

When is End-of-life Care for Animals Truly Hospice?

The (almost) invisible difference determining life or death

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Trying to make sense out of the diverse positions on a topic as emotional as end-of-life care for our animal loved ones can be confusing. And yet, finding the courage to think about that tender time well before a loved one is facing a terminal diagnosis can be very beneficial.

In this article we hope to encourage readers to prepare for the numerous decisions they will face if and when they are confronted with a diagnosis that means limited time left with their beloved animal. We will define and clarify the terms often used in end-of-life care. We hope also to encourage veterinarians to use the term “hospice” or “veterinary hospice” in its truest sense.

Readers will find that there are great discrepancies in the interpretation of what hospice care for animals truly entails. “Palliative care,” “end-of-life care,” and “hospice care” are commonly used interchangeably in the practice of veterinary medicine but they mean very different things.

The world is too dangerous for anything but truth and too small for anything but love.

– William Sloane Coffin, Jr.

Understanding these terms will help readers think about what might be best for their animal if and when they are faced with a terminal diagnosis.

Palliative care is given when there is no cure for a health condition. It aims for the best quality of life for both the patients and their families. Patients receiving this type of care have special needs but do not have to be terminally ill.

End-of-life care is an umbrella term for any type of care given to the terminally ill, whether in hospital settings, in residential senior care facilities, or by hospice in homes. End-of-life Care often, but not always, entails palliative care. “Death with Dignity Act” type regulations permit terminal human patients to take lethal medications as one option in end-of-life care in some states. Statistically it presents a quite rare occasion that patients elect that option for

themselves. If veterinary care is given to an animal known to be terminally ill until it gets euthanized, this too is end-of-life care entailing palliative care.

Hospice care is a *very specific* type of end-of-life care that supports the patient and family and always entails palliative care to allow terminally ill patients to live out their lives as fully and comfortably as possible. Hospice follows a number of basic principles that distinguish it from other care given to animals at the end of life:

Hospice recognizes that death is a natural part of the cycle of life, not a failed medical event, and does not have to be feared or avoided; the focus is “intensive caring instead of intensive care,” without prolonging or hastening death.

Hospice and the veterinary profession

We, the authors, are living proof, both personally and with clients electing hospice, that the majority of our animal companions can die peacefully in their own time. Clients who have chosen hospice report great relief over not having had to “play god,” or to wonder “what if” (they had not euthanized). They also report a less intense grieving process than they anticipated or than they experienced previously when they chose to euthanize an animal.

But questions remain: Does giving hospice to an animal involve considerable effort and dedication? Oftentimes yes. Can we guarantee that an animal can go peacefully in its own time when choosing hospice? No. But if excellent palliative care fails to maintain or restore an animal’s comfort, euthanasia is still an option.

Unfortunately, even some

veterinarians considered experts on the topic of animal hospice have fallen prey to the confusion of terms. These veterinarians claim that they offer hospice despite euthanasia being the outcome for the majority of their “hospice” patients. This adds to the misinformation flooding the interested public and animal health professionals.

The fact that hospice for animals has not been clearly defined should not permit us to freely adapt a term already defined in human care. Let’s hope that these are just temporary growing pains in a new and much-needed special veterinary service. We hope that the veterinary profession will refrain from defining hospice or outlining guidelines of hospice services until the term is correctly understood.

Continued misuse of the term hampers progress in this new field and it feeds into the myth that true hospice cannot be done for animals. It implies that the normal dying process is something best avoided. We know from personal experience that the price of confusing hospice with any other type of end-of-life care is very high.

Why is it so important to distinguish hospice from other kinds of end-of-life care?

There have always been people who want to care for their animal family members all the way to their passing in their own good time. By carefully distinguishing animal hospice from other types of end-of-life care, these animal owners:

- *Will be able to choose a veterinarian fitting their needs.*
- *Will receive the information and*



Swany at 16, the day before her passing on her own in hospice.

the support they need to prepare themselves for their animal’s dying process.

- *Will NOT be told that euthanasia is the greatest gift they can give their animal at the end-of-life and that other choices are inhumane, based on ideology, not objective, or biased.*

Clients who feel judged by their veterinarian for not euthanizing may drop away and do the best they can on their own. In those cases everyone loses – the animal, the caregivers, and the veterinarians. We think it is a blind spot of the profession to believe we can prevent animal suffering by taking a “strong stand” for euthanasia.

One size does not fit all

We understand that each of us wants to do what we think is best for our beloved animal at the end of its life. And we know that everyone is not in a position to elect hospice.

There are many reasons why animal caregivers elect euthanasia. Many cannot get the required time off work to give the intense care involved in hospice, or find needed support. Others are retired, but their own health won’t allow them to care for an animal once it can no longer get up and around on its own. Some simply feel emotionally overwhelmed, or financially strapped (though hospice does not necessarily cost more than other options). Maybe a baby is coming or a life partner is ill. There are as many reasons to choose euthanasia over hospice care as there are life circumstances.

There are also many reasons why veterinarians may not want to engage in hospice. They may have become accustomed to the way they have handled end-of-life issues in the past or, even if they would like to offer hospice, finding the right team members, providing round-the-clock medical advice, making home visits in a crisis, and responding to the diverse family needs may be prohibitive.

Also, giving hospice is a calling. Just as we would not expect every human doctor and nurse to be a hospice doctor or nurse, veterinarians need to be able to choose what they want to offer their patients.

Life and death math

Quality-of-life scales as currently offered by veterinarians attempt to make an inherently individual process “objective” and serve as a guide for when to euthanize. They are a classic example of end-of-life care *other* than hospice. These scales disregard the basic hospice principle of not hastening death. They categorize normal symptoms of the dying process that generally *don't* involve discomfort to the dying patient as unbearable suffering.

The table on page 19 shows just how different perspectives and care goals are between end-of-life care in general and hospice in specific.

How do you know whether or not you resonate with hospice care for your own animal? One way to think about it is to see whether this quote by Cicely Saunders, the founder of human hospice, would describe how you feel about your animal's end of life. Dame Saunders encapsulates the essence of hospice as she speaks to the one dying:

“You count because you are. And you will be of significance until the last moment of your life. And we will do everything we can so that not only you can die in peace, but also live all the way to the end.”

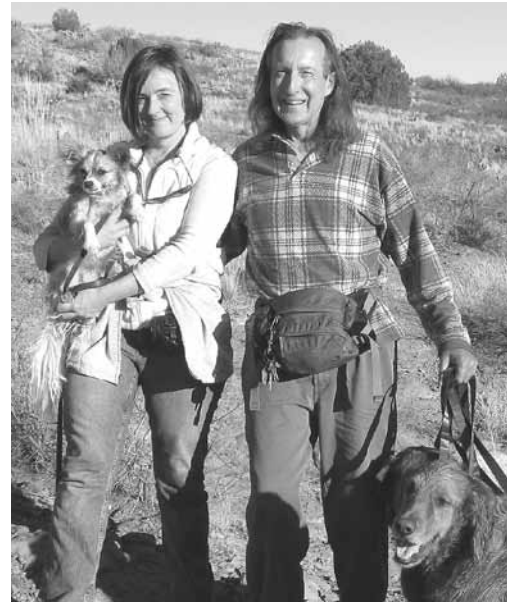
If you are considering hospice for your animal loved one, discuss it with your veterinarian ahead of time.

- Ask about their experiences with their own animals and those of clients passing under hospice without euthanasia. Animal hospice clients often are very willing to share with others and support them.
- Make sure you will be given enough injectable strong and fast-acting pain medications to make it through one night should a crisis arise, and that you can reach medical support by phone 24 hours a day, seven days a week.

What else can you do?

Engage. If you feel that animal owners should have a choice in how to care for their animal until it passes, speak up in conversations with other animal lovers including veterinarians. Write letters to the editor when you spot yet another article, book, or website using the term hospice inappropriately. Let it be known that hospice for humans yields very high percentages of great patient outcomes, and that there is an interest in having veterinarians become educated in this field to achieve the same for animals.

Anyone can attend so save the date!



Ella holding Wee Willie & Jim with Samson (who is covering up Labrador Chocolate Moose)

Hospice care and the practice of euthanasia can co-exist in mutual acceptance and love. The authoring couple is living proof. Ella Bittel is a German veterinarian with more than a decade of experience in the field of hospice care for animals as an equivalent to human hospice care. Her husband, Jim Armer, has been an emergency and critical care veterinarian for more than 45 years. Although such practice inevitably also entails euthanasia, Dr. Jim never forgot there is another way: Most of the animals he adopted, after living long lives, died in their own time. Yes, and this was before he and Ella met.

For information on animal hospice and Ella's weekend seminars and online classes, please go to www.spiritsintransition.org



Comparing Hospice with Other Types of End-of-Life Care for Animals

Commonalities and Differences

Commonalities:

- Recognition of close relationship between human and animal
- Desire not to have an animal suffer
- Engagement in optimizing pain control and other palliative care measures
- Intention to support clients in what they want for their animal
- Understanding of financial, time, emotional, and other limitations to care
- Understanding the need for bereavement support
- Value having euthanasia as an option.

Symptom:	Difference in Care:	Animal Hospice	End-of-life Care (other types)
Perceived inability of family to give sufficient care	Families interested in hospice but unable to provide it are supported in:	<ul style="list-style-type: none"> • Locating additional support to make home care possible • Placing their animal with person or family willing and able to provide care • If neither of the above is elected or possible, hospice is not an option → see end-of-life care (other types) 	Generally leading to Euthanasia
Suffering of patient, including pain and breathing difficulties	Minimized or eliminated through palliative care generally until patient:		
	Passes on its own		Gets euthanized
Loss of Mobility	Understands that dying does not equal suffering Acknowledges that patient may still want to live even if suffering		Interprets normal symptoms of the dying process as unacceptable suffering (see below)
	<i>In non-terminal patient:</i>		
Loss of Appetite at End-of-Life	Requires special-needs palliative care (not hospice unless close to dying)		By some seen as beginning of hospice if elected over euthanasia
	<i>During end of life:</i>		
Loss of Thirst	Common in terminally ill patients Normal during active dying process <i>Requires caregiver education *</i>	Requires hospice care	<i>See Quality-of-life scales: Unacceptable **</i> → Euthanasia
		Accepted. Food is offered but not forced. Dying humans report they simply don't feel hungry anymore – emotional suffering occurs when family cannot accept that this is NOT the same as starving	Seen as starvation <i>Unacceptable **</i> → Euthanasia
		Accepted. Fluids are given only if and for as long as they add to the comfort of the patient.	
		Giving fluids to an actively dying patient is known to frequently cause discomfort and is therefore generally not pursued during the end stages (hydrating when the body's absorption capacity dwindles can cause breathing difficulties, edema, nausea, vomiting, etc.).	Triggers giving fluids or <i>Unacceptable **</i> → Euthanasia
		Accepted. Family is prepared by hospice team also for this part of the active dying process	<i>Unacceptable **</i> → Euthanasia
Dehydration			
Animal no longer reacting/interacting			
Euthanasia	Last resort when all available comfort measures fail to maintain sufficient patient comfort Exception, not the rule – performed at time of need		The way most animal patients' lives end – Usually scheduled

* **"Requires caregiver education"**: Any of the symptoms described above as "common in terminally ill patients" are normal for both dying human and animal patients alike. While we know from dying humans' communications that these physical symptoms are generally NOT causing discomfort, they are nonetheless commonly troublesome for family caregivers and friends unfamiliar with care for the dying who witness their loved one's physical decline and grieve over the anticipated loss. Their emotional reaction in turn becomes easily distressing for the patient. Therefore, it since the inception of modern human hospice has been an important part of the hospice teams' work to help families and friends understand the various stages of the typical dying process and how they are experienced by the patient.

** **"Unacceptable"**: It is current standard procedure to euthanize animals before they would be hospice candidates, or latest when they enter their dying process. This is also promoted by various versions of "Quality of Life Scales" which lead users to score normal symptoms of the dying process in a way that results in a recommendation to euthanize. This may largely be based on lack of knowledge and education about how human-level hospice care can create the environment for a peaceful patient-determined death, though a variety of factors can come into play.

The information above depicts the diverse views on the topic of end-of-life care, that have existed in our society in the past and will continue to exist in the future. Without assigning a value ranking on either perspective, it is clear that the existing diverse clients' needs can only be addressed by diverse service offers. That requires distinguishing the proper use of the terms "hospice" vs. "Palliative end-of-life care" for proper client education as a base for informed consent.

