Beyond Euthanasia: Palliative Care

Robin Downing, DVM, CVPP, CCRP, DAAPM
The Downing Center for Animal Pain Management, LLC
Windsor, CO

Palliative care is a philosophy of care rather than a specific protocol of care. There is lots of inherent flexibility in its delivery. Palliative care requires planning, forethought, and coordination among the family and the veterinary healthcare team. It requires creative thinking about what the pet needs and what the family needs. Palliative care is medical care rendered to treat and manage symptoms rather than focusing on a cure for a disease. It does not require expensive/exotic equipment to deliver, but it does require an understanding that treating symptoms is different from treating disease to cure.

Much of what veterinary health care teams do is actually palliative care - - e.g. diabetes mellitus, CRD, CHF.

Decide what palliative care services will be offered to clients/patients. This will help define what medications and supplies will be needed. Become aware of practices in the area that may offer services you don't (e.g. acupuncture, chiropractic, rehabilitation, radiation therapy, palliative surgery, etc.). Create a quiet/peaceful space to see these patients with non-skid flooring, pheromone diffusers, no phone (or "mute"), quiet music without words, padded beds/surfaces for patient comfort during clinic/hospital visits, and comfortable seating for clients.

Consider hospice training for your staff

- Free
- Available in nearly every community
- Professional training to enhance professional service delivery
- Helps prepare staff for the nuances of dealing with patients approaching the end of life
- Strengthens practice's esteem

Who enters palliative care?

Pets with a diagnosis of life-limiting disease or when the family has made the decision not to pursue curative treatment are prime candidates for palliative care. Pets whose curative treatment has failed, those whose symptoms of a chronic illness interfere with the pet's daily routine or quality of life, and those with progressive illness with complications are also great candidates for palliative care.

When does palliative care begin?

Ideally, palliative care begins as soon as possible following a life-limiting diagnosis! Technically, many patients are already receiving palliative care because they have illnesses that will ultimately limit their life expectancy. We need to re-frame the client's paradigm and perspective in order to focus on balance and QoL.

A straightforward/systematic approach to palliative care patients includes the following

- Evaluate pet owner's needs, beliefs, and goals for pet
- Education about disease progression
- Develop personalized care plan for pet
- Apply palliative & hospice care techniques
- Plan for and provide emotional, knowledge, and practical support for pet owner and family leading up to and after dying

It is important to dialogue with the family of a palliative care patient to illuminate various issues. What are the pet's activities of daily living ADLs)? How can these activities be preserved? Any mobility challenges? How can mobility challenges be addressed or overcome? Is tumor-reduction surgery a reasonable option? How will the progression of chronic disease be tracked? Are supportive care treatments "do-able" at home? What about SQ fluids, erythropoietin, Adequan®, pain medications, etc. Prioritize possible issues/symptoms and create a strategy for responding - - e.g. a bout of diarrhea/gastroenteritis that would benefit from a short hospitalization with IV fluid support to re-establish homeostasis. Create a list of referral professionals who may be needed during palliative care.

Be frank about costs of care, but allow client to decide what is "do-able" for them. Set priorities for care based on the patient's needs and client resources. Identify client beliefs about euthanasia. Do they have beliefs that interfere with the choice for humane euthanasia? Introduce the concept of palliative sedation. Perform/schedule ongoing QoL discussions, evaluations, and re-evaluations. Be ready to advocate for the pet if a family conflict emerges. Keep the focus on the pet. Regularly revisit client/family priorities and desires for the pet. Provide objective evaluations when possible.

Discuss expected illness trajectories for specific conditions. Discuss nutritional support. Discuss recognition and management of specific symptoms. Discuss impending/approaching dying process and death. Illness trajectory is a generalized pattern that diseases follow, and four identified patterns include:

- A short period of decline close to death
  - The actual timeline may be days, weeks, or months
- Chronic illness followed by a sudden death once compensatory capacity is exhausted
  - The burden of care increases over time
  - Symptoms become more numerous and intense
  - Disease symptoms may wax and wane over time
- Progressive, steady deterioration over time
  - Prolonged care path
  - Secondary complications common (e.g. decubital ulcers, chronic UTI)
  - Examples: DM, CDS
- A sudden severe neurologic or circulatory injury/insult
  - Extreme impairment
  - Affects mobility & function
  - Examples: IVDD, stroke, saddle thrombus
  - Response would involve heroic care

Pain management is the cornerstone of every palliative care plan. Pet owners fear suffering more than anything else. Create an aggressive pain management strategy, include plan for escalations to respond to pain progression. Create a regular reassessment schedule. Schedule next visit before client leaves. Have "plan B" for pain flares at home. Build a "Pain Management Pyramid". Treat all the treatable, and have a "targeted therapy" plan. Multi-modal is the model that best applies to palliative care and hospice patients. Leverage poly-pharmacy AND non-pharmacologic options, and involve the client as much as possible in the delivery of care. Pain is a moving target, so stay flexible.

NSAIDs

Examples include carprofen, deracoxib, firocoxib, and meloxicam. NSAIDs decrease inflammation and provide analgesia. For minor pain they may be the sole analgesic needed. For moderate to severe pain they are useful adjuncts in a multi-modal analgesic plan combined with amantadine, gabapentin, or opioids. They are readily available and not controlled. Their oral forms make them easy to administer. NSAIDs have a long duration of action, are relatively inexpensive, and they have no CNS side-effects meaning they do not change sensory perception other than pain. They are particularly effective in the face of inflammation. There are GI, hepatic, and renal concerns, as well as much species variability. Do not use concurrent NSAIDs, corticosteroids, or perform random NSAID switching.

Gabapentin

Gabapentin acts at α-2-δ ligand of the calcium channel of neuronal membranes in the dorsal horn and is the cornerstone for maladaptive pain in humans. It is exceptional for chronic pain in dogs and cats. It is best used consistently - - NOT "PRN".

- Dose: 5 – 20 mg/kg BID – TID to start

Non-linear pharmacokinetics, and sedation is the dose-limiting effect. When we properly match the dose to the pain and the patient, then there is no sedation. This is VERY different dose-escalation than with any other drug we regularly use!

Amantadine

Acts on the NMDA receptor in the CNS and is useful for chronic/maladaptive pain in canine and feline patients (ACVIM Journal – Amantadine & OA – Lascelles, et al).

- Dose: 3 – 5 mg/kg PO SID

It is compoundable for very small patients.

Tramadol

Synthetic analgesic w/ weak mu activity & norepinephrine & serotonin reuptake. Tramadol is not controlled (yet), and it augments other therapies. It is NOT good as a "stand-alone" for pain. Beware "serotonin syndrome". Tramadol has an exceptionally SHORT ½ life, so it MUST be used in dogs every 6 – 8 hours or not at all. Tramadol is VERY BITTER!!! It is not great for long-term use - - compliance may be problematic due to the need for frequent dosing. It may be best positioned as "rescue" drug for pain flares.

- Dose: 2 – 10 mg/kg PO TID - QID

Amitriptyline

For pain, amitriptyline is dosed at a lower dose than for behavior modification, and is an adjunct. Beware "serotonin syndrome".

- Dose:
  - Dogs - - 1 – 2 mg/kg PO BID
  - Cats - - 2 – 12.5 mg/kg PO q 24hrs in PM

Opioids

Opioids are the mainstays of analgesia with multiple applications & multiple routes of administration. Oral morphine is only about 15 - 20% bioavailable.

- Regular oral morphine:
  - Dose 4x/day
- Sustained release oral morphine:
  - Dose 2-3x/day
- Starting doses:
  - Dog: 1 mg/kg
  - Cat: 0.5 mg/kg

With morphine, be aware of REMS (Risk Evaluation & Management Strategy). Be careful/aware of the potential for diversion. Work consistently with one or two pharmacists. Alert clients – NO breaking or crushing sustained release tabs or they will kill their pet!

Transmucosal buprenorphine

This is a reasonable choice for long-term use as an adjunct in cats and small dogs. The key is buccal administration. This drug may become more relevant for dogs once we have a higher concentration solution available.

- Dose: 0.01 to 0.02 mg/kg, q 6-12 hrs

This can be dispense in a multi-dose vial with an adaptor and TB syringes.

Oral butorphanol

This drug is NOT an effective analgesic! We quickly reach its ceiling effect, it is expensive, and has a VERY short ½ life.

Physical medicine to augment pharmaceutical options

These include general nursing care, physical rehabilitation techniques, chiropractic techniques, acupuncture, and medical massage. It is important to consider environmental management and ecosystem management - - surface management, living indoors vs. outdoors, stairs, etc. Attend to bowel and bladder function, pulmonary function, and skin integrity. Turn immobile patients regularly. Keep bandages clean and dry. Lubricate eyes if needed.

Quality of life

Many thanks to Dr. Alice Villalobos for this - - "HHHHHMM"

Stands for: Hurt, Hunger, Hydration, Hygiene, Happiness, Mobility and More good days than bad. Each category is scored from 1 – 10. A score above 5 on most, or a total score of 35+ is acceptable in maintaining an end-of-life program. Each pet's situation needs an individual, kind and supportive approach. Use this scale WITH the client - - trends generally more important/useful than a single score. Please see detailed notes from the earlier session.

References

Veterinary Clinics of North America: Small Animal Practice, Palliative Medicine and Hospice Care, May 2011, Volume 41, Number 3