

Hospice Care

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Hospice is borrowed from the human side of medicine. It is the acceptance of death as a natural process not a medical process. The quality of life is more important than the quality and is directed by the patient and the family. The goals of hospice are to promote safe and comfortable dying, where the patient is empowered to determine their own closure. During and after the process grief is supported.

Dame Cicely Saunders was a prominent nurse, physician and writer. She helped the dying and terminally ill end their lives in the most comfortable way possible. She is most known for her role in the birth of the hospice movement, emphasizing the importance of palliative care in modern medicine. She founded the world's first purpose-built hospice, St. Christopher's Hospice. It combined teaching, clinical research, pain and symptom relief combined with holistic care to meet the physical, psychological, social, psychological and spiritual needs of its patients.

Palliative care is similar, focusing on relieving and preventing the suffering of patients. It is appropriate for patients in all disease stages, including ones undergoing treatment for curable illnesses, ones living with chronic diseases and patients nearing the end of life. It too is a multidisciplinary approach to alleviating suffering, incorporating physicians, pharmacists, nurses, chaplains, social workers, psychologists and other health care professionals. The goals again are similar, including relief from suffering, treatment of pain and other distressing syndromes, psychological and spiritual care, enabling a support system to help the individual live as actively as possible, and enabling a support system to sustain and rehabilitate the individual's family.

Pet hospice started in the late 1980's as a bridge between aggressive therapy and euthanasia. Pet Loss Hotlines were started, the first one at UC Davis. Animal sanctuaries were started to avoid euthanasia. In 1997 the Nikki Hospice Foundation for Pets (www.pethospice.org) was started by a couple that did not want their cat to suffer. It was the first to promote pet home hospice. The owners wanted Nikki, their 13 year old tabby to have comfortable care in her own surroundings. This non-profit organization provides product information, cemetery information, pet loss support and counseling groups.

In 2001 the AVMA formally approved veterinary hospice care guidelines. It specified it as care that allows terminally ill animals to live comfortably at home or in a facility. Furthermore they describe a team approach including a veterinarian and staff members to deliver palliative care and pain control with a respectful closure. The AVMA outlines the following: consider the family and its household dynamics. Discuss the expected outcome and fees. The goal should be to keep the patients pain free with sufficient instruction on pain evaluation and medication administration. They should be kept in a sanitary state. Veterinarians are subject to state practice acts and must keep regular and frequent contact during this emotional and stressful time using regular visits to assess the patient. Veterinarians must keep current DEA and state licenses. They must keep a record of drugs and supplies given. The team must remain insured. The clients should be advised regarding options for remains and that euthanasia is available. The team should remain available. All visits, observations, phone calls and emails need to be recorded and kept. Animals should be referred when necessary.

There are several associations to help the hospice team. The International Association of Animal Hospice and Palliative Care (IAAHPC) was established in 2009. Through a team approach they facilitate the care of terminally ill animals. They support animals' families making decisions surrounding patient's death. The International Veterinary Academy of Pain Management (IVAPM) was established in 2003. Its goal is to promote, enhance, and advance pain management in animals. They provide continuing education and certification in animal pain management. The American Association of Human-Animal Bond Veterinarians (AAHABV) advances the role of the veterinary medical community in nurturing positive human-animal interactions in society. The Society for Veterinary Medical Ethics (SVME) was founded in 1994 by veterinarians, biomedical researchers and academics to promote discussion and debate about ethical issues related to veterinary medicine. Their objectives are to encourage ethical practices and increase the understanding of philosophical, social, moral and ethical values encountered by veterinary profession.

Grief counseling is a very important part of the hospice effort. It provides psychotherapy aimed to help people cope with grief and mourning before and after the death. These are very powerful emotions. It helps to evaluate support systems as well.

Alice Villalobos was the past president of two of these organizations, the AAHABV and the SVME). She is a pioneer in cancer care being a founding member of Veterinary Cancer Society. She coined the term pawspice that is the compassionate, end of life, palliative care for advanced stage and terminal pets. She developed the Quality of Life Scale HHHHHMM to evaluate pawspice care. The different aspects are graded on a scale of one to ten. The points of the scale are hurt, hunger, hydration, hygiene, happiness, mobility and having more good days than bad. The total possible score is 70. A total over 35 points represents an acceptable quality of life to continue with pet hospice.

Euthanasia is the end. It literally means good death. The decision makers are the pet owner and the veterinarian. When the quality of life declines it is a gift to be able to provide euthanasia. Although difficult it brings relief. The decision is based on basis of medical knowledge. It is the veterinary duty to communicate with the family to advocate on behalf of the patient. It should be discussed before a crisis.