Palliative Care & Hospice at the End of Life

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Palliative care and hospice for pets is a relatively young discipline in veterinary medicine. The foundational principles are extracted from human hospice and palliative care. There are critical differences between human and pet hospice and palliative care - - specifically, the option/obligation for humane euthanasia that we have for our patients. Palliative care, hospice, end of life care, and death (either via euthanasia or death without intervention) is a spectrum that may take hours to complete the arc from beginning to end. It may take weeks to months to complete the journey to death.

Historical perspective

Human "hospices" were originally charitable places for travelers to find rest and shelter. These travelers were often heading to shrines and holy places. Hospices for the terminally ill emerged during the 11th century and were overseen by religious orders. The focus shifted to dying in 19th century with Dame Cicely Saunders, an activist nurse who founded St. Christopher's Hospice in south London. Now more than 100 countries offer hospice care to their citizens.

Hospice is supportive care in final phases of terminal disease. Hospice recognizes death is a part of life and avoids aggressive interventions. The prime directives of hospice are:

- Pain management
- Comfort care
- Quality of life

Hospice is a philosophy of caring and NOT necessarily a place. Hospice can be delivered anywhere. Palliative care is an aspect of hospice care, and recently there has been a greater emphasis in human medicine on palliative care at the end of life.

Hospice for pets was first formally discussed/articulated in the 1980's, and Dr. Eric Clough is acknowledged to be a pioneer. Dr. Alice Villalobos (created the QoL Scale for pets) calls this "pawspice". There have been multiple formal pet hospice programs and facilities developed since 2000. Hospice for pets is NOT a substitute for humane euthanasia! "Natural" death is often an agonizing and painful struggle that our pets neither need nor deserve! Ongoing QoL evaluation is a fundamental key to successful delivery of hospice, palliative, and end-of-life to care. Planning, forethought, and honest communication are needed, and the overarching pet hospice priorities include:

- Providing a dying pet with most reasonable and acceptable QoL as end of life approaches
- Supporting and sustaining the family-pet relationship until the very end
- Remaining in relationship with the family throughout and beyond pet's death

Life-limiting disease = end-of-life, and the concept of "hospice" kicks in as life draws to a close. Before the true end-of-life, it is "palliative care" that we consider. To palliate means to focus on and mitigate symptoms of disease without intention to cure the particular condition. Technically, many different diseases are "palliated" rather than cured:

- Diabetes mellitus
- Diabetes insipidus
- CRD
- CHD/CHF
- Addison's Disease
- Cushing's Disease
- Systemic cancers

As soon as life-limiting disease is diagnosed, it is time to open the dialogue about the arc on the way to the end of life. What is the prognosis? The treatment options? The potential adverse events associated with various treatment/management options ? Most pets will experience multiple morbidities as they age. The key to high-quality palliative care and end of life experience is achieving balance among various conditions. Diagnose ALL relevant conditions, set priorities among them, and then create a management plan that addresses all conditions - - target synergy.

Pain management is always the number one priority, and the goal is neither to hasten nor prolong the dying process. Recognize and respect the significance of quality, meaningful time between the pet and the family. Honor the pet's will to live (and respect when that will is no longer present). Very advanced treatment options are now commonplace. This is both a boon for older pets and a

complication for pet owners. Delivery of pet hospice (and palliative care) is as individual as the family involved, and there is no one "right" answer

Is there a difference among palliative care, hospice care, and end-of-life care? Not really… Think of this as a continuum of care. The care options will change over time because the patient's needs will escalate over time. The best palliative/EoL care is flexible at its core. When applying palliative care techniques, create a personalized plan for the patient based on current illnesses. Consider co-morbidities and anticipate emerging symptoms. Consider client circumstances and resources. Arrange for 24 hour care and anticipate what will happen in an after-hours emergency. Create document for client that explains the palliative care/hospice focus. You want to avoid unnecessarily heroic interventions. Articulate, outline, and prioritize treatment/management options. It is critical to provide alternatives/options whenever possible and practical as the dying process is disempowering to the client and choices are empowering.

Discuss all appropriate management/treatment options independent of finances and allow the client the freedom to choose what they can afford. Consider pet's willingness to cooperate with oral medication & provide alternatives when needed (e.g. injectable meds). Anticipate and minimize medication side effects whenever possible. Pay attention to nutrition - - E-tubes are NOT heroic for most patients who need them! E-tube benefits include:

- Easy nutritional support
- Medication made easy
- Easy access to the GI tract

Help owners modify the home environment appropriately. This means careful questioning and careful listening to answers. Provide non-skid floor surfaces - - area rugs are often more trouble than they are worth. Interlocking floor squares work great. Consider the following:

- Restricted access to stairs
- Access to slick floors
- Ramps
- Mobility devices
- Access to family activities - - social location (minimize isolation)
- Easy access to water and food
- Low-sided litter pans
- Potty pad sprinkled with litter
- "Stay-dry" bedding/fabric
- Orthopedic or memory foam
- Temperature regulation

Allow the pet to choose its favorite "hang-out" locations. Remember indoor as well as outdoor options. Consider containment at night or when no one is home. This is about keeping pet safe.

Provide technique demonstrations:

- Video
- In person
- With the actual patient whenever possible
- Match the team member to the client
- Provide written info with pictures
- Have client repeat technique in front of team member
- If needed, have medications compounded for ease of delivery
- Do your homework! Some medications cannot be compounded! (amlodipine)

Provide a list of medications, how they are supplied, how they are given, frequency of dosing, and how medications should be stored. Provide a list of potential side effects for each medication. Use/provide "pill minders" when possible. Create for clients medication checklists to prevent medication errors. Conduct a medication review at every single visit.

End-of-life care does not end at the "end of life"… Emotional support for the client/family is critical and must begin at the time of the diagnosis of the life-limiting disease. We need to address the grief of the remaining pets. Be able to recognize need for referral to a grief/bereavement specialist. Palliative care is not about giving up nor is it care of "last resort". Palliative care is a kinder, gentler, modified approach to standard care. Be mindful of palliative care techniques that may undermine the HAB. It may be appropriate to consider having veterinary team members make housecalls for some treatments. For pets that resent or resist travel to the veterinary practice, consider home visits by trained staff. The veterinarian can evaluate the pet by way of video streaming, Skype, etc. Your practice may want to consider a partnership with a housecall veterinarian. The key to success is the consistency of ongoing care coordination.

Therapeutic nutrition is “food as medicine”. It may prolong and improve quality day to day life. A positive nitrogen balance enhances medication efficacy. It is better for the pet to eat something than nothing.

Some palliation is more aggressive in the short-term:

- Tumor-reduction surgery
- Palliative radiation
- Use of bisphosphonates in OSA
- Placement of feeding tube
- A short-term intervention can lead to very long-term benefits

Prepare for the worst, and expect the best. Some palliative care/hospice patients will only live a short time after their life-limiting diagnosis, but other patients may “graduate” from true hospice. Be knowledgeable and enthusiastic about alternatives to death whenever appropriate. Help clients to make fact-based decisions rather than fear-based decisions. Help clients make guilt-free decisions about care as well as about euthanasia timing.

References

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