet, however, is very different for both the patient and the owners alike. As pets reach advanced ages and enter into this last life stage, owners are faced with a myriad of physical and emotional concerns (for both the pet and themselves). There is so much more that can be done within the veterinary profession to properly recognize this geriatric stage, keep the patient comfortable, and help owners deal with their delicate, aging family members.

Veterinary hospice is rapidly gaining traction and typically focuses on the terminal or chronically ill pet. Before and during this last stage, there is much we can do to help pets live a comfortable life as a geriatric. Our abilities to recognize and manage pain, anxiety, hygiene, and other symptoms that may limit quality of life has advanced in recent years and our profession is seeking ways to identify these unique client and patient needs, communicate effectively, set realistic expectations, and help guide pet parents with the care and management of their aging geriatric companion animal.

The goal of proper and effective geriatric pet care is to enhance the quality of life for the pet and the owners, empower them to properly care for their pet during this delicate life phase, and maintain the strength of human-animal bond. The goal of this presentation is to offer the methodology, tools, and soft skills that are essential to properly caring for this age group.

It will empower veterinarians to embrace the geriatric pet, know how to handle the symptoms that plague them as well as assist owners with the care and management

Aging is the inevitable decline in the body's resiliency both mental and physical. Over time, cell production decreases, leaving fewer cells which are less capable of repairing wear and tear on the body. The immune system is compromised and therefore more susceptible to infections, less proficient at seeking out and destroying mutant cells, many older pets succumb to conditions they could have resisted in their youth.

The aging process is incredibly complicated and it can be difficult to distinguish between changes that are the result of 'age' and those that come with common medical conditions.

Below are the top 6 symptoms that we will cover in the presentation – plus more!

Eyes:

Lenticular/Nuclear Sclerosis: All geriatric dogs (starting at about 6-7 years old) develop a hardening of the lens. However, it does not become noticeable until about 10. The lens is added onto throughout life, gaining layers of protein. As the new layers of protein are added, inner layers are compacted together and become harder. The hardening of the lens fibers makes it difficult for the lens to change shape – needed for focusing. Near vision is therefore reduced – just like in middle-aged people who need reading glasses. Pets become hesitant going down stairs and more difficult when catching small treats or toys.

Ears

Presbycusis, also known as age related hearing loss. Mid to high frequencies are affected first followed by progressive loss at all frequencies. Onset is typically in the last third of a breed's typical lifespan and will eventually progress to complete deafness.

Four types of presbycusis are described in humans and in dogs but the most common seen is the sensory presbycusis which is characterized by loss of hair cells and degeneration of the organ of Corti.

Although the loss is progressive, owners usually report an acute onset because of the ability of the animal to compensate for hearing loss until nearly complete deafness occurs. Age related hearing loss most often occurs in both ears, affecting them equally.

Skin:

Dull Skin and Coat: An older animal's skin and hair may look dull and lusterless due to the decreased production of natural oils by the sebaceous glands. This can also cause the skin to appear dry and flaky. Continued brushing will help stimulate the skin to produce the oily secretion and an excessively dry coat may benefit from implementing a fatty-acid supplement. The skin also loses elasticity as pet's age and is more susceptible to infections. The worst side effect of a skin infection is that the pet smells and therefore is shunned out of the bedroom or living area.

Muscles – Can't get up or down easily:

Sarcopenia is defined as the progressive loss of lean body mass in aging animals in the absence of disease. As muscle tissue mass decreases so does muscle strength which is why older people are less steady or have difficulty catching their balance. Our pets may exhibit similar signs such as changes in their movements reflected in difficulty getting up or reluctance to jump up.

Lungs:

The elastic fibers in a dog's lungs allow them to expand and contract with each breath. As a dog grows older, some of these fibers are replaced with fibrous scar tissue diminishing the ability to breathe as efficiently as possible. Pet owners should recognize that an older animal can't exercise in extreme temperatures as well as they did when they were younger. Jogs or walks with your pet may need to become slower or shorter as they progress through their older years.

Trouble at Night – Panting and Pacing

Some older dogs may become restless at night and stay awake pacing throughout the house or panting. There are many reasons an older dog may have difficulty sleeping at night including both medical and anxiety or behavioral related causes. Dogs do get cognitive dysfunction which is similar to dementia in people. Cognitive dysfunction is also referred to as sundowner syndrome and is categorized as a slow, degenerative and progressive disorder in our aging pets.

Sundowning is a syndrome in Alzheimer's patients of recurring confusion and increased agitation in the late afternoon or early evening. The hallmarks of this syndrome in dogs are progressive confusion, reversal of day-night wake-sleep patterns and poor adaptability to new situations. The exact reason for this change in our geriatric pets is unknown.

This is just the tip of the iceberg when it comes to the ailments and common symptoms our pets face when they age. Telling an owner 'Old age is not a disease' is not the right thing to do during this time. Instead taking the time to listen to the problems the pet and care giver are facing, going over the causes and possible treatment options are key to helping manage the aging pet.

Providing in home evaluations can also provide you with insight to how the pet manages in their home and also how the owner is managing the pet. Both are very important. In-home evaluation: Provide suggestions for reorganizing the household for senior pet mobility/safety, such as barricading stairs, moving food bowls, using non-slip surfaces, improving traction by shaving hair between pads or using traction booties.

Many pets have sanitation issues. 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. 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 (<http://kongcompany.com>) filled with their favorite treats or unique bowls (<http://aikiou.com>) that encourage them to seek out food in compartments.

Assessing Quality of Life

When dealing with an aging pet – the topic of 'when is time' is bound to come up. Giving your clients ways to evaluate quality of life will be key in helping them deal with that questions.

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! Many Quality of Life tools are discussed at Lapoflove.com

Geriatric Wellness Plan

Similar to wellness plans for younger patients, clinics can create Geriatric Wellness plans to encourage owners to consistently bring their pets in for exams. Bundling services and avoiding services that may not be necessary at this life stage is the foundation. An example of bundling services is offering 4 visits per year for a discounted rate (i.e., if your typical office visit cost is \$45– offer 4 visits for a discounted rate of \$135 instead). At the geriatric stage, diseases and symptoms progress fast; thus, warranting the need for multiple visits a year. Bundled service discounts are a great way to maximize compliance for pets in need by incentivizing for a visit every quarter.

Offering unique services is another component of a Geriatric Wellness Plan. For instance, geriatric pet sitting, monthly "sanitary shaves", Fear-Free nail trims, laser therapy, physical therapy, and geriatric boarding/day care are a few ideas that can be incorporated into the plan.

At this stage in life, many pets will also need specialized accessories or products to help manage their daily activities. This can be done by offering a retail space within the clinic, or if that is unfeasible, simply by providing information sheets to clients on useful items and where to order them.

In Summary:

As a profession we have been well educated and equipped for marketing and caring for the senior pet. For those fragile, advanced aged geriatric pets there is an opportunity to provide better care as they enter their golden years, and support the families as they struggle alongside their pet. Marketing specifically to this group helps to highlight the symptoms the pet will encounter while also focusing on the challenges the caregiver may face.

Overall, this confirms to the caregiver that you empathize with their plight, gains their trust, and encourages them to reach out for assistance with their pet when needed.

Caregivers' Dilemma: Assessing Quality of Life

Mary Gardner, DVM
Lap of Love Veterinary Hospice - Nationwide

Learning Objective:

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 tools and tips to help guide owners through the decision process and to provide them with guidelines to do what is best for the pet and the family.

Proceedings:

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:

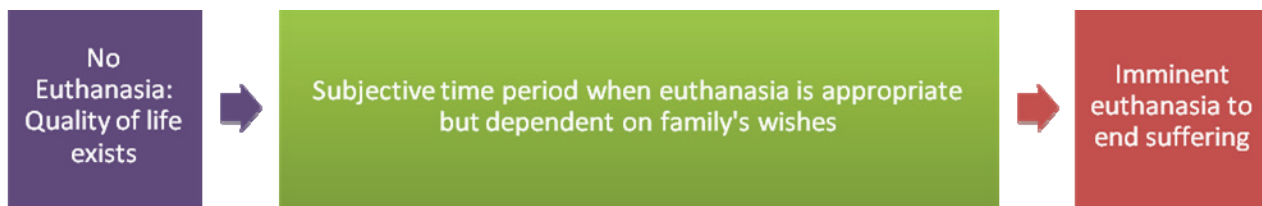
1. Have you ever been through the loss of a pet before? If so, what was your experience (good or bad, and why)? (Side bar: “Have you ever been through this before?” is usually the first thing I ask. I find that families experiencing quality of life evaluation for the first time generally need more hand-holding 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 its 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 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 pets 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:

1. AAHA/AAFP Pain Management Guidelines for Dogs and Cats,
<http://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 panting 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 <http://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.

The Art of Euthanasia

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Learning Objectives:

The euthanasia appointment is one of the most emotionally challenging appointments for the entire staff (and owner). This lecture will go over all aspects of the appointment including how to handle the initial phone call, discussing the processing, handling payment, technical aspects of euthanasia and body care.

Being Good at Death:

We are not taught to be good at death. No one taught me how to walk into an exam room for a euthanasia, what to say to a crying teenager, or whether or not to hug the old man that just lost the last piece of his late wife. I received no direct guidance about the proper verbal and non-verbal techniques that make this “most difficult appointment” just a bit easier on everyone, including myself. And from our numerous discussions with new grads, it’s a common theme; about 75% of veterinarians graduate without ever administering the life-ending medication. It’s no wonder why our lectures are packed at conferences and why our hospice practice has more requests for externs than we can handle. We simply weren’t taught the intricacies of death, and as the only medical profession licensed to euthanize, we have an incredible privilege and responsibility to handle this procedure properly.

Euthanasia:

If there is one thing to think about when approaching the euthanasia appointment, it’s “What would I do for my own family’s pet?” This involves not only you, but your immediate non-veterinary family as well. What could you do to help the ones you love through the process? Now make sure that is the minimum standard of service and care you give each of your patients and their caregivers! Here are some tips to put this into practice: The entire euthanasia process can be broken down into 4 stages:

1) Setting up the Euthanasia Appointment

- a. **Be the first to say the “E” word.** Clients hate to be the first ones to bring up “euthanasia.” They think you will judge them for not caring about their pet or that you will be mad at them for giving up too early. Be the first to say it. And even if they’re upset at you for the suggestion, at 2:00 am when they’re stressed because their dog is pacing all night or their spouse is yelling at them because their elderly cat has peed outside the litter box for the third time that day, they will know that you gave them permission to think about the next step.
- b. **Making the appointment:** How your support team handles this initial contact with the client is crucial. It took the owner a lot of nerve and emotion to call; many feel that they are making the appointment to kill their best friend. Guilt, worry, anxiety, sorrow are just a few of the ingredients in their emotional cocktail. The receptionist should have nothing else on their mind but assisting that client. They should not be put on hold, the receptionist should not be checking out another client at the same time, and if at all possible, background noise should be kept to a minimum. Most importantly, empathy must be conveyed; *I’m so sorry you’re facing this*. Do not be scared to show them some emotion, they want to know that you care.

2) During the Appointment

- a. **The Arrival:** When the time for the appointment comes, everyone in the clinic should be prepared. The paperwork should be ready, dated, and IN the room. The room itself should be set up properly and one person should be prepared to assist the client. Meet the family at their car prepared to help them into the clinic. Even holding the door open while the owner manages the cat carrier is a huge help to the client. And of course, shuttle them to the room immediately. Paperwork is best completed at this time before reality sets in with the family. Again, emotions will only get deeper from here, not lighter!

- b. **The Space.** The room itself is very important. Regardless if it's a separate comfort room or a regular exam room, you must do your best to make it as warm and comfortable as possible (it should not be the 'cold sterile' environment owner's dread).
- c. The veterinarian should go into the room and preferably not leave again until the pet has passed unless the owner requests time alone. Go in with sedation and euthanasia already pulled up in syringes in your pocket, or given to your technician. Speak to the client and make a visual assessment of the pet. Do not pass judgement or appear to be uncomfortable with the decision unless you are certain you will not euthanize. Your discomfort will leave a family with guilt for years.
- d. When explaining the euthanasia process, it is important to give the owner peace of mind that it is a gentle process. Explain that euthanasia means "good death" and that the medication is an overdose of anesthesia, in which they go to sleep and don't wake back up
- e. Offer them some time alone with their pet. If they want time alone, hand them the 'ringer' portion of a wireless doorbell. Have the 'bell' portion in the treatment room or give it to the technician assigned to the case. That way the owner does not have to leave the pet to find someone when they're ready. The human animal bond should never be broken. Generally, people do request a few minutes alone, but it's usually a very short amount of time.
- f. **The Procedure:** Intra-muscular or subcutaneous sedation is crucial for the client's experience and we are always discouraged to learn how many do not sedate pets before euthanasia, or provide only IV sedation (in which their pet rapidly goes from consciousness to unconsciousness, appearing dead). Having 5 minutes for the pet to slowly relax gives the owner time to watch their pet get comfortable. Many times, I hear, "I haven't seen him this calm and relaxed in months!" We call this "secondary sedation of the owner."
- g. When it comes time for the final medication, ask the owner "Max is ready, are you?" Never proceed without them fully knowing what is about to happen. They should also know that their pet will pass in 30-60 seconds. All too often owners do not realize it occurs as fast as it does. Whether you use an indwelling catheter, butterfly catheter, or straight needle, do your best to stay out of the way of the owner. Let them hold their pet and instruct them to "keep talking to her, she can hear you." Giving them something to do keeps their focus off you and this surreal moment for them.
- h. After administration, listen for the heart and remain silent unless the owner speaks. This is an important moment and must be honored.
- i. Stay present in the room for a few minutes as you gather the syringe and supplies. Watch for agonal breath(s), twitching, or any other movements, which generally happens within 1-5 minutes post mortem. Since we do not recommend warning about all these side-effects before, this is the time to explain them if/when they occur.

3) Memorial Items

- a. The paw print is the most traditional and cherished memorial item, even more than cremains sometimes! Every pet owner should be given one at the time of the appointment and given to the owner to take home that day (at no charge!). With air dry clay like Crayola Model Magic, this is inexpensive and takes very little time. Many clinics make the paw print after the clients leave but you are missing a huge opportunity to make the owners feel a little bit of joy at such a devastating moment.

4) Body Care

- a. Never allow the owner to leave their deceased pet alone. If they need time alone after the euthanasia, allow them that time and hand them the wireless doorbell again. This way, a technician can come back into the room as they leave.
- b. Know your crematory well. Understand how they do things and be confident they are providing the level of service your clients deserve.

If there's one thing we can tell you to improve your end of life care for pets and their families, it's to provide the best from the get-go. Provide the kind of care that exceeds the expectations of 95% of the population out there. Do not cater to the 5% of people that are irregular.

The euthanasia appointment should not be the end of the client relationship, it should be the beginning of the next relationship you have with them! And remember, if it were your own pet, what would you do?

Veterinary Hospice and Palliative Care

Mary Gardner, DVM
Lap of Love Veterinary Hospice – Nationwide

Almost every time the door opens, I am greeted with a crying client. As a veterinarian that limits my practice to in-home hospice and euthanasia, it is something I encounter daily with my families. In those moments, I give a warm smile, a gentle handshake and in many cases, a big hug.

Although the majority of our appointments are for euthanasia, we also offer veterinary hospice care to our concerned pet parents. However, veterinary hospice is still very misunderstood, even within our profession. I am often asked, "What is veterinary hospice?" at clinics and conferences. It is important to first understand what hospice is NOT: It is not prolonging suffering nor is it euthanasia or natural dying. Hospice simply is a medically supervised service dedicated to providing comfort and quality of life for the pet (and the owners) until euthanasia is elected or natural death occurs.

A great deal of families wish to keep their pet alive for as long as possible while also maintaining a good quality of life but simply don't know how and feel helpless. As a veterinary hospice practitioner, I am able and willing to help extend life as long as pain and anxiety are controlled, but this is always preceded by a lengthy discussion on the progression of the disease process present and a clear "stop point" which we agree is the ending of a good quality of life. Communication, preparation, and more communication is the hallmark of a successful hospice case.

At Lap of Love, many of our clients are referred to us from veterinary specialists – mostly oncologists, cardiologists and internists. While much of veterinary hospice is ideally done in the home, where the pet is most comfortable, many discussions and treatments should be started at the clinic with their primary veterinarian who has enjoyed a long term relationship with the pet parent. With that being said, I am sad to report that approximately 40% of our clients have not taken their pet into the clinic within the last 2 years. I strongly believe that we can help a great number of pets if we are able to educate owners on the aging process and also the progression of the specific diseases their pets are facing.

Veterinary medicine focuses a lot on 'Senior Wellness' but I think we are asleep at the wheel when it comes to geriatric pet care. Caring for a geriatric pet is a completely different experience than caring for the 8 yr old 'senior dog'. Care giving for the elder pet can be emotionally and physically exhausting and it is vital to support the owners through this time. Our philosophy of the way we care for these pets, in most cases, needs to shift from curing but to simply caring. This quote from Jurassic Park is a favorite of mine, "Just because we can, doesn't mean we should". Too often owners tell me that they are scared to continue with their regular veterinarian because they are simply forced into xrays or bloodwork. Often hospice is simply a tool to help the owners grasp the idea that their pet's life will be ending soon. It may be a month or even just a day – at this point radiographs are pointless – but pain medication, education, communication and preparation is priceless.

"Doc when is it time?" – Boy do I wish I had a dollar for every time I was asked that! However, this is a good question and deserves a lot of attention and time discussing it with your clients. It is not as simple as saying 'When he stops eating, it's time' or 'He will give you 'the look' and you will know'. Although at times those are good indications of it being time, often, it is not. The 13 year old Labrador with osteoarthritis may still be eating and looking excited when his owner comes home, yet can barely get up, falls down the stairs and is sitting in his own feces half the day. Assessing quality of life is an important part of the hospice appointment. There are many tools available that can assist owners with evaluating quality of life. We have a Quality of Life scale available on our website <http://www.lapoflove.com> under the 'Quality of Life' tab. We also developed a more sophisticated tool where owners can create a profile for their pet, select a specific ailment and are asked questions based on the

ailment. They can also make journal entries, chart weight or body condition score and attaching pictures every day. This is free to the public at <http://www.pethospicejournal.com>

Although providing hospice in the home can garner a lot of information that may be missed at the clinic, the discussion and treatment can start with you. Setting up a hospice program in your clinic is actually very simple.

It is most important to help the family understand the disease process their pet is facing. Although we cannot predict exactly what will happen in the future, we can use our medical training and experience to give each family facing an end-of-life experience with their pet a possible and probable progression of their pet's disease process. As doctors, this is the most important piece of information we have to give them and the most valuable tool families have in the decision making process. We must, to the best of our ability, explain the most likely "natural" method of death if left unattended. This educated approach to the physicality of death is essential to veterinary hospice care; by providing the family with knowledge and expectations, we give them the ability to make an informed decision based on their personal wishes for their pet with the gentle guidance of their veterinarian.

By using the word 'Hospice' with your clients, it redirects their thoughts from curing their pet to caring for their pet and preparing themselves for death and grieving. Then, you can tailor your medical management appropriately to make sure the pet is kept comfortable and safe.

Some hospice services your clinic can offer:

- **Consultations** - This is our most common and requested hospice service. You may be surprised at how appreciative the client is for 30 minutes with a veterinarian discussing what to expect and how to manage their pet's disease and progression.

When a client calls us for a euthanasia but says, "It's not time yet – but I want to be in your system" – to me, this is a call for help. Their pet is bad but not quite ready for euthanasia. This is the perfect opportunity to offer a consultation.

Pain and anxiety management – The amount of pets that I see that are not on any pain medication is staggering. Providing adequate pain medication is vital and evaluating its effectiveness is just as important. I also equip the owner with "emergency intervention" they can do themselves. For example, the client with a dog with Osteosarcoma should leave your clinic with a dose of injectable pain medication and the knowledge of how to administer it in case of a pathologic fracture. That way the pet can have some relief while the next steps are organized.

Many dogs are up all night panting and pacing, with many owners awake as well. Providing medications that help them sleep through the night helps the anxiety level and is appreciated by everyone in the house.

- **In home technician visits and care** – seeing the pets in their own environment is key as they act differently in their surroundings. More importantly, modifications can be made that may have been overlooked and treatments can be done in the home without a distressing trip to your clinic.

The most common ailments we see at Lap of Love are: osteoarthritis, renal disease, heart failure and a variety of cancer. But one that is often overlooked or put into the osteoarthritis category is sarcopenia. Age related muscle atrophy is a huge problem in our geriatric pets. Owners need to be educated on this ailment and taught how to manage it in the home, how to properly exercise their pets and provide supportive care. In most of those patients, pain medications and NSAIDS are of no benefit, leaving the owner frustrated. Having a hospice package and plan for the above ailments is a great way to start offering hospice at your clinic.

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:

- Disease sheets with detailed information about the illness affecting the pet, including end-stage clinical signs
- 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.
- “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.
- Adjunctive services you support and trust (preferably mobile) in the area, such as acupuncture, massage, mobile grooming, in-home pet sitting.
- Local pet loss groups or grief counselors, contact local human hospice for a good referral source.
- 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.
- Emergency clinics in the local area, if your clinic does not offer 24-hour emergency care.
- Specific euthanasia information, including:
 - When and how to schedule euthanasia at your clinic, and if your clinic offers euthanasia in the home.

While offering veterinary hospice may not provide the largest avenue of revenue – the immeasurable benefits are great. The satisfaction your clients will have with the full circle of veterinary care at your clinic will be priceless. This will lead to positive word of mouth, referrals, and repeat business with other pets from that client when necessary and most importantly – it is what is best for the pet.

Veterinary hospice is here to stay. When families have a better end of life experience with their pets, they heal more quickly from the debilitating emotional loss. They are better able to cope with their decisions, feel confident in their ability to care for their pets, and more quickly open their homes and hearts to pet ownership again.