Guidelines for Recommended Practices in Animal Hospice and Palliative Care

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Animal Hospice and Palliative Care Guidelines (revised 2017)

Table of Contents:

The International Association for Animal Hospice and Palliative Care's

Animal Hospice and Palliative Care Guidelines

I. Introduction

Our ability to recognize and effectively manage pain in sick and dying animals is a remarkable example of the progress made in end-of-life and palliative care. Recognition of the significant benefits of animal hospice and palliative care to human caregivers is also growing. When done well, animal hospice and palliative care can help caregivers of ill or dying animals ease into an acceptance of death, can provide time for caregivers to adjust emotionally to the loss of their animal, and can reduce the stresses arising from end-of-life decision-making and care.

Palliative care and hospice care are two separate concepts, though they are used interchangeably because of their significant overlap. Palliation is defined as relieving or soothing the symptoms of a disease or disorder at any stage of an illness. Animal palliative care guides an animal's caregiver (the human family members or owners) in making plans for living well based on the animal's needs and concerns and on the caregiver's goals for care. It also provides emotional and spiritual support and guidance. Palliative care is of special significance in the context of terminal illness and end-of-life care. However, research has shown that palliative care expedites recovery from illness, making it an important component of care during efforts to cure a patient's illness as well.

Hospice care originates from concerns about the poor quality of care for terminally ill and dying patients by human healthcare systems during the mid to late twentieth century. It has evolved over the past few decades to provide palliative care not only for the imminently dying, but also for patients for whom a cure is no longer possible and whose condition has become advanced, progressive, and incurable. Hospice care is about giving patients and caregivers control, dignity, and comfort during the time they have remaining to live. Importantly, hospice care offers spiritual support to patients and accommodates their beliefs about death and about afterlife as much as possible. It also provides spiritual and grief support for caregivers (Herbert 2007; Daaleman 2000).

Animal hospice care has its origins in human hospice care philosophy, and though there are many similarities and much to be learned from our human medical counterparts, significant differences can be appreciated. The human hospice movement frequently refers to the phrase "neither hasten nor postpone death" as a guiding principle. As the death of a person becomes imminent, comfort care to relieve pain, anxiety, and other symptoms is provided, while life-prolonging measures such as CPR or artificial

respiration are avoided when they no longer contribute to the patient's quality of life. The same applies when the death of an animal becomes imminent. However, when caring for seriously ill animals, euthanasia is a legal and widely accepted option for relieving suffering.

In order to acknowledge this distinction between human and animal end-of-life care, we have chosen to use the term *Animal Hospice* to describe the continuum of palliative care provided to companion animals nearing the end of life, including hospice-supported natural death as well as euthanasia. The term *Veterinary Hospice* has been used in the past by some authors, but in our opinion it is more appropriate to place the emphasis on the patients rather than on the providers in defining our field. In addition, the term *Animal Hospice* better reflects the importance of the transdisciplinary team required to fully provide hospice care for animals.

The provision of care by an interdisciplinary team is a central tenet in palliative care and hospice philosophy and organization. Supervision by veterinarians with expertise in palliative and end-of-life care is paramount to ensure that the most effective, compassionate, and ethical medical treatments are provided to animals receiving hospice care. Goals of care should be defined and developed by the animal's caregivers in collaboration with the attending veterinarian. Participation of expert non-veterinary animal hospice team members can help address the complex needs of animal hospice patients and their caregivers.

<u>Potential animal hospice team members</u>

Veterinarians (core)	Pharmacists
Veterinary technicians (core)	Pet sitters
Mental health professionals (core)	Massage therapists
Veterinary assistants	Alternative therapy providers
Chaplains	Community volunteers
Pet crematory/cemetery staff	Bioethicists

Animal hospice and palliative care are emerging fields. Veterinarians and other professional animal care providers are seeking ways to provide end-of-life care in an ethical and humane manner that serves the needs of animal patients as well as their human caregivers. Applying insights and knowledge from bioethics will expedite the development of evidence-based best practices in these emerging fields.

These Guidelines are intended to be used by animal hospice and palliative care providers as they strive to provide optimal end-of-life care. The Guidelines assume that

appropriate standards of animal and veterinary care, and veterinary and animal welfare codes of ethics, will be upheld. Such standards include, but are not limited to, proper record-keeping, professional education, ongoing professional collaboration, and continuing scientific research. The fields of animal hospice and palliative care are still in the early stages of development and these Guidelines will require revision as evidence-based knowledge advances. In addition to an on-going revision of these Guidelines, the IAAHPC is committed to developing further educational resources, training, and certification in animal hospice and palliative care.

II. Purpose and Goals of the Guidelines:

The IAAHPC Guidelines Task Force, consisting of leaders from relevant disciplines and using a consensus process, has endeavored to compile a document to be used as a resource by animal hospice and palliative care providers so they can provide comprehensive and optimal care to animals at the end of life and their human family members. The purpose of these Guidelines is to define terminology and describe the core precepts and structures for the provision of high quality hospice and palliative care for animals.

Our goals include:

1. **Plan of Care -** Establish that animal hospice and palliative care strive to create an individualized, comprehensive, and transdisciplinary plan of care for each animal patient and caregiving family. The plan of care is based on a clear understanding of caregiver expectations and goals for the animal's care before, during, and after death.
2. **Hospice Team Approach -** Outline the transdisciplinary hospice team approach to providing hospice and palliative care for animals and the people who care for them, and clarify the responsibilities of individual team members.
3. **Needs of Animal Patients -** Ensure that the physical and emotional needs of animal patients are protected and nurtured, and that utmost attention is given to minimizing pain and suffering in ill and dying animals.
4. **Care of Animals at the End of Life -** Address specific considerations for providing humane and ethical care for the imminently-dying patient, including provision for euthanasia or hospice-supported natural death.
5. **Mental Health of Caregivers -** Establish the ethical importance of appropriately supporting the mental health needs of caregivers, including psychological, emotional, social, spiritual, religious, and cultural needs.
6. **Ethical and Legal Aspects of Care -** Consider and provide guidance on

ethical and legal aspects of providing hospice and palliative care for animals.

III. Pain, Suffering, Well-Being, and Quality of Life in the Animal Hospice and Palliative Care Patient

1. Physical and emotional suffering
2. Animals' individual preferences
3. Quality of Life assessments
4. Recognition of animal pain and pleasure
5. Collaboration and consensus

3.1 Physical and emotional suffering

3-1.1 Objective of care. The objective of animal hospice and palliative care is to address a broad range of physical and emotional suffering that may be experienced by animals receiving end-of-life care.

3-1.2 Physical pain. The care of animal hospice and palliative care patients must make identifying and addressing physical pain a primary and ongoing concern. Because animals cannot express their experiences in the currency of human words, and because many species of animal have evolved to hide signs of pain, it is important to be vigilant in observing and identifying physiological and behavioral manifestations of pain. Injuries or disease processes known to be painful in humans should be considered to be potentially painful in animals. It is essential that those providing animal hospice and palliative care have advanced knowledge in the assessment and management of pain, and that caregivers are coached on how to identify pain in their animals (AAHA/AAFP 2007).

> For additional discussion of physical pain management in animal hospice and palliative care please refer to sections 6-1 and 7-5.3 of these Guidelines.

3-1.3 Pain assessment strategies. The most effective approach to the assessment and management of pain involves the use of several combined strategies: clinical evaluation, observation of behavioral changes, diagnosis, and response to therapy. The use of pain scores or scales has been shown to increase caregivers and animal hospice providers' awareness to subtle changes in the animal patient's pain level (Gaynor and Muir 2009). There is currently no "gold standard" for assessing animal pain, and

considerable research is still needed in this area. Because chronic pain can manifest differently than acute pain, development of unique scoring systems is an important goal of future research. Animal hospice and palliative care providers should know species-specific signs of pain for the range of animals they treat.

3-1.4 Chronic pain management. Chronic pain is of particular significance in the context of animal hospice and palliative care, where the slow progression of illness or age can subtly but insidiously undermine an animal's well-being. Chronic pain is different physiologically from acute pain and more difficult to measure and identify (Fox 2010). Because the behavioral signs of chronic pain in animals may be quite subtle, caregivers may believe an animal is simply "tired," "slowing down," or "getting stiff." Education of caregivers in identifying chronic pain is essential in the animal hospice setting. Chronic pain can also be more frustrating to treat; often a number of different pain treatments or modalities must be tried, alone and in combination, to achieve the best response possible.

3-1.5 Sources of suffering. In addition to physical pain, ill and dying animals can also experience profound suffering due to respiratory distress, nausea, compromised mobility, confinement, social isolation, confusion, agitation, boredom, frustration, anxiety, fear, depression and other sensory or emotional experiences (Gregory 2004; McMillan 2005). Those caring for dying animals are strongly encouraged to identify all sources of suffering and, wherever possible, provide relief.

3-1.6 Emotional suffering. Although there is broad scientific consensus that all mammals experience a similar range of emotions, we know less about the emotional experiences of animals than about other aspects of cognition (Panksepp 1982 and 1998; Panksepp and Biven 2012; Bekoff 2005). Emotional suffering is intuitively assumed to be one of the most important forms of suffering, yet it is one of the least studied consequences of animal illness (Gregory 2004). The evolving science of animal emotions is highly relevant to the development of compassionate care at the end of life and continued research into this area is of utmost importance to the developing field of animal hospice and palliative care.

3-1.7 Human suffering as model. The human experience of suffering can serve as a general guide to understanding suffering in nonhuman animals. At the same time, using human suffering as a model for animal suffering has limitations. It is well known that different species of animals vary in sensory, emotional, and cognitive capabilities, which can have implications for the specific conditions causing suffering. For example, noises that humans cannot hear might be very stressful for an animal with a broader or

different auditory range.

3-1.8 Physical discomfort. Although physical discomfort is a frequent cause of suffering, caregivers, veterinarians, and other members of the animal hospice team should bear in mind that physical discomfort may be experienced yet may not cause substantial suffering, since different patients may have different thresholds and cope differently with similar sensory stimuli. Equally, the absence of physical discomfort does not ensure the absence of suffering.

3-2. Animals' individual preferences

3-2.1 Behavior and affect. The objective of animal hospice and palliative care treatment decisions is to optimize the patient's' quality of life. Therefore it is important to base decisions about care on an understanding of the animal's feelings, experiences, and preferences. We can gather a great deal of information by carefully observing an animal's behavior, physiological state, and nonverbal communications (Wemelsfelder 2007). Knowledge of species-specific behavior is extremely important, as is an attunement to individual personality. It is also essential to keep in mind that animals often mask their feelings—and, in particular, they often mask their pain—so overt behaviors are not always a reliable measure of an animal's inner state. There are, however, many subtle behavioral signs reflecting animals' inner state, making astute and educated observation paramount. In particular, we should remain attuned to an animal's "will to live," which is of great importance in making end-of-life decisions but is difficult to define and measure.

3-2.2 Ethology. Research in ethology is continuing to generate new knowledge of how animal preferences are expressed in observable behaviors. Still, our understanding of animal preferences, and of the physiology and behaviors associated with animal suffering, is in a relatively early phase of discovery and development, and the field of animal hospice and palliative care will need to stay current with new knowledge as it becomes available.

3-3 Quality of Life assessments

3-3.1 Quality of Life. Quality of life refers to the total well-being of an individual animal, taking into account the physical, social, and emotional components of the animal's life. Within hospice care, assessments of an animal's quality of life typically reflect how an animal's total well-being is affected by disease, disability, or changes related to advanced age. Assessing patients' quality of life is one of the essential tasks of the

animal hospice team. There are currently no broadly accepted or standard protocols for assessing animal quality of life, but a small and growing effort is underway to develop validated and user-friendly quality of life assessment protocols for use by caregivers of ill or dying animals (Hewson et al. 2007; Iliopoulou et al. 2013; Lavan 2013; Lynch et al. 2010; Noli et al. 2011; Wiseman-Orr et al. 2004; Wojciechowska and Hewson 2005; Yazbek and Fantoni 2005; Yeates and Main 2009). Continued research in this area is vitally important.

3-3.2 Available resources for assessment. Quality of life assessments are crucial to the provision of good animal hospice care. They are also often the fulcrum for decision-making about euthanasia, and thus need to be as thorough and precise as possible. It is the view of the authors of these Guidelines that the science and art of assessing seriously ill animals' quality of life is in its infancy. In the absence of direct knowledge and deeper understanding, we have to extrapolate from the available resources regarding human quality of life, animal welfare, animal emotions and cognition, the physiology and behaviors related to suffering, and broader ethical and philosophical foundations.

3-3.3 Tracking. Quality of life assessments involve a collaborative effort among veterinarians, other animal hospice team members, and caregivers, and rely on careful observation of an animal. They encourage us to ask "what is important to this animal in his or her life?" and to remember that each individual animal has unique likes and dislikes. For example, loss of mobility might negatively impact a dog who loves to play ball and Frisbee more significantly that it would a dog whose favorite activity is sleeping in a sunny spot under a window. Individual animals also have unique capacities to adapt to change. A disabled animal may continue to enjoy his or her favorite activities, if these activities are creatively modified to fit the animal's condition. A disabled animal may also develop "new" favorite activities. Quality of life assessments track important behaviors over time and should provide a written record that can guide discussions about care options and facilitate finding consensus on end-of-life decisions.

3-3.4 Monitoring. Quality of life assessments are ongoing, as caregivers and animal hospice team members monitor the well-being of an animal. Caregivers, in particular, should assess quality of life daily and keep a written record. An attending veterinarian or qualified veterinary nurse should perform a medical assessment as often as needed but at least weekly. An animal who is declining rapidly requires more frequent monitoring than one who is relatively stable. Quality of life assessments depend on identifying and tracking trends in the animal's well-being. Keeping a written record and making frequent entries—even very brief ones—can be extremely valuable in this effort.

3-3.5 Weighting of factors in assessment. Some of the factors that impact quality of life for animals include physical pain, nausea, inappetence, respiratory distress, loss of mobility, incontinence, dehydration, boredom, anxiety, and the inability to engage in meaningful and enjoyable activities. Some popular quality of life assessment tools use a numerical scoring system (Villalobos 2004). While tools like this can be a good guide, it may be necessary for caregivers to weigh some factors like respiratory distress and severe pain more heavily than other factors like incontinence or the inability to play catch.

3-3.6 Context of assessment. Quality of life assessments for the imminently-dying patient are unique because some supposed indicators of poor quality of life—for example, inappetence and loss of mental acuity—are a natural part of the dying process. Assessments of quality of life must take into account the broader context within which such assessments are being made.

3-3.7 Distinctions in assessment. Quality of life assessments need to reflect what is important for the animal, not the caregiver or animal hospice providers. The needs, limitations, and interests of human caregivers and providers certainly influence decisions about care, but these are distinct from our assessments of an animal's quality of life.

3-4 Emotional well-being

Caring for animals' emotional well-being is as essential as caring for their physical symptoms. Giving attention to animals' emotional well-being involves doing whatever possible to both prevent or alleviate negative emotional states (through managing pain, reducing sources of anxiety, minimizing boredom and isolation, etc.) and to maximize positive affective states (through attention to the need for mental stimulation, social interactions and affection, good foods, comfortable environment, opportunities for play, and so forth). What exactly provides pleasure will be unique to each individual; thus, careful attention might be placed on the unique life-experience, personality, and preferences of the animal patient. Because emotional states are temporal and shifting, quality of life assessments should follow a trajectory over time and seek to understand and value past, present and future experiences. Scientific research into "purpose and/or meaning in life" for animals at this time is very limited, but it is likely that animals do experience overall feelings of happiness or well-being, and not just momentary and shifting mood states. Continued research into animal mental states will undoubtedly shed new light on these questions (Mendl et al. 2010; McMillan 2005, Panksepp 2004).

3-5. Collaboration and consensus

3-5.1 Resolution of caregiving disagreements. There will be times when caregivers and animal hospice team members disagree about how well or poorly an animal is doing. It is important to attend to conflicts effectively as they emerge, to prevent them from undermining proper, timely medical care of the animal patient. Utilizing the expertise of a licensed mental health professional to resolve conflicts involving animal hospice caregivers and/or providers is encouraged and in some cases warranted. Knowledge gained from research in bioethics and the experience of human hospice ethics committees can also be helpful in resolving such conflicts. Efforts should be made to get as close as possible, through collaboration and communication, to a consensus quality of life assessment by caregivers and providers involved in making decisions about the animal's care at the end of life. Collaboration and communication offer the best approach to minimizing the risk of errors when making end-of-life decisions for animals. If conflicts cannot be adequately resolved, consultation with a licensed mental health professional can be helpful (O'Grady and Jadad 2010).

3-5.2 Attitudes and assumptions of caregivers. All human caregivers and providers are influenced by their own conscious and subconscious attitudes toward pain and suffering and will likely bring various assumptions and past experiences to the table when making quality of life assessments.

IV. Ethical and legal aspects of Providing Hospice and Palliative Care to Animals and Their Caregivers

1. General considerations
2. Pain and suffering
3. Euthanasia
4. Ethical business practices
5. Legal aspects of animal hospice

4-1 General considerations

4-1.1 Needs and well-being. The needs and well-being of the animal patient form the backbone of any end-of-life care plan.

4-1.2 Expressive behavior in animals. Animal hospice works from the premise that animals are cognitively and emotionally complex and are capable of experiencing a broad range of physical and emotional suffering, as well as positive emotional states such as pleasure and happiness. Although non-human animals experience much the same kind of physical and emotional suffering as humans, the way suffering becomes manifest, both physiologically and behaviorally, varies widely from species to species and between individuals. Animal hospice professionals need to have an excellent working knowledge of normal species-specific behaviors, as well as behaviors related to the expression of various kinds of pain, distress, and suffering.

4-1.3 Preferences in animals. Animals form preferences, have unique likes and dislikes, and could be said to have some measure of autonomy. Although they cannot express their feelings and thoughts verbally, they can and do communicate their preferences in various ways. The animal hospice team is encouraged to elicit the preferences of the animal patient, if possible, through observation and through dialogue with human caregivers.

4-1.4 Communication - on-going, open, effective. Animal hospice professionals and caregivers have different and complementary understandings of an animal's behavior, and should maintain open, effective, and on-going communication about an animal patient's diagnosis, well-being, treatment, and quality of life.

4-1.5 Educating caregivers. Animal hospice professionals can use their knowledge of animal behavior to help caregivers learn how to attend to the specific needs and preferences of their animal. The team can share its knowledge about animals' wide range of suffering and pleasurable experiences with the caregivers, and coach them in creative ways to keep their animals happy and comfortable.

4-1.6 Identifying caregiver decision-makers. The animal hospice team will need to identify the decision-makers among an animal's caregivers, and elicit their goals, beliefs, values, and potential conflicts with others in the family over the goals of care.

4-1.7 Conflicts within the therapeutic triad. The "therapeutic triad" of animal-caregiver-hospice provider is complex and conflicts of interest and values are bound to arise. The animal hospice team is encouraged to proactively seek out values or goals that may conflict with the welfare of the animal, recognize areas of conflict (or potential conflict) between client and animal hospice care team, and seek to keep lines of communication open. Timely referrals to mental health professionals may be appropriate as soon as impassable conflicts appear.

4-1.8 Compassion fatigue. Compassion fatigue can affect animal hospice team members who provide end-of-life care and euthanasia. Emotional support services by qualified professionals for animal hospice providers are essential and should be made available to all members of the team if the need arises.

> For additional discussion of compassion fatigue in animal hospice and palliative care please refer to section 5-7 of these Guidelines.

4-1.9 Responses to inadequate care. The issue of inadequate care is of particular concern with ill or dying animals. Animal hospice providers will encounter situations in which human caregivers fail to provide adequate care for an animal. Animal hospice team members should continue to educate clients in identifying pain and suffering in their animal and in proper treatment. The timely involvement of a mental health professional may be needed to ensure that caregivers have the support they need to cope with the demands of properly caring for their animal. A judgmental and/or adversarial approach to caregivers in these situations is counterproductive and may lead to decreasing quality of care for the animal if caregivers no longer seek veterinary advice.

4-1.10 Advising caregivers. Caregivers should be advised openly and upfront about the financial, practical, and physical demands of appropriate animal hospice and palliative care.

4-1.11 Advance planning. Advance planning for end-of-life care and aftercare should be encouraged.

4-1.12 Principles of Veterinary Ethics. Basic professional obligations as outlined in the *AVMA's Principles of Veterinary Ethics* are applicable to all veterinarians who provide animal hospice and palliative care services (AVMA 2013).

4-2 Animal Pain and suffering

4-2.1 Attention to pain and distress. Inadequate attention to pain and distress is a serious ethical and practical concern within veterinary medicine, and is of particular importance in the realm of end-of-life care. Veterinarians who specialize in animal hospice care should be knowledgeable in pain management and palliative care, and in the physiology and behavior of animal suffering.

4-2.2 Acute pain. Veterinarians must attend to acute pain in a timely manner. If 24 hour

services are not available, clients with animals who may experience a medical crisis should be provided with emergency pain medications and clear information explaining what to do to manage the animal's pain in an emergency situation.

4-2.3 Signs of chronic pain. Inattention to chronic pain in animals is also a serious ethical concern. Because signs of chronic pain can be quite subtle and are easily overlooked, the animal hospice team should give special attention to educating human caregivers in recognizing and addressing chronic pain in animals.

4-2.4 Animal pain scales. The development of reliable, validated, and species-specific animal pain scales is a work in progress. Animal hospice providers have an ethical responsibility to remain current as knowledge in this area becomes available.

4-3 Euthanasia

4-3.1 Ethically appropriate procedure. Euthanasia is currently considered by most veterinary professionals an ethically appropriate procedure. Euthanasia is generally considered to be ethically appropriate when an animal is suffering from profound pain or distress that cannot be adequately addressed through medical interventions. Euthanasia is an important component of the hospice and palliative care veterinarian's toolbox.

4-3.2 Obligation to advise clients. While euthanasia itself remains an option for ending intractable suffering, it should not be used as a first-line treatment for pain, or as a substitute for compassionate, state of the art palliative care. Veterinarians are encouraged to be cautious with the the message "there is nothing more we can do for your animal." Veterinarians have an obligation to advise clients about available palliative care options. Alternatively, veterinarians can offer a referral to animal hospice providers who will discuss all available options. When a veterinarian believes that caregivers will be unable to provide adequate hospice care for an animal, euthanasia may need to be advocated for to prevent further suffering.

4-3.3 Requests for premature euthanasia. Veterinarians, including hospice veterinarians, will sometimes be asked to euthanize animals who they judge to still have good quality of life and reasonable life expectancy. A veterinarian may refuse to perform euthanasia in situations where he or she feels the request for euthanasia is inappropriate and not in the best interests of the animal. In these situations, the veterinarian is encouraged to clearly explain his or her reasons for refusing to perform euthanasia and refer to other veterinary professionals if needed.

4-3.4 Clients choosing to prolong the life of a suffering animal. The animal hospice team may also be presented with situations in which a caregiver chooses to prolong the life of an animal experiencing profound and unrelenting pain or other forms of suffering. Caregivers can lose sight of the animal's needs or fail to recognize how poorly an animal is actually doing. A veterinarian may choose, in such a situation, to withdraw from the case and refer to a different veterinarian. However, this may not be in the best interest of the animal or the human caregiver, and educating caregivers about animal pain and suffering and human grief within the context of an animal hospice relationship is often a more effective strategy. If a caregiver seems to be unwilling to accept the animal's medical reality, is resistant to further education on pain recognition and suffering, and refuses to consider the option of euthanasia, increasing team support will be necessary. Other support team members like mental health professionals and advanced palliative care providers should be consulted on the best course of action. Animal welfare representatives may need to be consulted as a last resort.

4-3.5 Veterinarian's position on euthanasia. A hospice veterinarian may have a principled moral objection to euthanasia and/or decline to perform the procedure for other reasons. In this case, caregivers should be made aware of the veterinarian's position on this issue prior to the establishment of a therapeutic relationship with the animal and subsequently be referred to another provider if they wish to have the option to euthanize their animal.

4-3.6 Caregiver preferences regarding hospice-supported natural death and euthanasia. The animal hospice team is encouraged to remain open to caregivers' preferences regarding hospice-supported natural death and euthanasia, with the welfare of the animal always paramount. The team can remain open to caregivers' personal beliefs, discuss options, and make recommendations. Euthanasia should never be presented as the only morally acceptable option, especially if the caregiver is unprepared or opposed for religious, spiritual, or moral reasons; neither should hospice-supported natural death be presented as the only morally acceptable option for an animal. Referral to a veterinarian whose philosophy is more aligned with the client's desires or needs is sometimes necessary.

4-4 Ethical business practices

4-4.1 Qualified animal hospice providers. The animal hospice team must be medically directed by a licensed veterinarian. Animal hospice services should only be offered by qualified providers. Minimum training levels in palliative care, thanatology,

euthanasia techniques, mental health crisis intervention, and grief education and support, are yet to be determined. We encourage the development of credentialing and standard-setting in all of these areas of animal hospice and palliative care service provision.

4-4.2 Clear advertising of services. Animal hospice providers are encouraged to make every effort to clearly advertise their services. Euthanasia services and animal hospice services are not equivalent, and euthanasia does not qualify as animal hospice care if providers offer no other palliative or end-of-life services. Accessibility to services (e.g., business hours of providers, particularly if they are not available at night or on weekends) should be made clear before a therapeutic relationship is formed between a veterinarian and caregiver.

4-4.3 Obligation to inform caregivers. Caregivers of dying animals are particularly vulnerable, and animal hospice providers have an ethical obligation to ensure that caregivers understand financial and fundamental resources animal hospice care may require. The animal hospice team should be sensitive to caregivers' values and available resources when implementing the animal's plan of care.

4-5 Legal aspects of animal hospice

4-5.1 Relevant state and federal laws. The animal hospice team should know and follow all relevant state and federal laws governing providers' respective professions (e.g. veterinary medicine, mental health, animal nursing, etc.). Veterinarians must have written permission from an animal's owner before performing any euthanasia procedure.

4-5.2 Controlled substances. Animal hospice care providers, particularly those providing mobile services, should be knowledgeable about legal and regulatory issues covering the storage, transport, and administration of medications, including controlled substances.

4-5.3 Legally responsible party. Animal hospice providers should identify and make record of who is legally responsible for the animal patient. The legally responsible party has ultimate decision-making authority and is financially responsible for the costs of treatment (Shanan and Balasubramanian 2011).

4-5.4 Informed consent. An informed consent form, signed by the animal's owner or by an agent acting on the owner's behalf, can minimize legal risks for animal hospice providers and facilitate open communication with clients about the risks and costs of a

particular plan of care (Shanan and Balasubramanian 2011).

4-5.5 Caregiver personal risks in rendering care. The hospice veterinarian should ensure that a caregiver understands personal risks and responsibilities involved in rendering care. These risks include, but are not limited to, needle sticks, bites, injury from improper disposal of sharp objects, transmission of zoonotic diseases, and transmission of diseases to other animals in the home (Shanan and Balasubramanian 2011).

4-5.6 Insurance coverage. Veterinarians providing animal hospice and palliative care services should ensure that they are appropriately covered by insurance, including worker's compensation coverage for staff traveling for home visits.

V. Mental Health Considerations in Caring for Animal Hospice and Palliative Caregivers and Providers

1. ***The mental health aspect of caregiving***
2. ***Caregiving experience***
3. ***Experiencing grief***
4. ***Training in mental health and communication***
5. ***When to contact a mental health professional***
6. ***Grief and Bereavement Support for Caregivers***
7. ***Animal hospice providers' needs***
8. ***Compassion fatigue***

5-1 The mental health impact of caregiving

Mental health includes emotional, psychological, spiritual, social, and cultural well-being. It is the duty of animal hospice and palliative care providers to respect and support relevant needs, beliefs, desires, spirituality, religion, and cultural identities of the animal's human caregivers (Herbert 2007; Daaleman 2000, Rabow 2004).

5-2 Caregiving experience

Caring for a beloved and dying animal, the anticipation of loss, witnessing death, and living after experiencing death significantly affects the mental health of those with strong emotional and psychological attachments to an animal. The role of caregiver adds its

own unique stress to the experience (Azoulay 2005; Balluffi 2004; McAdam 2009; Pinquart 2003; Pochard 2001).

The demands of being a primary caregiver are challenging for most people, and can be experienced as a burden on personal resources of time, energy, and finances. It can be emotionally and physically exhausting and can strain relationships within and outside the home (Carmack 1985). The experience of providing end-of-life care is highly individual and may affect anyone in this role in ways they may find surprising, rewarding, and/or troubling. People in caregiving roles may experience feeling burdened, resentful, guilty, devastated, traumatized, or suicidal. They may also experience feeling enlightened, relieved, refreshed, or blessed. The animal hospice team should encourage caregivers to take care of themselves by asking, for example, whether they are able to get adequate sleep and whether they might be able to ask for respite care from family, friends, or neighbors (Thielemann 2009).

5-3 Experiencing grief

There are many ways to feel and express normal and healthy grief during the continuum of caring for a dying loved one. The experience and expression of grief can be quite foreign to a person's usual temperament and personality, making it unsettling. Detrimental responses to caring for the dying can be triggered at any point during the caregiving experience which can affect a person's mental health and physical health, e.g. broken heart syndrome (Holger, 2010). It is incumbent on the animal hospice team to remain cognizant of the potential for any caregiver to develop or exacerbate a clinically significant mental health issue, including clinical depression, extreme anxiety, and suicidal ideation, that warrants the timely involvement of a licensed mental health professional (Boelen 2007; Azoulay 2005; Balluffi 2004; McAdam 2009; Pinquart 2003; Pochard 2001).

5-4 Training in mental health and communication

Fundamental training in mental health in the context of end-of-life care will educate animal hospice providers about recognizing the manifestations of normal grief, how to recognize and appropriately handle an acute emotional reaction or an emerging mental health crisis, and when to make a responsible referral for appropriate and timely care to a licensed mental health professional. Training in specific end-of-life communication skills in animal hospice environments are needed to create a compassionate rapport with caregivers that provides emotional support and aids in eliciting information that may be critical to attending with sensitivity to the caregiver(s), as well as to the proper care of

the animal patient. Apart from providing responsible care to caregivers, preparing animal hospice providers for common scenarios, dynamics, and concerns expressed in animal hospice and palliative care environments will raise providers' confidence in their professional abilities, which in turn will help them manage stress resulting from job performance anxiety (Mader 2013).

5-4.1 Qualified Mental Health Professionals. Currently, there are no identified or accepted standards and qualifications for licensed mental health professionals who specialize, or desire to specialize, in providing support and consultations for people involved in end-of-life care for animals. The emphasis in these guidelines is to use clinically trained, licensed mental health professionals to ensure that a minimum level of education and skill has been met and that legal and ethical care is being provided.

Before establishing a business relationship with a licensed mental health professional as an independent contractor, animal hospice and palliative care providers are encouraged to check state laws regarding this type of business relationship. Using a clinically trained, licensed mental health professional protects your business as well as the clients you refer to them because the Board of Examiners of the individual states regulates mental health professions (Mader 2013).

Look for professionals with expertise in loss (grief and bereavement), crisis and trauma, families, and suicidology. It is imperative that during your interview, you inquire about their *personal* feelings towards euthanasia, palliative care, animal hospice, and hospice-supported natural death for animals. There are mental health professionals who have opinions against end-of-life options for animals other than humane euthanasia, which of course would not be in the best interests of you and your business or your clients who need sensitive and ethical mental health support. Qualified licensed mental health professionals are usually doctorate level clinical psychologists, marriage and family therapists (doctorate or master's level), doctorate or master's level clinical social workers, psychiatric mental health nurse practitioners, and master's level licensed professional counselors. Psychiatrists (medical doctors) provide medical evaluations for mental health and some provide psychotherapy. The emerging field of animal hospice and palliative care would benefit greatly by involving clinically trained and licensed doctoral level psychologists, marriage and family therapists specializing in medical family therapy, doctorate level clinical social workers and advanced practice registered nurses (professions that offer advanced hospice care certification) who have interests in conducting research (Mader 2013).

5-5 When to contact a licensed mental health professional

Utilizing the skills of a licensed mental health professional in an appropriate and timely way is an ethical responsibility of animal hospice providers to their clients. Examples of when to consider contacting a mental health professional include the following:

-A caregiver hints about, jokes about, or simply says that when his or her animal dies, he or she will no longer have a reason to live. A caregiver may or may not use direct language like “killing myself” or “wanting to commit suicide.” Any hint or forthright comment indicating the possibility of suicidal intent or ideation must be taken seriously as an urgent emergency. If an animal hospice provider has any doubt about what actions to take to protect the well-being of the caregiver, an immediate consultation with a licensed mental health professional is warranted. For urgent situations contact your area’s mobile crisis unit or call 9-1-1. Wait with the caregiver until qualified assistance arrives.

- A caregiver is unclear about his or her own needs, gives mixed messages, is unable to define or express what they want for themselves and for their animal; yet express anxiety, concern, worry, fear, and/or upset about the animal’s care plans and end-of-life decisions.

- A caregiver has pervasive feelings of confusion about the animal's health and/or about decisions that need to be made.

- A caregiver is "stuck," unable to adjust to changes; is unable to accept the seriousness of an animal's health condition; expresses not being ready to say goodbye.

- A caregiver does not follow through with agreed upon care plans.

- A caregiver genuinely cares about their beloved animal yet inhibits the animal hospice team’s effectiveness by repeatedly exhibiting disruptive behavior, e.g. being angry, inebriated, or chronically canceling appointments.

- Multiple caregivers consider themselves as having primary decision-making rights and are locked in disagreement about matters relevant to care plans.

- A caregiver shows emotional instability. (If unsure, consult with the MH professional on your animal hospice team.)

- A person in the animal's home hospice environment shows interest in being close to the animal patient and/or in being involved in discussions about care plans, yet appears to be ignored or dismissed by a more dominant caregiver.

- A caregiver expresses or hints or says that they are feeling misunderstood by their family and friends.

- A caregiver hints at wanting "another opinion" regarding understanding and coping with their feelings or emotions.

- A caregiver expresses having second thoughts or doubts about arranging animal hospice care.

- An adult caregiver wants guidance on how to include, or talk with, child family members about death (may hide a deeper concern of the parent or responsible adult).

- An adult caregiver asks you to lie to a child or to anyone in the family.

-A caregiver expresses having chronic or overwhelming thoughts or feelings of guilt, regret, remorse.

-A caregiver shares stories about traumatic life experiences they say are being recalled or remembered resulting from caring for or by being around their dying animal.

5-6 Grief and Bereavement Support for Caregivers

Caregivers who feel supported by family and friends fare better psychologically than those without such personal resources. For people who are stressed, struggling with grief, and feeling alone, being in the company of others with similar experiences lessen feelings of social isolation or of not feeling understood. Mental health is benefitted by social support and correctly led support groups can serve this need. Support groups specific for people suffering from the impending death, or experienced loss, of their beloved pets are available and are commonly listed with local humane societies, pet burial and crematory businesses, and local or state veterinary associations. Support is also available through books and on the internet through various pet loss related web sites (search term “pet loss”); some pet loss websites hold virtual candlelight

ceremonies and offer supportive online “chat rooms.” Proper research into the group providing this support is encouraged.

Hospice teams in human healthcare include licensed mental health professionals in addition to bereavement counselors. Animal hospice and palliative care veterinarians should strive to have a licensed mental health professional as their first-in-line resource for consultations and referrals for particularly vulnerable caregivers (Mader 2013).

5-7 Animal hospice providers’ needs

Animal hospice veterinarians commonly describe their work as immensely gratifying. Animal hospice providers who are drawn to this specialized end-of-life care need to remain mindful that stress occurs even in the most rewarding work. Self-care is important so that the ordinary stresses of the work are not ignored to the point of being overwhelming, potentially leading to compassion fatigue and burnout (Mader 2013; Kearny 2009; Keidel 2002).

5-8 Compassion fatigue

Compassion fatigue is also referred to by the more specific terms secondary traumatic stress and vicarious trauma. Between 16 and 85% of health care workers in various fields develop compassion fatigue. In one study, 34% of hospice nurses met the criteria for secondary traumatic stress/compassion fatigue (Beck 2011). In another study, approximately 85% of emergency room nurses met the criteria for compassion fatigue (Hooper 2010).

Caregivers for dependent animals can also experience compassion fatigue, resulting from the taxing nature of showing compassion for someone whose suffering is continuous and unresolvable. The natural human desire to help the suffering animal is then significantly diminished. Symptoms of compassion fatigue include depression, stress, and trauma. Some providers may be predisposed to compassion fatigue due to a personal history of trauma. Mental health professionals also often suffer from compassion fatigue, particularly when they treat those who have suffered extensive trauma.

Charles R. Figley, co-author of *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*, states that, “there is a cost to caring. Professionals who listen to clients’ stories of fear, pain, and suffering may feel similar fear, pain, and suffering because they care. Sometimes we feel we are losing

our sense of self to the clients we serve. Ironically, the most effective therapists are most vulnerable to this mirroring or contagion effect. Those who have enormous capacity for feeling and expressing empathy tend to be more at risk of compassion stress" (Figley 1995).

VI. PHYSICAL CONSIDERATIONS IN CARING FOR ANIMAL HOSPICE AND PALLIATIVE PATIENTS

1. ***Primacy of physical pain management***
2. ***On-going assessment***
3. ***On-going communication***
4. ***Assessing the patient's environment***
5. ***Continuity across settings***
6. ***Timeliness and efficacy***
7. ***Matching treatment to goals of care***
8. ***Triage and crisis preparedness***

6-1 Primacy of physical pain management

Recognizing and alleviating pain is a central goal in providing animal hospice and palliative care. Managing pain contributes significantly to the animal's quality of life and addresses related anxiety for caregivers. Recognition and treatment of physical pain in animals is a young science and clinical skill set. Animal hospice and palliative care providers addressing patients' physical needs are encouraged to stay abreast of the most current pain management information available.

6-1.1 Pain Recognition and Assessment. When animals are experiencing pain, they undergo physiologic and behavioral changes. Those behavioral changes may be subtle, especially in chronic pain, and may not be easily recognized as signs of pain. Examples range from lameness, stiff gait, abnormal posture, avoiding stairs/jumping, inability to get up or support weight standing up, and muscle atrophy; to body tensing, poor grooming habits, tucked tail, licking a sore spot, decreased appetite, reclusive behavior, depressed affect, restlessness, pacing, and difficulty sleeping (Gaynor 2008). Physiologic parameters affected by pain include respiratory and pulse rate, blood pressure, pupillary dilation, and capillary refill time.

6-1.2 Pain Mechanisms. Physical pain may originate in many organ systems and may

be perpetuated by any of several neurophysiological and neuropathological mechanisms. Chronic pain is most frequently by caused conditions involving poor tissue circulation, pressure on nerves, infection, inflammation, and tumor invasion into a variety of tissues.
The diagnoses seen most commonly in animal hospice and palliative care patients experiencing pain include neoplastic and chronic inflammatory conditions. Neoplastic conditions are common in hospice and palliative care patients and may affect any organ system or anatomical location. In humans, 30-60% of cancer patients report pain at the time of diagnosis, and 70% or more report pain in advanced stages (Fox 2010). Bone tumors cause particularly severe pain, as do soft tissue tumors in the oral cavity of non-gingival origin, and tumors causing ulceration or distention of the GI tract. Tumors compressing or invading peripheral nerve tissue can cause neuropathic pain that may be especially difficult to treat. Invasive and ulcerated skin tumors are generally painful (Fox 2010). The typical cancer trajectory is one where the patient maintains a high level of functioning until late in the course of the disease, when a precipitous decline occurs over a relatively short period of several weeks and sometimes just a few days, leading to death (Shearer 2011). Pain may be present at any stage of the disease and both caregivers and providers must diligently observe for signs of pain. A therapeutic trial of pain medication should often be considered even if obvious signs of pain are not detected.

Inflammatory conditions are also seen in animal hospice and palliative care patients. Osteoarthritis is a chronic progressive condition that may affect any movable joint (Fox 2010). Osteoarthritis is painful by definition and should be treated regardless whether it is the patient's primary diagnosis or a comorbidity in a patient with a different primary condition. The trajectory of osteoarthritis is one of chronic pain, initially intermittent and increasingly unabating as time goes on. This is interspersed with episodes of breakthrough pain, sometimes but not always precipitated by a known physical trauma event. Late in the course of the disease episodes of prolonged inability to stand up and/or remain standing without external support occur. The manifestations of advanced osteoarthritis may be indistinguishable in clinical presentation from neurologic deficits, and the two may in some cases be concomitant. Response to aggressive multimodal pain therapy may be the only way to differentiate the two. In addition to osteoarthritis, chronic inflammatory conditions which may be painful include pancreatitis, peritonitis, certain dermatitides, gingivitis, periodontitis, stomatitis, and others.

6-1.3 Pain management. General multimodal pain management principles are applicable to animal hospice and palliative care patients, with NSAIDs and opioid agents serving as the foundation of effective analgesia. Those are supplemented by

adjuvant drugs as needed. Antidepressant, dissociative, corticosteroid and antibiotic drugs can be helpful at times. Non-pharmacologic modalities for treating pain include acupuncture, chiropractic, physical therapy, massage, application of heat or cold, LASER energy, electric stimulation, and a variety of complementary and alternative veterinary medical methods.

6-1.4 Managing severe pain. Severe pain may be the result of an acute insult to healthy tissue or an exacerbation of any chronically painful condition. Since animals are instinctively inclined to hide their pain, vocalization of any sort that is out of the ordinary for the patient may indicate that their pain and/or anxiety has become too much for them to bear, calling for an immediate therapeutic intervention. Regardless of origin and mechanism, prolonged severe pain is an unacceptable state for animal hospice and palliative care patients.

Severe pain should be managed directly by a veterinary professional whenever possible. To minimize the pain until the patient is in veterinary care, the animal's caregivers should be encouraged to have at home a hospice Emergency Comfort Kit (EC Kit), a prescribed set of medications that are kept near the patient for use in the event of a medical crisis. The specific drugs in the kit are determined individually for each patient by his or her attending veterinarian, depending on diagnosis and body weight.

Caregivers must receive specific instructions regarding use of the medications in the EC Kit. A hospice team professional must be reachable around the clock for caregivers to consult with if the need for using EC Kit medications arises.

When severe pain is refractory to treatment efforts, sedation with narcotics and anxiolytics, or euthanasia, must be considered in deliberating clinical decisions for the patient

6-1.5 Adverse reactions. An important question to ask when managing animal hospice patients' pain is: "Does the treatment lead to improved comfort for the patient that outweighs the discomfort associated with administering the treatment or with its adverse reactions?" (Downing 2011). The animal hospice team must remain vigilant and frequently re-evaluate the risks and benefits of pain management interventions.

6-2 On-going assessment

The overarching goal of managing the physical needs of animal hospice and palliative

care patients is to optimize their quality of life in ways that reflect what is important for the animal. Patients vary in their peripheral nervous system thresholds for and in central nervous system processing of sensory stimuli. In addition, physical sensations and emotional states are temporal and shifting. Under these circumstances, meaningful quality of life assessments require tracking over time changes in a patient ‘s physiological functioning, behavioral status, and manifestations of pain. Weekly assessments are adequate for generating the data points needed to document and recognize meaningful trends when patients are relatively stable. More frequent assessments (daily and sometimes more than once daily) are necessary when the patient’s condition is unstable and changes rapidly.

6-3 On-going communication

Effective communication skills are required for managing the physical needs of all animal hospice and palliative care patients. Animal hospice providers can encourage caregivers to effectively collect and regularly share information about their animal, in the forms of written accounts, photographs and/or video clips shared by email, phone calls or text messaging. Weekly communication with caregivers is usually adequate when patients are relatively stable. More frequent communication (daily and sometimes more than once daily) is necessary when the patient’s condition is unstable and changes rapidly. Animal hospice providers should also demonstrate their timely responsiveness to information-sharing by caregivers, in the forms of active listening, updating goals and treatment plans, and assistance with medical decision-making. A hospice team professional must be reachable around the clock for caregivers to consult with if a crisis situation is unfolding or suspected. Coverage by a knowledgeable emergency service is an acceptable alternative when coverage by a hospice team member around the clock is not possible.

6-4 Assessing the patient’s environment

Animal hospice providers have a primary responsibility to ensure that patients live and are cared for in a comfortable environment. They can advise caregivers on equipment and methods for maintaining the animal’s hygiene as well as maintaining cleanliness around the animal. They can ensure that the animal is on comfortable bedding appropriate for his or her condition, and institute measures to protect the animal from self and other injury. Room temperature, humidity, and lighting and sound can be adjusted to maximize comfort. Animal hospice providers can help caregivers select and install assistive devices in the home such as ramps, gates, enhanced floor traction and more.

6-5 Continuity across settings

Animal hospice and palliative care can be delivered in a home or a veterinary setting, based on the goals and preferences of the patient and caregivers. Effective communication between the animal's primary care provider, different providers within the animal hospice team, and other specialists is necessary to meet the patient's actual needs as prioritized by caregivers. Prevention of unnecessary patient transfers is an important goal of palliative care.

6-6 Timeliness and efficacy

Successfully managing the physical needs of animal hospice/palliative patients requires delivering the right care to the right patient at the right time to influence important patient outcomes. Palliative and hospice care can claim to be successful only when a link can be shown between the services provided, patient comfort and caregiver satisfaction.

6-7 Matching treatment to goals of care

The individualized treatment plan should be designed with consideration for the patient's tolerance for the burden of diagnostic and therapeutic measures, and the family's tolerance of the caregiving burden.

6-8 Triage and crisis preparedness

All caregivers must be educated on what a medical crisis looks like and when to reach out for veterinary assistance. Physiological norms should be shared so caregivers have a frame of reference to work from. Emergency numbers and contacts should be discussed and provided as part of the initial animal hospice plan of care. The EC Kit, as described in section 6-1.4, can be a valuable tool to help minimize suffering during times of pain or overt suffering, especially before help may be reached.

VII. Care of the Patient at the End of Life

1. Natural Death and euthanasia
2. Goals of caring for the patient at the end of life

3. Advance preparation and education of team
4. Prognostication
5. Desirable environment of care
6. Active Dying
7. Euthanasia of animal hospice patients

7-1 Natural Death and Euthanasia

7-1.1 Euthanasia as legal and widely-practiced intervention. Animal hospice and palliative care shares the majority of its clinical, philosophical, and ethical principles and objectives with human hospice and palliative care. Animal hospice and palliative care is unique, however, in that euthanasia is a legal and widely-practiced intervention aimed at relieving an animal's suffering by ending life peacefully and humanely when other efforts to alleviate suffering have failed or cannot be pursued. Under such circumstances, euthanasia is recognized as an acceptable option for alleviating animal hospice patients' suffering.

7-1.2 Discussion of both euthanasia and natural death. When an emotional attachment exists between the animal and a human caregiver, the decision if and whether the animal's life should end by euthanasia or natural death is made by the caregiver in collaboration with the hospice team. Both euthanasia and natural death need to be considered in the process of providing animal hospice care, and should be discussed by the animal hospice provider and caregivers as soon as possible once a caregiver/hospice provider relationship has been defined and/or established. A discussion about euthanasia should take place with those caregivers who are planning on a natural death of their pet; likewise, the option of natural death should be discussed with caregivers planning on euthanasia. Both options should be described sensitively and with an appropriate degree of detail to minimize fear or prejudice (Lagoni 1994). This section of the Guidelines first addresses the principles and means of caring for patients dying naturally, without euthanasia. Euthanasia is then further discussed, under the heading **Euthanasia of animal hospice patients.** The reader is encouraged to refer to the Guidelines' Definitions and Terminology section for the authors' definitions of natural death and euthanasia.

7-2 Goals of caring for the patient at the end of life

7-2.1 Maximizing comfort and peace. Animal hospice and palliative care accept death with and without intervention by euthanasia. The goal of animal hospice and palliative

care is to do everything possible to maximize comfort and peace for the patient and his or her human caregivers during the animal's last hours of life.

7-2.2 Caregiver confidence and understanding. All members of the animal hospice and palliative care team must be skilled in helping caregivers understand that what they see may be very different from the patient's experience. When caregivers feel confident, the experience of witnessing and supporting an animal's dying process can provide a sense of final gift-giving and good parenting. If unprepared and unsupported, caregivers unnecessarily spend energy worrying and if things do not go as hoped for, they may live with frustration, fear, or guilt that they did not provide their animal with a good death. (See the Mental Health Considerations section in this document for important additional information).

7-3 Advance preparation and education of team. Advance preparation and education of professional providers, family caregivers, and volunteers are essential to accomplishing end-of-life care goals. Clinical competence, willingness to educate, and calm, empathetic reassurance are critical to helping patients and families in the last hours of an animal's life. Everyone who participates must be knowledgeable about:

- The patient's health status
- The goals for care as defined by the animal's primary caregiver
- The projected time course and clinical and behavioral changes associated with the dying process
- The options for managing the clinical signs and syndromes associated with the dying process.

7-4 Prognostication

7-4.1 Variability and unpredictability. Although we often sense that the death of an animal patient will come in a matter of minutes, hours, days or weeks, death is difficult to precisely predict. Some human and animal patients are said to appear to be waiting for someone to visit, or for a particular event to take place, and then die soon afterward. Others experience unexplained improvements and live longer than expected.

7-4.2 Possible timeframe and progression. Providers should give caregivers a general idea of how long the patient might live, but caregivers must always be advised about the inherent unpredictability of the dying process--when it will start, what progression it will follow, and when it will end. The discussion below provides information shown to be helpful to providers and caregivers alike in preparing for the dying process.

7-5 Desirable environment of care

7-5.1 Privacy and intimacy of environment. The environment in which care for imminently dying patients is provided should be conducive to privacy and intimacy, and allow family and friends access to their dying loved one around the clock without disturbing others. During the last hours (and sometimes days) of their lives, all patients require skilled care around the clock, under the supervision of a licensed veterinarian. This can be provided in any setting as long as providers, caregivers, and others are appropriately prepared and supported throughout the process.

7-5.2 Scenario preparedness. All parties involved must plan for a variety of likely and less likely scenarios during the last hours (and sometimes days) of the animal's life. For each scenario, it is essential to understand the specific needs of the patient and caregivers, know what actions will produce optimal results, and have the information and equipment needed for such actions in place. Medications, equipment, and supplies must be available in anticipation of problems, whether the patient is at home or in a hospital setting. The patient's condition and the caregivers' ability to cope can change frequently, so both must be reassessed regularly and the plan of care promptly modified. One such plan modification might be a decision by the animal's caregiver to request that the animal be euthanized. Caregivers and animal hospice providers are encouraged to research experienced euthanasia providers in their community so that should the need arise for euthanasia, especially in an emergency, they will know who to contact.

7-5.3 "Last hours" protocols. Priorities for medical interventions during the last hours of life differ considerably from those for life-prolongation and cure. Incorporating both into one busy veterinary practice schedule is frequently challenging. There is a need for protocols to be developed in veterinary practices to ensure dying animals and their families are provided the environment and the skilled care they need.

7-5.4 Unnecessary admission and home preparedness. When death is imminent, it is appropriate that patients remain with caregivers they know, rather than be transferred to another facility. For this reason, preparedness is particularly important when the patient is at home, if unnecessary admission for hospital care during the last hours of life is to be avoided.

7-5.5 Standards for environment of care. Animal hospice providers are expected to set high standards in designing the environment of care for imminently dying patients,

and serve as role models to all other animal care providers in this regard. As qualified animal hospice services become more widely available, it will be the responsibility of all veterinary practices to offer clients the option of referral to such a service for the animal's end-of-life care if they cannot provide that care themselves.

7-6 Active Dying

Public and scientific discourse about the details of what an animal is experiencing during active dying, especially in the final phase of active dying, has suffered from lack of direct empirical data. Obtaining information about the internal experience of non-verbal patients during a once in a lifetime event for which no follow up observations are available has proven to be an insurmountable challenge to the scientific methods of investigation available to date.

Rapidly accumulating scientific evidence suggests that many mammalian species are capable of sensations, feelings and emotions that have much in common with those of humans (Balcombe 2006). While proof may be difficult to achieve, the evidence also suggests that inferring from human experience what animals may experience can be quite informative and can complement information gathered by observing and interpreting our animal patients' nonverbal communications. It is the opinion of the authors of these Guidelines that evidence from human patients, when carefully assessed, is directly relevant to caring for animals in the last hours of life.

7-6.1 Physiologic changes. A variety of physiological changes occur at the end of life, in the early and final phases of active dying. Signs and changes common at the end of life are summarized in Table 1 and Table 2:

TABLE 1 **TABLE 2**

Early phase of active dying	**Final phase of active dying**
increased sleep/lethargy	loss of consciousness
restlessness	muscle spasms/ twitching
agitation	severe agitation
inability to be made comfortable	abnormal breathing
withdrawal from social interaction	accumulation of respiratory secretions ["death rattle"]

confusion	departure from normal personality
decreased food and water intake	not taking any food by mouth
pale and/or cyanotic mucous membranes	open mouth
inability to heal wounds	cold extremities
	loss of sensation in the extremities
	incontinence
	dark urine
	dramatic drop in blood pressure

(modified from: Hospice Patients Alliance www.hospicepatients.org "Signs and symptoms of approaching death")

7-6.2 Clinical signs management. Unpredictable and sometimes rapid changes in feeding, hydration, mentation, respiratory function, and pain levels are common during the last hours of of life and need to be managed competently. Management principles are the same at home or in a hospital setting. A comprehensive discussion of the most significant aspects of clinical signs management in actively dying animal patients is being prepared for publication in the near future.

7-6.3 Management of pain, anxiety and agitation. Pain is a common sign in terminally ill patients. Managing pain is an essential component of all animal hospice and palliative care, and care of imminently dying patients is no exception. The possibility of pain must be considered when physiologic changes are noticed (e.g., increases in pulse rate and respiratory rate), and when grimacing and continuous facial tension are present. Treatment of pain in the imminently dying patient follows general multimodal pain management principles, with NSAIDs and opioid agents serving as the foundation of effective analgesia. Contrary to common fear, however, there is no evidence to suggest that pain suddenly increases during active dying (Emanuel 2005).

Dying patients experience altered neurologic function as well as diminished hepatic metabolism and renal perfusion. Under these circumstances routine dosing or continuous infusions of most medications, including all analgesics, may increase the risk of agitation, confusion and seizures. Analgesic medications should be administered

in “breakthrough” doses, titrated to manage expressions suggestive of continuous pain. Effective doses of all drugs may be difficult to predict, necessitating frequent evaluations. Use of doses above or below the recommended dosing range must be considered.

Potential long-term adverse effects such as liver failure and drug addiction are of minimal relevance; conversely, adverse effects that negatively impact patient comfort within hours require immediate reassessment of the treatment plan. Sedation is a common adverse effect of many analgesic agents, especially in higher doses. Prioritizing the gain in patient comfort versus the loss of conscious awareness at the end of life is medically challenging and can be ethically agonizing for both caregivers and animal hospice professionals.

Neurological changes associated with the dying process in animals are poorly understood and include confusion, drowsiness, loss of consciousness, agitation and departure from normal personality. These changes make the diagnosis of pain difficult in both human and animal patients, especially those in a semi-conscious state. The restlessness, agitation, moaning, and groaning that accompany terminal delirium are at times difficult to distinguish from pain. In treatment of imminently dying humans, combinations of opioids and benzodiazepines are frequently used because of their synergistic anxiolytic effect in addition to the opioids’ analgesic efficacy. This drug combination is much less predictable in canine and feline patients. Both opioids and benzodiazepines can cause paradoxical agitation and/or dysphoria in both felines and canines. Canines’ rapid metabolism of benzodiazepines must also be taken into consideration.

7-6.4 Administration of medications, fluids and food. For the majority of the terminally ill, food and fluids (given orally or parenterally) do not increase the quality of life and may increase discomfort and suffering from symptoms such as swelling, bloating, choking, coughing, nausea, vomiting or difficulty breathing.

Dehydration may provide relief for the actively dying by enhancing changes in their mental status which lessen the patient’s awareness of suffering. The most negative side effects of dehydration include thirst and dry mouth, which can be alleviated by simple, noninvasive measures. (Fordyee 2004)

Not eating is a common natural component of the dying process. Most dying patients feel little hunger. As a patient approaches death, the need for each medication should be reassessed and the number of medications that the patient is taking minimized, leaving only those needed to manage clinical signs such as pain, breathlessness,

excess secretions, terminal delirium, and risk of seizures.

Administering medications orally to end of life patients can be difficult and often traumatic for both patients and caregivers. The least invasive route of administration should be chosen: the buccal, mucosal, rectal, or subcutaneous routes of administration should be used whenever possible. The intravenous route is convenient if a catheter is already in place. The oral and the intramuscular routes of administering medications should be used only if no other options are available (Emanuel 2005).

7-7 Euthanasia of animal hospice patients

Animal hospice and palliative care differs from human hospice in that euthanasia is a legal and widely accepted option for alleviating an animal hospice patient's suffering by ending life peacefully and humanely when other means for relieving suffering have failed or are not available.

7-7.1 Euthanasia setting. The animal's comfort should always be given highest priority when planning euthanasia. Whenever possible, euthanasia could be carried out in a clinic comfort room, the animal's home, or other safe space. The home environment is ideal for many reasons. It eliminates the need to move a debilitated, potentially painful animal into a vehicle for transport to a clinic setting and provides optimal privacy for the caregivers (Cooney 2011). If the clinic setting needs be utilized for euthanasia, clinic staff are encouraged to keep the family and pet together at all times (Cooney 2012). Every part of the procedure may be carried out in a comfort room and privacy given before and after euthanasia. Euthanasia providers are encouraged to perform the procedure wherever the animal appears most comfortable and where the family can gather around safely.

7-7.2 Caregiver presence. Caregivers are encouraged, or at the very least allowed, to be present during euthanasia. Because animal hospice commonly involves participation by many individuals, the person scheduling the procedure may need to consider who will be present during the animal's death.

7-7.3 Mental health support. When warranted, participation of and/or consultation with a licensed mental health professional before, during and/or after an animal's euthanasia may offer valuable support for the human client and hospice team. Referral information should be provided for qualified licensed mental health professionals for further emotional support if needed after the death of the animal. (Refer to section V of these Guidelines.)

7-7.4 Euthanasia techniques. When done properly, euthanasia is a painless medical procedure that provides death to the pet within minutes (AVMA 2013). All approved AVMA euthanasia techniques should be well-understood by the attending veterinarian or approved euthanasia technician. Because animal hospice patients at the end of their life are often compromised in their physiological functioning (dehydrated, suffering from respiratory distress, prone to seizures, etc), knowing various techniques will ensure that if one fails due to the animal's condition, another one can be implemented effectively and in a timely manner (Cooney 2012).

7-7.5 Pre-euthanasia sedation. While pre-euthanasia sedation or anesthesia is not required for euthanasia to be humane, the authors of these guidelines support the AVMA Euthanasia Guidelines' recommendation that pre-euthanasia sedation or anesthesia be administered to the animal whenever possible. Caregivers report they appreciate seeing their companion animal free of environmental stressors and able to be sleeping as they die. However, it is the attending veterinarian's responsibility to assess risks surrounding pre-euthanasia sedation or anesthesia, in which case it may be advisable to forego such a step and perform the euthanasia without it (Rhoades 2002).

7-7.6 The AVMA Euthanasia Guidelines. The AVMA has published comprehensive guidelines for animal euthanasia. The most current edition of the AVMA Euthanasia Guidelines lists the following 14 criteria that must be taken into consideration before proceeding with euthanasia, for the betterment of the animal, those witnessing, and the veterinary team performing the procedure. While these criteria aim to encompass universal parameters, it should be noted that within animal hospice, some criteria will be more relevant than others.

AVMA Euthanasia Criteria

1. Ability to induce loss of consciousness & death without pain or anxiety
2. Time required to induce loss of consciousness
3. Reliability
4. Safety of personnel
5. Irreversibility
6. Compatibility with requirement and purpose
7. Documented emotional effect on observers and operators
8. Compatibility with use of tissue, examination
9. Drug availability and human abuse potential
10. Compatibility with species and health status

11. Ability to maintain equipment in working order
12. Safety for predators/scavengers should the body be consumed
13. Legal requirements
14. Environmental impacts of the method or carcass disposition

VIII. Animal Hospice Nursing

1. Caring for patients
2. Supporting caregivers
3. Role of the multidisciplinary team

Animal hospice nursing care is provided by veterinary nurses (called veterinary technicians in the U.S.) and their assistants. As such, veterinary nurses are an essential part of the animal hospice team, fulfilling important functions like managing the day to day health care of end-of-life patients, guiding and supporting caregivers, and actively contributing to team communication and coordination.

Veterinary nurses providing care to animal hospice patients and their caregivers should be trained and demonstrate skills in the following areas:

8-1 Caring for patients

8-1.1 Symptom recognition and patient triage. Veterinary hospice nurses should have basic knowledge of how disease processes progress to death if euthanasia is not elected, based on knowledge of animal physiology, behavior and disease. This knowledge includes recognizing physical and behavioral signs of pain and suffering, signs of imminent death, and processes that take place during death and dying. Veterinary nurses play an important role in monitoring the patient's individual plan of care by obtaining progress reports from caregivers in person, by phone, or electronically. Veterinary nurses perform patient assessments including, when applicable, collection of laboratory specimens. These assessments can be performed in the patient's home or at a veterinary facility and provide essential information for the animal hospice team's ongoing review of the patient's individual treatment plan.

8-1.2 Providing patient care. Veterinary nurses perform a wide array of medical treatments and procedures commensurate with their training, as prescribed by the patient's attending veterinarian to enhance the patient's quality of life and serve the goals of care established for the animal by his or her caregiver.

Managing pain is essential to improving animal hospice and palliative care patients'

comfort. Veterinary nurses are on the front lines of recognizing and assessing animals' pain, and are directly involved in application of pain management techniques, including administration of medications and physical medicine treatments, offering emotional comfort, and others. Certification in pain management through the International Veterinary Association of Pain Management is desirable.

Veterinary nurses play an important role in setting up and monitoring the patient's home environment to ensure comfort, hygiene, and safety for the animal hospice patient and caregivers (Shearer 2011). Veterinary nurses provide expertise in recommending, assembling, and training caregivers in the use of assistive equipment to maximize the patient's quality of life.

8-1.3 Body care of deceased animals. The animal hospice and palliative care nursing team is entrusted to perform the necessary procedures to prepare deceased patients' bodies for viewing, transport, and cremation or burial. Those include cleaning and removal of any medical paraphernalia and placing the body in a casket or in a body wrap. Veterinary nurses honor the caregiver's spiritual beliefs by providing a safe space for them to mourn and to practice customs and rituals in accordance with their personal beliefs and cultural background.

Caregivers' attachment to and concern for the patient frequently continue after the patient's death. Gentle and respectful handling of the body is of utmost importance, regardless whether the animal died at home or in a veterinary facility, with or without euthanasia. Caregivers often want to be a part of the handling of the body and their wishes should be respected.

8-2 Supporting Caregivers

Family members frequently function as primary caregivers for human hospice and palliative care patients, and even more so in animal hospice and palliative care, due to lack of third party payors to share the financial burden of caregiving services (e.g., around the clock nursing). Primary caregiving for animal hospice and palliative care patients means family members are taking upon themselves the provision of care for which they are not professionally trained. It demands much time, physical strength, and is a heavy emotional burden since the well-being of a loved one with a life limiting illness is at stake. Veterinary nurses play a central role in the animal hospice team's efforts to minimize caregivers' burdens by providing information, training, support and advocacy.

8-2.1 Providing information. Palliative care's approach to relieving suffering is anchored in matching treatment to what the patient and family choose (Meier 2010). In animal hospice and palliative care, treatment goals are defined by the animal's caregivers. Caregivers' knowledge and understanding of the implications of treatment

choices for the patient is paramount to ensuring that the goals defined are truly in the animal's best interest. Caregivers need the knowledge to recognize patients' clinical signs and needs, including signs of pain and suffering, signs of imminent death, and processes that take place during death and dying. Caregivers must also be provided practical information about the risks of possible adverse reactions to medications and other treatments.

Veterinary nurses provide, reinforce and interpret much of the information caregivers need to make important end-of-life decisions. Providing caregivers information can be challenging when the information is complex, and caregivers' emotional stress adversely affects their ability to absorb it.

Human nurses use a wide of strategies to provide information to patients and families in end of life situations (Adams 2011). All of these strategies can be easily modified for use by veterinary nurses in animal hospice and palliative care. Specifically, it is paramount that veterinary nurses provide information about normal manifestations of grief and about body care options including burial, cremation, and alkaline hydrolysis (if applicable by state law). Access to team and community resources such as mental health professionals and spiritual guidance is also vital information that can be provided by veterinary nurses.

8-2.2 Caregiver training. In most cases, caregivers of animal hospice and palliative care patients take it upon themselves to provide care they have not been professionally trained to provide. Veterinary nurses play a major role in alleviating some of the emotional burden of caregiving by training family members in performing treatments and other caregiving techniques. The objective is to ensure that the patient is receiving competent care, and that the caregivers feel confidence and take pride in their own efforts. Caregivers can be trained to provide comfort measures and to help the animal with activities of daily living (Roley 2008).

Several steps must be taken to accomplish this goal. First, nurses review with caregivers the specific caregiving technique to ensure they thoroughly understand it. Whenever possible, nurses should demonstrate the technique to the caregivers, explaining what they are doing as they do it. Written information is provided to caregivers describing the technique so they can review it as frequently as needed. Lastly, caregivers are encouraged to perform the technique in the nurse's presence so caregivers are reassured of their own competence and suggestions for improvements can be made (Shearer 2011).

8-2.3 Caregiver support. Actively caring for the dying (including the anticipation of loss, witnessing death, living with specific experiences of death and coping with subsequent loss) impacts the mental health of caregivers. It is a central tenet of animal

hospice and palliative care that the relevant needs, beliefs, desires, spirituality, religious and cultural identity of the animal's caregivers be supported. Veterinary nurses provide support by building trusting relationships with and by demonstrating empathy for both animal patients and human caregivers.

Trust is essential for open and effective communication and for maintaining an atmosphere of cooperation (Misztal 1996). Trust increases subjective well-being because it enhances the quality of one's interpersonal relationships. Data collected from human hospice nurses and terminally ill patients showed that trusting relationships improve patients' physical and emotional state, facilitate their adjustment to their illness, ease pain and can ultimately lead to a good death experience. Nurses also derive satisfaction and are enriched through the relationships (Mok 2004).

Demonstrating empathy is another important way for nurses to provide support. Human beings, especially those facing stressful situations like caring for an animal hospice patient, have an innate and very powerful need to be understood, affirmed, validated and appreciated (Covey 2004). Demonstrating empathy goes a long way toward fulfilling this need, and can transform the experience of caregivers even when the outcome of medical treatment is disappointing. Empathy includes listening, accepting, and/or reflecting feelings. It also includes naming and recognizing unmet needs. It can restore a sense of connection and trust. Research has shown empathy to effectively contribute to healing (Del Canale 2012). Different strategies are used by human nurses to demonstrate empathy for patients and their families (Adams 2011), and animal hospice nurses can employ these same techniques.

8-2.4 Advocating. Veterinary nurses advocate to caregivers on behalf of animal hospice and palliative care patients. The foundation of advocacy is the nurse-patient relationship. The nurse experiences the patient as a unique sentient being with individual preferences, and uses this understanding to intervene on the patient's behalf (Hebert 2011). The nurse's ability to represent the patient and communicate on the patient's behalf is a core skill in animal hospice and palliative care (Thacker 2008).

8-3 Animal hospice team skills of veterinary nurses

8-3.1 Caregiver status reporting. Veterinary nurses inform the animal hospice team regarding the patient's and the caregiver's status on a weekly or daily basis, as needed. They are the team's "front line", communicating with caregivers in person, by phone or electronically, assessing for any significant changes in the patient's status (McMillen 2008; Kennard 1996) as well as in caregivers' needs and feelings (Sorensen 2007). In particular, veterinary nurses are trained to recognize and provide the animal hospice team up to date information about caregivers' manifestations of grief. Any observations suggesting that complicated grief may be present are shared with the animal hospice team in a timely manner to ensure an appropriate team response.

8-3.2 Patient care coordination. Veterinary nurses should be well equipped to coordinate patient care. In this role nurses maintain accurate, up to date records of all communications with team members and outside service providers. They are responsible for ensuring that all providers are well informed regarding other providers' goals and activities, that the plan of care is up to date, and that tasks are performed as planned. Nurses' team coordination responsibilities may also include managing the team's office, scheduling nursing staff, and other administrative tasks.

8-3.3. Caregiver advocate. An important component of the veterinary nurse's team communication responsibilities is to advocate to the team on behalf of the patient and/or caregivers. Human nurses report several modes of advocating, including going directly to the physician to report the expressed wishes of the family and questioning physicians about the plan of care (Silen 2008; Bach 2009).

8.3.4 Animal hospice team support. Veterinary nurses also provide support and demonstrate empathy for their animal hospice team colleagues by being "someone team members can talk to." Specifically, they can share with veterinarians in the psychological burden of medical decision making.

IX. Integrative Veterinary Medicine in Animal Hospice and Palliative Care

With a growing interest in Complementary and Integrative Medicine (CIM) therapies among animal caregivers and medical care providers, it is important to consider their use, where appropriate, in animal hospice and palliative care. The provision of complementary therapies may be sought by caregivers or suggested by veterinarians or other animal hospice team members. CIM therapies are being successfully used in conventional palliative care for human hospice patients (Van Hyfte 2013), and a broad range of these therapies that have been shown to be effective in human palliative care have also been effectively applied to companion animals (Kidd 2012). Often the use of these modalities can be therapeutic for caregivers as well as animal patients, leading to a decrease in anxiety and a feeling of well-being in animals and humans alike. The use of aromatherapy, music therapy, massage and Reiki are just a few examples of therapies that have been shown to decrease anxiety in humans (Woelk 2010; Karagozoglu 2013; Vandergrift 2013).

In addition to reducing anxiety, CIM is used in animal patients to relieve other causes of discomfort. Some actions of complementary therapies take time to exhibit beneficial effects, as their mechanisms often support the body's own healing: examples include

the nutritional benefits of a well-balanced homemade diet, and supportive dietary supplements such as omega 3 fatty acids (Coelho 2012) and glucosamine/chondroitin (McCarthy 2007). The pharmaceutical and physiological effects of herbal medicines may improve the function of specific organ systems, such as milk thistle for liver support (Hackett ES 2013), while others such as willow bark and meadowsweet can have more immediate effects by decreasing inflammation and pain (Drummond 2013). Physical therapies, including passive range of motion, massage, chiropractic, acupuncture, thermal, electricity, ultrasound and laser, can be used to improve quality of life through improved mobility, circulation and reduced pain (Downing 2011). Additional complementary therapies may be used in palliative care to help reduce vomiting and diarrhea, decubital and gastric ulcers and other clinical signs that may affect quality of life in animal hospice patients. Ongoing research is needed to further explain the mechanisms of action and comparative efficacy to conventional medical therapies, as well as usefulness in adjunctive therapy.

Animal hospice and palliative care patients are often on multiple medications and CIM therapies may aid in reducing the required dosages of certain drugs, thus making them more suitable for patients suffering adverse outcomes connected to those drugs. Likewise increased doses of some drugs can be used in conjunction with appropriate CIM therapies which can reduce the risk of unwanted side effects in the patient. Care must be taken when using some treatments, however. For example, herbal therapies should be prescribed by experienced veterinary herbalists who are knowledgeable of herb-drug interactions, herb safety, and efficacy so as to avoid complications and adverse side effects. Some herb-drug interactions are protective or synergistic, which benefits the patient because drug efficacy is achieved at lower and safer dosages. Other interactions, however, may harm the patient by altering drug absorption or metabolism and must be avoided.

CIM therapies can be a welcome addition to palliative care in animals. When complementary therapies are selected, an integrative approach is recommended using the most appropriate interventions to control pain or other clinical signs. It is the recommendation of this Task Force that veterinary practitioners and animal hospice team members maintain current knowledge of the available treatment options for patients, whether these options are complementary or allopathic, and to choose therapies that are the most effective in treating the patient's condition, most beneficial to the patient's overall quality-of-life and have the fewest undesirable side-effects. If caregivers choose to pursue complementary therapies, referral to a trained and experienced CIM practitioner is recommended in order to safely and effectively integrate treatments.

X. Conclusion

The human-animal bond has changed and strengthened over the millennia since the first animals were domesticated. Initially humans brought animals into their lives and homes for practical reasons—protection, pest control, as a food source, and for farm work. But over time, the simple joy of loving a non-human being has become reason enough to keep them in our homes and in our lives. With that joy comes the responsibility to care for them throughout their lifespan, into their geriatric years and through illness and death.

Death can be a difficult topic. It is emotionally charged and animal caregivers, as well as animal hospice providers, bring into the discourse personal past experiences that influence perceptions of the “ideal death.” Each animal‘s death will be different due to varying medical conditions, animal personalities and behaviors, caregiver beliefs and life experiences, as well as physical, practical, and financial limitations. Animals and humans alike live with certain levels of discomfort and decreased ability as they age and approach death. Few people, especially those seeking animal hospice care, wish to see an animal suffer, and though it can be difficult to determine the animal’s own wishes, these must be considered as end-of-life decisions are made. Quality of life assessments based on individual behaviors and interactions rely heavily on the caregiver’s interpretation of well-being and comfort levels. Decisions are sometimes made based on fear of what may happen rather than what is actually happening in the patient’s medical condition. Open communication between all animal hospice team members and caregivers and knowledge and preparation for as many possible scenarios as can be anticipated are paramount to providing the best possible care to our animal companions. Early and detailed discussions with caregivers concerning their needs, limitations and desires for the end-of-life care of their animal helps to establish a plan and reduce fear and uncertainty. Plans may change over time, and flexibility, in addition to compassionate, non-judgmental attention to caregiver needs, brings the highest level of care and satisfaction to all involved.

The need for animal hospice and palliative care services is rapidly growing, reflecting the desire to ensure that beloved non-human family members are cared for in an ethical and compassionate manner at the end their lives. Providing care at the end of life is an important way to honor and celebrate the life that has been shared with us. There is much to be learned in the field of animal hospice and palliative care, and it is our intention for these Guidelines to provide a solid foundation for this important discipline by providing information and resources, and by stimulating education and further discussion.

XI. Appendix: Definitions and Terminology

The IAAHPC Guidelines Task Force engaged in considerable discussion before reaching a consensus on our choice of language for this document. Our primary goal was to establish an inclusive set of definitions that supports the varied needs and beliefs of caregiving families and providers working with animal end-of-life care.

The following glossary of terms has been agreed upon by the IAAHPC Guidelines Task Force for use in this document:

activities of daily living (ADL) -- Daily activities that a patient normally performs (related to hygiene, exercise, play, eating and drinking, etc,) and which may require support in order to maintain Quality of Life.

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 a 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 transdisciplinary healthcare team 'with animal medical care' under the supervision of a licensed veterinarian.

animal hospice team -- A transdisciplinary 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.

caregiver -- As defined in this document, the caregiver is the animal's owner, and/or any others involved directly in the animal's daily care and decision-making surrounding the animal and its health care. The term "Caregiving Family" may be used to designate multiple people assuming responsibilities of ownership and care.

curative care -- Treatment with the intent and expectation that the patient will recover from the disease process.

end-of-life care -- Care provided to attend to the physical, emotional, social, and (when present) spiritual needs of patients in the final hours or days of their lives; and, more broadly, of all patients with a terminal condition that has become advanced, progressive and incurable.

euthanasia -- The intentional termination of life through humane, AVMA-approved methods that cause as little pain, discomfort, and anxiety as possible, for the purpose of relieving an animal's suffering. The term euthanasia comes from the Greek words "eu" (good) and "thanatos" (death).

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

medical crisis -- A sudden onset or intensification of a symptom or disease, or an unstable clinical state in which a highly undesirable outcome is a distinct possibility, demanding immediate decision and/or action to prevent further deterioration and to restore stability.

mental health -- Mental health is an important determinant of QOL in both humans and animals. Mental health in people includes psychological, emotional, and social well-being; spiritual well-being is also an important aspect of mental health for some.

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

palliative care -- Treatment which supports or improves the patient's Quality of Life (QOL) by relieving suffering. This term can be used when treating curable or chronic conditions, as well as during end-of-life care.

patient -- The animal receiving palliative and/or end of life care. "Animal," "animal patient," and "companion animal" are also used in this document.

provider/animal hospice provider -- A member of the animal hospice team who provides care for the animal patient and/or human caregiver. This may be specified with terms such as "Veterinary Care Provider" or "Mental Health Care Provider."

quality of life (QOL) -- Quality of life refers to the total well-being of an individual animal, taking into account the physical, social, and emotional components of the animal's life.

quality of life assessment --The assessment an animal hospice provider or caregiver makes about how well or poorly an animal is doing, considering the totality of an animal's feelings, experiences, and preferences, as demonstrated by the animal. In the context of animal hospice care, these assessments indicate the current or ongoing comfort levels in relation to the diagnosed health problems and severity of symptoms and suffering.

suffering -- An unpleasant or painful experience, feeling, emotion, or sensation, which may be acute or chronic in nature. Suffering is an umbrella term that covers the range of negative subjective experiences, including (but not limited to) physical and emotional pain and distress, which may be experienced by humans and by animals.

transdisciplinary -- A transdisciplinary approach crosses disciplinary boundaries to create a holistic, collaborative, and unified team.

XII. References

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