Amir Shanan | Tamara Shearer | Jessica Pierce
Editors

Hospice and Palliative Care for Companion Animals

Principles and Practice

WILEY Blackwell

Hospice and Palliative Care for Companion Animals

Hospice and Palliative Care for Companion Animals

Principles and Practice

Edited by

Amir Shanan
International Association for Animal Hospice and Palliative Care
Compassionate Veterinary Hospice, USA

Jessica Pierce
Center for Bioethics and Humanities, University of Colorado
Anschutz Medical Campus, USA

Tamara Shearer
Western Carolina Animal Pain Clinic, Shearer Pet Health Hospital, USA

WILEY Blackwell

This edition first published 2017 © 2017 by John Wiley & Sons, Inc.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by law. Advice on how to obtain permission to reuse material from this title is available at http://www.wiley.com/go/permissions.

Registered Offices
John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, USA
John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

Editorial Office
1606 Golden Aspen Drive, Suites 103 and 104, Ames, Iowa 50010, USA

For details of our global editorial offices, customer services, and more information about Wiley products visit us at www.wiley.com.

Wiley also publishes its books in a variety of electronic formats and by print-on-demand. Some content that appears in standard print versions of this book may not be available in other formats.

Limit of Liability/Disclaimer of Warranty
The contents of this work are intended to further general scientific research, understanding, and discussion only and are not intended and should not be relied upon as recommending or promoting scientific method, diagnosis, or treatment by physicians for any particular patient. The publisher and the authors make no representations or warranties with respect to the accuracy and completeness of the contents of this work and specifically disclaim all warranties, including without limitation any implied warranties of fitness for a particular purpose. In view of ongoing research, equipment modifications, changes in governmental regulations, and the constant flow of information relating to the use of medicines, equipment, and devices, the reader is urged to review and evaluate the information provided in the package insert or instructions for each medicine, equipment, or device for, among other things, any changes in the instructions or indication of usage and for added warnings and precautions. Readers should consult with a specialist where appropriate. The fact that an organization or website is referred to in this work as a citation and/or potential source of further information does not mean that the author or the publisher endorses the information the organization or website may provide or recommendations it may make. Further, readers should be aware that websites listed in this work may have changed or disappeared between when this works was written and when it is read. No warranty may be created or extended by any promotional statements for this work. Neither the publisher nor the author shall be liable for any damages arising herefrom.

Library of Congress Cataloging-in-Publication Data

Names: Shanan, Amir, editor. | Shearer, Tamara, editor.| Pierce, Jessica, 1965– editor.
Title: Hospice and palliative care for companion animals : principles and practice / edited by Amir Shanan, Compassionate Veterinary Hospital, USA, Jessica Pierce, Center for Bioethics and Humanities, University of Colorado Anschutz Medical Campus, Tamara Shearer, Compassionate Veterinary Hospital, USA.
Description: Hoboken, NJ : John Wiley & Sons, Inc., 2017. | Includes bibliographical references and index.
Identifiers: LCCN 2016055410 (print) | LCCN 2016058295 (ebook) | ISBN 9781119036661 (paperback) | ISBN 9781119036654 (pdf) | ISBN 9781119036609 (epub)
Subjects: LCSH: Pet medicine. | Hospice care. | MESH: Pets | Animal Diseases | Hospice Care | Palliative Care
Classification: LCC SF981 .H67 2017 (print) | LCC SF981 (ebook) | NLM SF 981 | DDC 636.089/6029–dc23
LC record available at https://lccn.loc.gov/2016055410

Cover images: (Big image) Bill Oxford/Gettyimages; (Small image) Dave Brenner/Gettyimages
Cover design: Wiley

Set in 10/12pt Warnock by SPi Global, Pondicherry, India

10 9 8 7 6 5 4 3 2 1

Contents

List of Contributors *xix*
About the Companion Website *xxi*

1 Introduction *1*
Jessica Pierce
References *3*
Further Reading *4*

2 What is Animal Hospice and Palliative Care? *5*
Amir Shanan and Tamara Shearer
History of Animal Hospice *7*
Scientific and Philosophical Roots *7*
Early Beginnings *8*
Organization and Recognition *9*
Animal Hospice and Human Hospice *10*
Ethical and Legal Differences *10*
Economic Differences *11*
Summary *12*
References *12*
Further Reading *13*

3 The Interdisciplinary Team *15*
Tammy Wynn and Amir Shanan
Interdisciplinary Teams in Human Hospice and Palliative Care *15*
Interdisciplinary Teams in Animal Hospice and Palliative Care *16*
Operating a Successful Interdisciplinary Team *17*
Common Mission and Vision *17*
Team Members, their Roles and Responsibilities *18*
Effective Communication and Collaboration *21*
Summary *24*
References *24*

4 Quality of Life in the Animal Hospice and Palliative Care Patient *27*
Jessica Pierce and Amir Shanan
What are Quality of Life Assessments and Why are They Important in End-of-Life Care? *27*
QOL is Key to Patient-Centered Care *28*

Pain, Suffering, Coping, and Adaptation in Animals 28
A Variety of Approaches to QOL 31
Mcmillan's Affect Balance Model 32
Other QOL Assessment Tools 33
Qualities of an Ideal QOL Assessment Tool 35
Step 1. Assess the Animal's Current QOL 36
Step 2. Assess the Meaningful Trends in the Changes in an Animal's QOL Over Time 36
Summary 36
References 38
Further Reading 39

5 Bond-Centered Animal Hospice and Palliative Care *41*
Laurel Lagoni and Amir Shanan
Client Care and the Bond-Centered Animal Hospice and Palliative Care Team 41
The Emotional SOAP 42
When the Bond Breaks: Grief 42
Veterinarians and Animal Hospice Providers' Non-Medical Roles While Supporting Caregivers' Emotional Needs 45
Limiting the Role of Animal Hospice Veterinary Professionals and Other Providers (Except Licensed Mental Health Professionals) 46
Know Thyself, Healer 47
Defining the Role of Animal Hospice Veterinary Professionals and Other Providers (Except Licensed Mental Health Professionals) 49
The Role of Educator 49
The Role of Source of Support 49
The Role of Facilitator 50
The Role of Resource and Referral Guide 50
Resources 50
Extended Services 51
Conclusion 51
Resources 51
Memorials and Grief Support Resources 52
Counselors and Grief Support 52
Grief Support Training 53
Books for Caregivers 54
Books for Veterinarians 54
References 54

6 Ethical Decision Making in Animal Hospice and Palliative Care *57*
Jessica Pierce and Amir Shanan
Clinical Ethics 57
A Method for Moral Decision Making 58
Clinical Considerations and their Moral Dimensions 58
Animal Quality of Life, Pain, and Suffering 60
Contextual Factors Influencing Moral Decision Making 62
Patient Preferences 63
A Note on Decisional Regret 64

Professional Ethics 64
Providing Adequate Information 65
Guiding Client Decision Making: How Much Is Too Much? 65
Guiding the Euthanasia Decision 66
Financial Considerations in the Decision-Making Process 67
Role Ambiguity 68
Therapeutic Triad 68
Ethical Business Practices 68
Societal Ethics and the Role of Cultural Values 69
Conclusion 69
References 69
Further Reading 70

7 Animal Hospice Models of Care *73*
Kathleen Cooney
Model 1: Hospice in the Veterinary Clinic Setting 73
Model 2: Hospice with Specialized Mobile Veterinarians 74
Model 3: Animal Hospice Case Managers 75
Model 4: Animal Hospice Sanctuaries/Rescues 76
Tips on Good Business Management for Everyone's Protection 76
Paperwork 76
Proper Handling of Controlled Substances 77
References 79
Further Reading 79

8 Prevalence of Diseases, Causes of Death, and Common Disease Trajectories in Hospice and Palliative Care Patients *81*
Tamara Shearer
Causes of Death in Dogs 82
Causes of Death in Cats 84
Causes of Death in Hospice Private Practice 84
Disease Trajectories 85
References 87

9 Cancers in Dogs and Cats *89*
Alice Villalobos
Approach to End-of-Life Cancer Patients 90
Tumors of the Skin and Soft Tissues 90
Canine Lymphoma 91
Head and Neck Cancer 92
Oropharyngeal and Neck Tumors in Dogs and Cats 92
Nasal Passage Cancer 92
Brain Tumors 93
Cancer of the Skeletal System 93
Abdominal Tumors 94
Hemangiosarcoma in Dogs 94
Transitional Cell Carcinoma 94
Hepatic, Pancreatic, Intestinal, Adrenal, and Renal Cancer 95

Chest Cavity Tumors *95*
Palliative Cancer Medicine *95*
Summary *98*
Conflicts of Interest *99*
References *99*

10 Chronic Kidney Disease *101*
Shea Cox
Description of Disease *101*
Trajectory *101*
Clinical Manifestations *101*
Management *102*
Management of Factors that Accelerate CKD Progression *102*
Dehydration *102*
Non-Regenerative Anemia *102*
Systemic Hypertension *103*
Proteinuria and Activation of the Renin–Angiotensin–Aldosterone System *103*
Renal Secondary Hyperparathyroidism *104*
Oxidative Stress *104*
Symptomatic, Supportive, and Palliative Therapies *104*
Oral Ulcerations and Uremic Gastritis *104*
Nausea/Vomiting *104*
Constipation/Obstipation *105*
Loss of Appetite *105*
Urinary Tract Infection *106*
Hyperphosphatemia *106*
Hypokalemia *107*
Seizures *107*
Dietary Considerations *107*
Other Comfort Measures *107*
General Precautions *107*
Conclusion *107*
References *108*

11 Congestive Heart Failure *109*
Shea Cox
Description of Disease *109*
Disease Trajectory *109*
Clinical Manifestations of Disease *109*
Palliative Management *110*
Pulmonary Edema/Cardiac Function *110*
Diuretics *111*
Ace Inhibitors *111*
Positive Ionotrope, Vasodilator *112*
Calcium Channel Blocker *112*
Pleural and Abdominal Effusion *112*
Hypokalemia *112*

Prerenal Azotemia *112*
Balancing Renal and Cardiac Disease *112*
Coughing *113*
Respiratory Distress *113*
Aortic Thromboembolism *113*
Dietary Considerations *113*
Other Considerations *114*
General Precautions *114*
Conclusion *114*
References *114*

12 Respiratory Distress *115*
Cheryl Braswell
Airway Collapse *115*
Description *115*
Trajectory/Prognosis *115*
Manifestations *115*
Management *116*
Pharmacologic *116*
Physical *116*
Nutritional *116*
Surgery *116*
Brachycephalic Airway Obstruction Syndrome *117*
Description *117*
Trajectory/Prognosis *117*
Manifestations *117*
Management *117*
Pharmacologic *117*
Physical *118*
Nutrition *118*
Surgery *118*
Airway Inflammation *118*
Description *118*
Trajectory/Prognosis *118*
Manifestations *118*
Management *119*
Pharmacologic *119*
Physical *119*
Nutritional *119*
Pneumonia *119*
Description *119*
Trajectory/Prognosis *120*
Manifestations *120*
Management *120*
Pharmacologic *120*
Physical *120*
Nutritional *120*

Summary: The Suffering of Dyspnea *120*
References *121*

13 Gastrointestinal Conditions *123*
Shea Cox
Inflammatory Bowel Disease *123*
Description of Disease *123*
Disease Trajectory *123*
Clinical Manifestations of Disease *123*
Palliative Management *123*
Medical Support *124*
Immunosuppressive Therapy *124*
Antibiotic Therapy *124*
Additional Support Therapy *124*
Nutritional Support *125*
Pancreatitis *125*
Description of Disease *125*
Disease Trajectory *125*
Clinical Manifestations of Disease *125*
Palliative Management *125*
Medical Support *126*
Analgesia *126*
Antiemetics *126*
Antibacterials *126*
Corticosteroids *126*
Subcutaneous Fluid Therapy *126*
Nutritional Support *126*
Cholangitis/Cholangiohepatitis Syndrome *126*
Description of Disease *126*
Disease Trajectory *126*
Clinical Manifestations of Disease *127*
Palliative Management *127*
Medical Support *127*
Antimicrobial Therapy *127*
Immunosuppressive Therapy *127*
Analgesia *127*
Antiemetics *127*
Support Therapy *127*
Subcutaneous Fluid Therapy *128*
Nutritional Support *128*
Conclusion *128*
References *128*

14 Musculoskeletal Disorders *129*
Tamara Shearer
Osteoarthritis *129*
Description *129*

Trajectory/Prognosis *129*
Manifestations *130*
Management *130*
Cranial Cruciate Ligament Rupture *132*
Description *132*
Trajectory/Prognosis *132*
Manifestations *132*
Management *132*
Fractures of Limbs *133*
Description *133*
Trajectory/Prognosis *133*
Manifestations *133*
Management *133*
Muscle Pain *134*
Description *134*
Trajectory/Prognosis *134*
Manifestations *134*
Management *134*
Coxofemoral Luxation *135*
Description *135*
Trajectory/Prognosis *135*
Manifestations *135*
Management *135*
Summary *135*
References *135*

15 Nervous System Disease *137*
Tamara Shearer
Laryngeal Paralysis *137*
Description *137*
Trajectory/Prognosis *137*
Manifestations *138*
Management *138*
Disorders of Micturition *139*
Description *139*
Trajectory/Prognosis *139*
Manifestations *139*
Management *139*
Bladder is Difficult or cannot be Expressed *140*
Bladder can be Expressed with Effort *140*
Bladder Easily Expressed but has Continuous Leakage *140*
Straining to Urinate with Spurts of Urine Produced *140*
Urine Leakage When Urine Accumulates *140*
Degenerative Myelopathy *140*
Description *140*
Trajectory/Prognosis *141*

Manifestations *141*
Management *141*
Intervertebral Disc Disease *141*
Description *141*
Trajectory/Prognosis *142*
Manifestations *142*
Management *143*
Cervical Spondylomyelopathy *143*
Description *143*
Trajectory/Prognosis *143*
Manifestations *143*
Management *143*
Fibrocartilagenous Embolic Myelopathy *144*
Description *144*
Trajectory/Prognosis *144*
Manifestations *144*
Management *144*
Vestibular Disorders *144*
Description *144*
Trajectory/Prognosis *144*
Manifestations *145*
Management *145*
Summary *145*
References *145*

16 Cognitive Dysfunction *147*
Tamara Shearer
Description *147*
Trajectory/Prognosis *147*
Manifestations *148*
Management *148*
Summary *150*
References *150*

17 Recognizing Distress *153*
Suzanne Hetts and Kristina August
Stress, Distress, Emotions, and Suffering *153*
Stress and Emotions *153*
What is Distress? *154*
Behavioral Needs of Dogs and Cats *155*
Relevance to Hospice and Palliative Care *156*
Are Humans Adept at Recognizing Emotional States in Animals? *156*
Behavioral Expressions of Fear, Anxiety, and Pain *157*
Fear-Related Body Postures Commonly Observed in Dogs and Cats *157*
Pain-Related Facial Expressions Commonly Observed in Dogs and Cats *157*
Relevance to Hospice and Palliative Care (HPC) *158*
Do Animals “Hide” Their Pain? *158*

Changes in Behavior Patterns *159*
Decreased Response to Their Surroundings *159*
Decreased Ability to Demonstrate Preferences *159*
Unusual Patterns of Movement *159*
Displacement Behaviors *159*
Can Sick Animals Suffer from Boredom? *160*
Relevance to Hospice and Palliative Care *161*
Conclusions and Summary *161*
References *162*

18 Pharmacology Interventions for Symptom Management *165*
Shea Cox
Introduction *165*
Pain *165*
Clinical Signs of Pain *165*
Behavioral Indicators of Pain *165*
Pharmacology for Pain Management *166*
Non-Steroidal Anti-Inflammatory Drugs *166*
Glucocorticoids *166*
Acetaminophen *166*
Opioids *167*
Tricyclic Antidepressants *169*
Anticonvulsants *169*
NMDA Receptor Antagonists *169*
Pharmacologic Protocols *170*
Assessing Response to Treatment *171*
Anxiety *171*
Dysphoria *173*
Weakness or Fatigue *174*
Respiratory Symptoms *174*
Dyspnea *174*
Cough *176*
Nausea and Vomiting *176*
Anorexia and Cachexia *177*
Dehydration *178*
Constipation *178*
Oral Health *178*
Ulcers *178*
Dry Mouth (Xerostomia) *179*
Conclusion *179*
References *179*

19 Physical Medicine, Rehabilitation, and Complementary and Integrative Medicine Treatment Modalities *181*
Tamara Shearer and Kristina August
Physical Medicine and Rehabilitation Modalities *181*
Definition and Benefits *181*

Considerations for Physical Medicine in Hospice and Palliative Care Patients *181*
Modalities Delivered by Caregivers and Support Staff *183*
Range of Motion *183*
Assisted Standing *183*
Assisted Walking *184*
Proprioceptive and Balance Techniques *186*
Massage *187*
Acupressure *187*
Thermal Modalities *187*
Targeted Pulsed Electromagnetic Field Therapy *188*
Modalities that Require Professional Application *188*
Laser Therapy *188*
Pulsed Signal Therapy *190*
Electrotherapy *190*
Therapeutic Ultrasound *191*
Extracorporeal Shockwave Therapy *191*
Acupuncture *191*
Medical Manipulation and Chiropractic Care *192*
Summary *193*
Complementary and Integrative Medicine in Animal Hospice and Palliative Care *193*
Safety and Adverse Reactions *194*
Herbal Medicine and Supplements *194*
Essential Oils *194*
Other Therapies *195*
Ensuring Quality of Life *195*
Reliable Choices and Client Education *195*
Educational Opportunities *196*
References *196*

20 Balancing Efficacy of Treatments against Burdens of Care *199*
Kristina August
Establishing Hospice and Palliative Care Goals *200*
Adverse Events and Treatment-Related Consequences *201*
Assessing Efficacy of Treatment and Burdens of Care *204*
Assessment of Treatments *204*
Assessing Diagnostic Procedures *205*
Assessing Burdens of Care *205*
Practical Considerations *206*
Individual Variation *206*
Emotional Well-Being *206*
Appetite and Hydration Needs at the End of Life *206*
Steroids and End-of-Life Care *207*
Do Not Resuscitate and “Advance Directives” *207*
Conclusion *208*
References *208*

21 Nursing Care for Seriously Ill Animals – Art and Techniques *211*
Shea Cox and Mary Ellen Goldberg
Introduction *211*
Nurses' Medical Roles *212*
Intake *212*
Planning of Care *212*
Ongoing Monitoring and Assessments *212*
Frequency of Assessments *212*
Parameters of Assessments *212*
Assessment of Pain *212*
Pain Scales *213*
Assessment of Other Signs of Discomfort *213*
Assessment for Dehydration *215*
Assessment of Medication Administration *215*
Assessment of Mobility *215*
Assessment of Mental and Emotional Status *216*
Delivery of Care: Nursing Care Considerations *217*
Comfort for the Patient *217*
Oral and Ocular Comfort *218*
Nutrition *218*
Hydration *220*
Treating Fluid Deficit (Dehydration) *220*
Maintenance Fluids Administration *220*
Calculating Fluid Deficit *220*
Hygiene *220*
Bedding *221*
Environment *221*
Mobility *221*
Nursing Care for Recumbent Patients *223*
Urination *223*
Defecation *223*
Respiration *223*
Skin Care *224*
Mobilizing the Recumbent Patient *224*
Nurses as Advocates and Educators *225*
Nurses' Role as Advocates for Patient and for the Caregiver *225*
Nurses' Role as Educators *225*
Awareness to Signs of Pain *226*
Hygiene and Safety *226*
Death and Dying *227*
Conclusion *227*
References *228*
Further Reading *230*

22 Comfort Care During Active Dying *231*
Gail Pope and Amir Shanan
Natural Death and Euthanasia *231*

Goals of Caring for the Patient at the End of Life *232*
Advance Preparation and Education of Caregivers and Hospice Team *232*
Desirable Environment of Care *234*
Prognostication *234*
Changes During Early and Late Stages of Active Dying *234*
Available Information *234*
Changes During Early Stages of Active Dying *235*
Physical Changes *235*
Behavioral Changes *236*
Indications of Pain *236*
Changes During Late Stages of Active Dying *236*
Behavior, Sleeping Pattern, Responsiveness *237*
Respiration *238*
Eyes, Mucus Membranes, Jaw, and Extremities *238*
Muscle Twitching, Stretching, and the Agonal Position *238*
Odor *238*
Summary *238*
At the Time of Death *238*
The Different Types of Active Death *240*
Clinical Signs Management During Active Dying *241*
Management of Pain *241*
Management of Anxiety and Agitation *242*
Fatigue/Weakness *242*
Loss of Ability to Swallow *242*
Respiration *243*
Cardiac Dysfunction and Renal Failure *243*
Diminished Skin Vitality *243*
Mucosal/Conjunctival Care *244*
Incontinence *244*
Administration of Medications, Fluids, and Food *244*
Administration of Fluids *244*
Administration of Food *245*
Administration of Medications *246*
Summary *246*
References *247*

23 Euthanasia in Animal Hospice *251*
Kathleen Cooney
Decision-Making for the Animal Hospice Patient *251*
Advance Preparation and Education of the Professional Team *252*
Advance Preparation and Education of Caregivers and Family *253*
Euthanasia Techniques *255*
Intravenous Injection *256*
Intracardiac Injection *257*
Intraperitoneal Injection *259*
Intrahepatic Injection *259*
Intrarenal Injections *260*

The Caring–Killing Paradox *261*
References *261*
Further Reading *262*

24 Mental Health Considerations in Caring for Animal Hospice and Palliative Caregivers and Providers *263*
Amir Shanan
Caregiving Experience *263*
The Mental Health Impact of Caregiving *266*
Grief and Bereavement *267*
Understanding Loss and Normal Grief *267*
Normal Grief *268*
Models of the Grieving Process *269*
Disenfranchised Grief *271*
Complicated Grief *271*
Supporting Caregivers' Emotional Needs *272*
Children and Grief – Helping a Child Cope with Pet Loss *275*
Commemorating Losses *277*
Contacting a Licensed Mental Health Professional *278*
Qualified Mental Health Professionals *278*
Summary *280*
References *281*
Further Reading *283*

25 Addressing Spiritual Needs of Caregivers *285*
Carol Rowehl
Spiritual Needs of Caregivers *285*
Spiritual Distress *286*
Taking a Spiritual History *287*
When to Call in the Experts (and Who Are the Experts?) *289*
Spiritual Questions Unique to Veterinary Practice and Hospice and Palliative Care *291*
Including a Chaplain on the Interdisciplinary Veterinary/Hospice Team *291*
References *294*

26 Supporting Other Needs *299*
Shea Cox and Mary Ellen Goldberg
Caring for the Caregiver: Addressing Emotional and Physical Needs *299*
Maintaining Self-Care *300*
Maintain Personal Nutrition and Sleep *300*
Engage in Exercise *300*
Make Time for Relaxation *300*
Time Considerations of Hospice Care *301*
Managing Time Commitments of Care *301*
Tips for Balancing Caregiving and Ongoing Responsibilities *301*
Understanding the Physical Labor of Care *301*
Utilizing Proper Body Mechanics During Delivery of Care *301*

Environmental Considerations of Hospice Care *302*
Assessment of the Physical Space *303*
Household and Environmental Modifications *303*
Financial Considerations of Hospice Care *303*
Cost of Medications *304*
Cost of Diagnostics *304*
Cost of Other Healthcare Providers *304*
Cost of Environmental Modifications *304*
Cost of End-of-Life Care *304*
Helping to Defer Costs of Hospice Care *304*
Pet Health Insurance *304*
Equipment Rental, Recycling, and Reduced Cost Programs *305*
Creating a Memorial Fund *305*
Creating a Donation Bank *305*
References *305*
Further Reading *306*

27 Aftercare *307*
Coleen Ellis
Hospice Options and Accompanying Rituals *307*
Emotional Support: Honoring the Journey *309*
Assisting Children, Other Pets, and Family Members in Their Journey *310*
After-Death Care Options *310*
Summary *312*

Index *313*

List of Contributors

Jessica Pierce, BA, M.Div, PhD
Center for Bioethics and Humanities
University of Colorado Anschutz Medical Campus
Denver, CO, USA

Amir Shanan, DVM
Founder, International Association for Animal Hospice and Palliative Care
Compassionate Veterinary Hospice
Chicago, IL, USA

Tamara Shearer, DVM, CCRP, CVPP, CVA
Western Carolina Animal Pain Clinic
Sylva NC, USA
Shearer Pet Health Hospital, USA

Kathleen Cooney, DVM, MS
Cooney Animal Hospice Consulting
Loveland, CO, USA

Tammy Wynn, MHA, LISW, RVT
Angel's Paws
Cincinnati, OH, USA

Laurel Lagoni, MS
Co-founder, Argus Institute
Colorado State University
World by the Tail, Inc.
Fort Collins, CO, USA

Alice Villalobos, DVM, FNAP
Pawspice and Animal Oncology Consultation Service
Hermosa Beach, CA, and Woodland Beach CA, USA

Shea Cox, DVM, CVPP
Bridge Veterinary Services
Berkeley, CA, USA

Cheryl Braswell, DVM, DACVECC, CHT-V, CVPP
Regional Institute for Veterinary Emergencies & Referrals
Chattanooga, TN, USA

Suzanne Hetts, Ph.D., CAAB
Animal Behavior Associates, Inc.
Denver, CO, USA

Kristina August, DVM, GDVWHM
Harmony Housecalls
Ames, IA, USA

Mary Ellen Goldberg, BS, CVT, LVT, SRA, CCRA, CVPP, VTS-lab animal
Executive Secretary, International Veterinary Academy of Pain Management
Boynton Beach, FL, USA

Gail Pope
Founder, BrightHaven Center for Animal Rescue, Hospice and Holistic Education
Santa Rosa, CA, USA

Carol Rowehl, STM, LVT, LATG
Adjunct Chaplain, Hospital of the University of Pennsylvania
Philadelphia, PA, USA

Coleen A. Ellis, CT, CPLP
Certified in Pet Loss & Grief Companioning
Southlake, TX, USA

About the Companion Website

This book is accompanied by a companion website:

www.wiley.com/go/shanan/hospice

The website includes:

- Client education handouts.

1

Introduction

Jessica Pierce

A paradigm shift is under way in how we understand and relate to companion animals. Since the 1970s, the population of companion animals in the United States has grown faster than the population of people, and pets now outnumber people by a good margin. Although neglect and poor treatment are still endemic to pet keeping, a growing number of pet owners seek to provide their animals with the things they need to be healthy and happy, including good-quality food, proper socialization, ample physical and mental stimulation, and thoughtful veterinary care during all life stages. As people integrate animals into their families, they are paying more attention to the physical needs of their companions; they are also increasingly attentive to emotional and behavioral well-being.

The human–animal bond – or "HAB" – has become a catchphrase in academia, veterinary medicine, and the media. The American Veterinary Medical Association defines the human–animal bond as "A mutually beneficial and dynamic relationship between people and animals that is influenced by behaviors that are essential to the health and well-being of both" (American Veterinary Medical Association, 2015). HAB has become the subject of research in a range of academic disciplines (including a relatively new field called anthrozoology, the study of human–animal interactions), and this work is providing a nuanced account of how mutually beneficial the relationships can be, under the best of circumstances. Greater attention is also being focused on exactly what these circumstances are that help a strong bond to form and flourish. Veterinary medicine has responded to and encouraged these evolving attitudes and many small animal veterinarians now intentionally practice "bond-centered care."

At least some of the changes in how people view and relate to companion animals are a result of evolving ideas about animals themselves. Over the past several decades, a tremendous surge in research into animal cognition and emotions has altered our understanding of who animals are and we now have a much greater appreciation of their intelligence, sensitivity, and sociality. We now understand, for instance, that a whole range of animals, including fish and birds, feel pain in much the same way as humans. We also understand that all mammals – and perhaps other taxa as well – have the same repertoire of basic emotions as humans, and have many of the same patterns of social attachment. This scientific knowledge is gradually translating into a greater sense of responsibility for animals and an appreciation of all that good care for an animal involves. An example of this translation is the growing attention to quality of life assessments in veterinary medicine, and the fact that nearly all discussions of well-being now pay attention

Hospice and Palliative Care for Companion Animals: Principles and Practice, First Edition.
Edited by Amir Shanan, Jessica Pierce and Tamara Shearer.
© 2017 John Wiley & Sons, Inc. Published 2017 by John Wiley & Sons, Inc.
Companion Website: www.wiley.com/go/shanan/hospice

not only to physical comfort but also to the emotional and social needs of animals.

A natural outgrowth of this changing paradigm of animals and human–animal relations is that pet owners and veterinarians are giving greater attention to the final stages of life for companion animals. When animals are highly valued members of a family, it is only natural that people would strive to provide loving care even as an animal becomes elderly or sick. Pet owners and veterinarians are challenging what they see as unnecessarily stark choices: allow an animal to suffer or euthanize; provide aggressive curative treatment or do nothing. Hospice veterinarians are broadening the possibilities for providing care and helping pet owners take a proactive role in making sure animals are eased more gently through their final weeks, months, and years. Furthermore, veterinary teams increasingly recognize that the death of a companion animal can be a source both of meaning and profound suffering for a pet owner, and are looking for ways to make the dying process less painful not only for the animals, but also for their human caregivers. The provision of home-based care allows animals and families a greater measure of privacy and comfort. Finally, hospice veterinary teams are paying attention to the details of death itself, whether it occurs over time and supported by palliation, or whether euthanasia is the ultimate end point, and are helping clients honor their animals through ceremonies, memorials, and aftercare.

In human medicine, end-of-life care has undergone a metamorphosis. After decades of misunderstanding and fear, hospice has finally been embraced by the public and by health professionals as a sensible and compassionate alternative to intensive, cure-oriented, hospital-based care. Palliative care, which focuses on pain and management of symptoms both in the context of curative treatments and hospice care, finally became a board certified subspecialty of internal medicine in 2006. A similar transition is now occurring within the veterinary realm: more and more veterinarians are interested in offering clients a broad range of end-of-life options, and many are specializing in hospice care and in the treatment of pain. Although hospice care and palliative care represent two separate, though overlapping, modes of care within human medicine, they are comfortably paired within veterinary medicine, at least for now, and will likely develop as a single intertwined entity. Although there is currently no certification or advanced training in animal hospice and palliative care, efforts are underway by the International Association of Animal Hospice to provide (boarded veterinary specialty) a training platform. This book represents an important step in this process, by officially introducing the field of Animal Hospice and Palliative Care (AHPC) and providing what we hope will be an indispensable text for hospice and palliative care practitioners.

Four core philosophical concepts lie at the heart of human hospice philosophy, as developed by Cicely Saunders, one of the leading voices of the early hospice movement. These concepts are the core of animal hospice, too. And building from these core concepts the field can work to develop consensus over how these values can best be served.

1) Dying is a meaningful experience. The experiential process of dying involves all aspects of personhood (emotional, physical, spiritual, and social) and can be deeply meaningful, for the dying and for their loved ones.
2) Family-centered care is more appropriate than care focused solely on the individual patient. Dying takes place within a system of interrelationships and network of shared meanings. Care should support relational structures, not disrupt them.
3) Hospice takes an expansive and holistic view of the nature and relief of suffering. Saunders used the phrase “total pain” to reflect that suffering is not just physical, but also psychological and relational. When it is not possible to eliminate the physical causes of pain, the goal becomes to keep suffering

below the level of phenomena experienced by the patient.

4) Care should seek to protect the integrity of the patient and allow the patient to live in ways that honor what they find most valuable and meaningful in their lives (Kirk, 2014: p. 43).

Animal hospice and palliative care is an inherently moral practice, embodying in its philosophy and practice this basic set of values. It is also an area of heightened moral complexity: the potential for prolonged life must often be delicately balanced against the potential for suffering and decisions often have life or death consequences for an animal. As Kirk and Jennings note, ethics is more than just discussing or settling disagreements about right and wrong; it is also about "creating moments of stillness and introspection, allowing teams to identify and explore resonances and dissonances…." and finding "ways of bringing the values, hopes, and fears of team members from the background to the foreground so they can be discussed, explored, addressed" (Kirk and Jennings, 2014: p. 4).

As ethicist Courtney Campbell points out (in the context of human hospice), the language we use embodies – either consciously or not – a set of values. Which phrase is chosen makes a big difference (e.g., physician-assisted suicide, physician-assisted death, aid-in-dying, or death with dignity). "One important task for hospice ethics," says Campbell, "is conceptual clarification and movement toward consensus on terminology" (Campbell, 2014: p. 231). Development of a nuanced vocabulary for animal hospice and palliative care is vitally important and also remains on the to-do list. The term "euthanasia" is a very blunt instrument. It carries negative connotations in human medicine; likewise, in the context of animals the term has a huge variety of applications, not all of them salutary. Furthermore, "euthanasia" doesn't allow moral distinctions between, for example, killing a healthy animal and offering a very sick animal relief from intractable and prolonged suffering. Hospice practitioners might consider using "veterinarian-assisted death" or "veterinary aid-in-dying" (VAD) to describe the process of humanely taking the life of a suffering animal. The phrase "natural death" similarly lacks precision and carries unwanted associations. "Hospice-assisted natural death" is a great improvement.

The philosophical core of AHPC needs to coalesce, but the ways in which AHPC is practiced need to spread and grow, like seeds of change being carried by the winds. Many different models of care need to be developed and refined, and as practitioners innovate they need to share what they learn. There are practical and financial challenges to building a multidisciplinary care team, just as there are unique difficulties in providing mobile, home-based services. Even medically, there is a great deal of work to be done in understanding how to help animals die comfortably. Because it is so rare for companion animals to die a natural death, we don't know as much as we could about the dying process or care of the terminally ill. AHPC promises, over the next decade, to become one of the most vibrant, exciting, and important areas of veterinary medicine.

References

American Veterinary Medical Association (2015) *Human-Animal Bond*. Available at: www.avma.org/kb/resources/reference/human-animal-bond/pages/human-animal-bond-avma.aspx (accessed Sept. 2016).

Campbell, C. (2014) Moral meanings of physician-assisted death for hospice ethics. In: *Hospice Ethics: Policy and Practice in Palliative Care* (eds T.W. Kirk and B. Jennings). Oxford University Press: New York, pp. 223–249.

Kirk, T.W. (2014) Hospice care as a moral practice: exploring the philosophy and ethics of

hospice care. In: *Hospice Ethics: Policy and Practice in Palliative Care* (eds T.W. Kirk and B. Jennings). Oxford University Press: New York, pp. 35–58.

Kirk, T.W. and Jennings, B. (2014) *Hospice Ethics: Policy and Practice in Palliative Care*. Oxford University Press: New York.

Further Reading

Quill, T. and Miller, F.G. (2014) *Palliative Care and Ethics*. Oxford University Press: New York.

2

What is Animal Hospice and Palliative Care?

Amir Shanan and Tamara Shearer

Animal hospice and palliative care are rapidly evolving fields of animal health care. They have their roots in human hospice care philosophy on the one hand, and in the increasing recognition of the human–animal bond on the other. The terms "hospice" and "palliative care" are distinct but interrelated. Palliative care seeks to increase comfort and minimize the suffering of patients at any stage of disease, to give the patient and family a voice in prioritizing the goals of medical care, and to address the patient and family's social, emotional and spiritual needs in addition to treating the patient's physical discomfort. Hospice is a system of delivering palliative care to terminally ill patients. Its mission is to minimize the patient's suffering in living and dying, and to support patients and their families through a peaceful and meaningful dying process. Within veterinary medicine, the two forms of care are intimately linked and for philosophical and practical reasons this newly emerging field is often referred to as "animal hospice and palliative care." For definitions of some of the key terminology see Box 2.1. For a more complete glossary of animal hospice and palliative care terminology see the Glossary section at the end of the International Association for Animal Hospice and Palliative Care Guidelines for Recommended Practices in Animal Hospice and Palliative Care (IAAHPC, 2013).

Animal hospice and palliative care seeks to keep seriously ill animals as comfortable as possible and to minimize their suffering as they approach the end of life. As such, it is perfectly aligned with the veterinary oath. Care is provided to the patient from the time of a terminal diagnosis until the peaceful and meaningful death experience of the animal, by euthanasia or by hospice-assisted natural death. Animal hospice also addresses the emotional, social, and spiritual needs of the human caregivers in preparation for the death of the animal and subsequent grief. Unresolved and complicated grief, including grief over the loss of a beloved animal, is a common human mental health problem associated with significant and prolonged suffering. Animal hospice care minimizes the risk of unresolved grief resulting from pet loss. As such, it makes an important contribution to human public health, again in line with the veterinary oath.

Hospice and palliative care provide a practical alternative to premature euthanasia. They also provide an alternative to prolonged animal suffering, either in the isolation of intensive care, under the crushing burden of futile attempts to cure what cannot be cured, or at home with inadequate treatment. The provision of care by an interdisciplinary team is a central tenet in delivering both palliative care and hospice care. Supervision by veterinarians with expertise in

Hospice and Palliative Care for Companion Animals: Principles and Practice, First Edition.
Edited by Amir Shanan, Jessica Pierce and Tamara Shearer.
© 2017 John Wiley & Sons, Inc. Published 2017 by John Wiley & Sons, Inc.
Companion Website: www.wiley.com/go/shanan/hospice

Box 2.1 Definitions of selected animal hospice and palliative care terms.

Animal hospice: A philosophy and/or a program of care that addresses the physical, emotional, and social needs of animals in the advanced stages of progressive, life-limiting illness or disability. Animal hospice care is provided to the patient from the time of a terminal diagnosis through the death of the animal, inclusive of death by euthanasia or by hospice-assisted natural death. Animal hospice also addresses mental health – the psychological, emotional, social, and spiritual needs of the human caregivers in preparation for the death of the animal, and subsequent grief. Animal hospice care is provided by a multidisciplinary healthcare team under the supervision of a licensed veterinarian.

Animal hospice team: A multidisciplinary team of providers working together to support animal patients and their caregivers through the animals' dying process and after death. In addition to a licensed veterinarian acting as its medical director, the team may include veterinary nurses, technicians and assistants, veterinary and non-veterinary providers of physical, rehabilitation, complementary and alternative therapies, as well as mental health professionals, pet sitters, pharmacists, chaplains and spiritual guidance counselors, community volunteers, and others as required for individual cases.

Animal palliative care: Like human palliative care, animal palliative care guides caregivers (the animals' human family members or owners) in making plans for living well based on the animals' needs and concerns and on the caregivers' goals for care. It also provides caregivers emotional and spiritual support and guidance. Palliative care is of special significance in the context of terminal illness and end-of-life care, when cure has been determined to be unachievable and relief of suffering takes center stage in caring for the patient. It is a constant and foundational component of the animal hospice philosophy.

Caregiver: The caregiver is the animal's owner, and any others involved directly in the animal's daily care and in decision making surrounding the animal and his or her healthcare. The term "caregiving family" may be used to designate multiple people assuming responsibilities of ownership and care.

Hospice-supported natural death: Hospice-supported natural death is natural death that is supported with palliative care measures, including the treatment of pain and other signs of discomfort.

Natural death: Natural death proceeds in its own time without euthanasia, accident, or an act of violence.

Palliative sedation: Palliative sedation refers to the use of sedating drugs to address refractory symptoms in terminally ill patients, with the aim of relieving suffering. These drugs may also hasten death. Proportionate palliative sedation (PPS), according to Quill *et al*. "uses the minimum amount of sedation necessary to relieve refractory physical symptoms at the end of life" (Quill *et al*., 2009). "Terminal sedation" and "palliative sedation to unconsciousness" (PSU) also appear in the human hospice literature but have not made their way into animal hospice vocabulary.

palliative and end-of-life care is paramount to ensure that the most effective, humane, and ethical medical treatments are provided to animals receiving hospice care. Goals of care are defined by the animal's caregivers in collaboration with the attending veterinarian. Participation of expert non-veterinary animal hospice team members is also vital to adequately serve the complex needs of animal hospice patients and their caregivers.

This chapter will give a brief description of the development of animal hospice as a defined field of animal care and a future specialty in veterinary medicine and will briefly compare and contrast human and animal hospice and palliative care.