

Spreading the Word on Hospice Care

Services are growing, but clients may not be aware

by Edie Jarolim

Pain management, massage therapy, sitter referrals, and family counseling are among the services offered by veterinary practices focusing on end-of-life care, an emerging field described by the International Association of Animal Hospice and Palliative Care (IAAHPC) as “exploding.” In spite of the increased number of these practices, many of them mobile, members of the public tend to be confused about them, if they are aware of them at all. Perhaps this should come as no surprise, given the current lack of consensus about guidelines and definitions among veterinary professionals—not to mention the difficulty of marketing pet hospice, given the inevitable patient outcome.

Sheila Kirt, DVM, of Home at Last in Tucson, Ariz., says, “The majority of people who contact me find me through word-of-mouth from other clients, and most of them specifically mention home euthanasia. Often, they want palliative care until they feel that euthanasia is the best choice, or they want an evaluation to give them an objective opinion of their pet’s condition.”

Euthanasia is also the endgame for most of her patients, but Katherine Goldberg, DVM, de-emphasizes this component of her whole animal practice in Ithaca, N.Y. A co-founder of the new Veterinary Society for Hospice



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TRIFEXIS®

(spinosad + milbemycin oxime)

Chewable Tablets

Before using TRIFEXIS chewable tablets, please consult the product insert, a summary of which follows:

Caution: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

Indications:

TRIFEXIS is indicated for the prevention of heartworm disease (*Dirofilaria immitis*). TRIFEXIS kills fleas and is indicated for the prevention and treatment of flea infestations (*Ctenocephalides felis*), and the treatment and control of adult hookworm (*Ancylostoma caninum*), adult roundworm (*Toxocara canis* and *Toxascaris leonina*) and adult whipworm (*Trichuris vulpis*) infections in dogs and puppies 8 weeks of age or older and 5 pounds of body weight or greater.

Contraindications:

There are no known contraindications to the use of TRIFEXIS Chewable Tablets.

Warnings:

Not for human use. Keep this and all drugs out of the reach of children.

Serious adverse reactions have been reported following concomitant extra-label use of ivermectin with spinosad alone, one of the components of TRIFEXIS Chewable Tablets (see **ADVERSE REACTIONS**).

Precautions:

Treatment with fewer than 3 monthly doses after the last exposure to mosquitoes may not provide complete heartworm prevention (see **EFFECTIVENESS**).

Prior to administration of TRIFEXIS, dogs should be tested for existing heartworm infection. At the discretion of the veterinarian, infected dogs should be treated with an adulticide to remove adult heartworms. TRIFEXIS is not effective against adult *Dirofilaria immitis*. While the number of circulating microfilariae may decrease following treatment, TRIFEXIS is not indicated for microfilariae clearance. Mild, transient hypersensitivity reactions manifested as labored respiration, vomiting, salivation and lethargy, have been noted in some dogs treated with milbemycin oxime carrying a high number of circulating microfilariae. These reactions are presumably caused by release of protein from dead or dying microfilariae.

Use with caution in breeding females. The safe use of TRIFEXIS in breeding males has not been evaluated. Use with caution in dogs with pre-existing epilepsy. Puppies less than 14 weeks of age may experience a higher rate of vomiting.

Adverse Reactions:

In a well-controlled US field study, which included a total of 352 dogs (176 treated with TRIFEXIS chewable tablets and 176 treated with an active control), no serious adverse reactions were attributed to administration of TRIFEXIS chewable tablets. All reactions were regarded as mild.

In some cases, dogs vomited after receiving TRIFEXIS. To ensure heartworm prevention, observe your dog for one hour after administration. If vomiting occurs within an hour of administration, redose with another full dose.

Reactions that occurred at an incidence >2% (average monthly rate) within any of the 6 months of observation are presented in the following table:

Average Monthly Rate (%) of Dogs With Adverse Reactions

| Adverse Reaction | TRIFEXIS Chewable Tablets ^a | Active Control Tablets ^a |
|------------------|--|-------------------------------------|
| Vomiting | 6.13 | 3.08 |
| Pruritus | 4.00 | 4.91 |
| Lethargy | 2.63 | 1.54 |
| Diarrhea | 2.25 | 1.54 |

^an=176 dogs

In the US field study, one dog administered TRIFEXIS experienced a single mild seizure 2½ hours after receiving the second monthly dose. The dog remained enrolled and received four additional monthly doses after the event and completed the study without further incident.

Following concomitant extra-label use of ivermectin with spinosad alone, a component of TRIFEXIS, some dogs have experienced the following clinical signs: *trembling/twitching, salivation/drooling, seizures, ataxia, mydriasis, blindness and disorientation*. Spinosad alone has been shown to be safe when administered concurrently with heartworm preventatives at label directions.

In US and European field studies, no dogs experienced seizures when dosed with spinosad alone at the therapeutic dose range of 13.5-27.3 mg/lb (30-60 mg/kg), including 4 dogs with pre-existing epilepsy. Four epileptic dogs that received higher than the maximum recommended dose of 27.3 mg/lb (60 mg/kg) experienced at least one seizure within the week following the second dose of spinosad, but no seizures following the first and third doses. The cause of the seizures observed in the field studies could not be determined.

For technical assistance or to report an adverse drug reaction, call 1-888-545-5973. Additional information can be found at www.TRIFEXIS.com.

Post-Approval Experience (March 2012):

The following adverse reactions are based on post-approval adverse drug event reporting. The adverse reactions are listed in decreasing order of frequency: vomiting, depression/lethargy, pruritus, anorexia, diarrhea, trembling/shaking, ataxia, seizures, hypersalivation, and skin reddening.

Effectiveness:

Heartworm Prevention:

In a well-controlled laboratory study, TRIFEXIS was 100% effective against induced heartworm infections when administered for 3 consecutive monthly doses. Two consecutive monthly doses did not provide 100% effectiveness against heartworm infection. In another well-controlled laboratory study, a single dose of TRIFEXIS was 100% effective against induced heartworm infections. In a well-controlled six-month US field study conducted with TRIFEXIS, no dogs were positive for heartworm infection as determined by heartworm antigen testing performed at the end of the study and again three months later.

Flea Treatment and Prevention:

In a well-controlled laboratory study, TRIFEXIS demonstrated 100% effectiveness on the first day following treatment and 100% effectiveness on Day 30. In a well-controlled laboratory study, spinosad, a component of TRIFEXIS, began to kill fleas 30 minutes after administration and demonstrated 100% effectiveness within 4 hours. In field studies conducted in households with existing flea infestations of varying severity, flea reductions of 98.0% to 99.8% were observed over the course of 3 monthly treatments with spinosad alone. Dogs with signs of flea allergy dermatitis showed improvement in erythema, papules, scaling, alopecia, dermatitis/pyodermitis and pruritus as a direct result of eliminating the fleas.

Treatment and Control of Intestinal Nematode Infections:

In well-controlled laboratory studies, TRIFEXIS was ≥ 90% effective in removing naturally and experimentally induced adult roundworm, whipworm and hookworm infections.

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and Palliative Care, Goldberg calls assisted death “a tool,” but prefers to focus on the pet “living fully until the last moment of life.”

Some veterinarians with hospice practices advocate natural passing and turn to euthanasia only in very rare cases.

The age of the patients seen in end-of-life practices varies, too. Geriatrics are the most common, but they are by no means the only ones that require care when extreme life-extending measures are eschewed. Jessica Voselgang, DVM, whose Paws Into Grace practice serves southern California’s San Diego, Murrieta, and Temecula counties, is struck by “the horrible toll cancer takes on pet families,” adding that “half of my euthanasias are dogs that have cancer.”

As a result of the different veterinary emphases and the variety of patient profiles, the cost to clients ranges widely, posing an additional marketing problem for the industry as a whole. For owners of pets with cancer, for example, pain management and palliative care are generally less expensive than surgery and chemotherapy. And while long-term specialized care may be beyond the budget of some clients with geriatric animals, they can nevertheless benefit from some form of counseling and from being able to say goodbye to a pet at home.

The common denominator for all these practices, and the key to what makes them rewarding for veterinarians despite the many challenges, is the clients’ gratitude at finding help—both physical and psychological—at this most difficult time. Lini Burton of Tucson embodies the typical pet owner. Worried about her ailing 14-year-old

Airedale, Cisco, Burton “wanted to make sure that I had proper emotional perspective.” She recalls, “Dr. Sheila Kirt did a quality-of-life evaluation in our home. Together, we decided it was not quite time. She was wonderful, frank, and reassuring. I felt comforted to have her involved in our lives.”

The evolution of end-of-life practices

The conversation about end-of-life care is a relatively recent one—the IAAHPC was formed just 5 years ago—and the field is still in its formative stages.

So are individual practices. Voselgang says, “Paws Into Grace was founded exclusively as a home euthanasia practice. As we’ve grown, we’ve realized the huge need for palliative and hospice care and have since evolved to incorporate that as well.” Goldberg’s practice, founded in the fall of 2010, originally offered general wellness services, but by 2012, Goldberg says, “Whole Animal was exclusively dedicated to geriatrics, hospice, and palliative care.”

Genevieve DeClerck and Hugh Edwards had been clients of Goldberg at another Ithaca clinic she belonged to before she left to start her mobile hospice practice. When Sylvia, their geriatric 75-pound black Lab mix, started having mobility issues and found it difficult to get into a car, the couple sought someone who would come to their home. Edwards says, “We Googled ‘vets who make house calls’ and were thrilled to find Katherine [Goldberg], whom we already knew and trusted. We had no idea that there was hospice for dogs as there was for humans, or that there were veterinarians who specialized in it.”



It turned out to be only a few weeks between Kirt's initial visit and the day that the couple decided to say goodbye to Madison, but those weeks left them feeling that they had done everything they possibly could have done for their old friend.

This knowledge came as a huge relief to the couple. DeClerck says, "When your dog has problems walking and you go to a clinic, the vet is likely to say, 'Go home and think about this,' meaning think about euthanasia. We were far from giving up on Sylvia."

It takes a village—including the family veterinarian

The perception of the family veterinarian as an adversary—or at least not an ally—is essential to overcome, according to Goldberg, especially with regard to senior pets." The reluctance of clients to bring geriatric animals in and the mutual frustration of both client and veterinarian build over time," she says. "Before you know it, a list of problems has completely threatened the bond that a family has with their pet, and the family veterinarian doesn't even know about it."

Kathy Cooney, DVM, education chair and vice president of the IAACP, strongly agrees. She says, "We want to see an increase in general practice veterinarians and team members in our association because that's really where hospice care begins."

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When her 15-year-old Chow-lab mix, Madison, no longer responded to the steroids and pain medications she had been prescribed for her various age-related issues, Daniela Lax of Tucson asked her primary care veterinarian to recommend someone who would do an in-home euthanasia. "I completely trust my vet," Lax says. "If she writes a name down, I'll use it." Lax didn't realize that the referred veterinarian, Sheila Kirt, also offered palliative care.

Kirt suggested that Lax bring in a massage therapist for Madison, someone who was also skilled at fitting dogs for carts and harnesses. In addition, she recommended a pet sitting service accustomed to caring for dogs with medical issues. "Madison could no longer use the dog door," Lax says, "and my partner and I wanted someone to check in on her during the day while we were working."

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What Exactly Is Pet Hospice?

Many veterinary practices that highlight end-of-life care use the term "hospice" in their taglines or marketing copy. Not all of them mean the same thing by these terms, however. There are some basic tenets that pet hospice unquestionably shares with human hospice: a focus on comfort and quality of life—which includes the alleviation of the physical pain and emotional suffering of the entire family unit—when the decision is made to forgo aggressive treatment to extend a patient's life.

But euthanasia is an option in pet hospice, as it is not in the human version, and here the opinions of some members of the veterinary profession part ways. Some believe practices that routinely use euthanasia should not use the term hospice, no matter the length or quality of care that precedes assisted death.

Because the human model is the one most of the public is familiar with, laypeople often use its language to describe the pet version, sometimes erroneously. Take, for example, the headline of a story in the business section of the *New York Times* in November: "All Dogs May Go to Heaven. These Days, Some Go to Hospice." This implies that pets with terminal illnesses may be sent to a care facility outside the home—which is rarely the case.

There is one definition all veterinary professionals are likely to agree upon: Pet hospice is not a place but a philosophy of care.

Advocating for the whole family

Clients who are committed to giving their pets a great quality of life until the end often sacrifice their own quality of life to some degree. DeClerck and Edwards had flexibility with their jobs, which permitted one of them to be home with Sylvia 24/7 toward the end of her life; they only rarely took advantage of the in-home care services of the veterinary technician who works with Goldberg. And when Lax noted that she threw out her back trying to help 50-pound Madison negotiate the front steps of her home, she quickly minimized the problem. “It wasn’t a big deal,” she says. “I would do it again.”

Many feel guilty if they are not able to make that kind of commitment to their pet’s care.

Voselgang says, “You have to give clients permission to take their own needs into account as well as those of the pet. My job is to advocate for the whole family, including the pet, to help them understand not everyone is expected to go to the same extremes.”

As Goldberg puts it, “We would never dream of providing 24-hour care to our aging and ill human family members without professional assistance. Yet this is what we expect of ourselves for our beloved pets, and then we feel guilty when we can’t do it.” She adds, “Whether or not a certain disease process is ‘treatable’ depends far less on what the books say and more on what the family dynamics are around that disease in that patient. As veterinarians, we need to be able to navigate this without judgment.”

Clients and terminally ill animals are not the only ones that need to be considered in the family dynamic. When Lini Burton said goodbye to Cisco, she reported, “His 13-year-old sister, Zoey, had a hard time adjusting to being part of a one-Airedale household. Dr. Kirt was extremely helpful in offering advice about that, too.”

She adds, “I am a huge proponent of hospice care for pets. I now feel at peace about the parting, a sense of calm I hadn’t anticipated. I strongly urge anyone faced with these issues to seek expert help. For me, it was invaluable.” ✨



Edie Jarolim is a freelance writer and blogger and the author of *Am I Boring My Dog? And 99 Other Things Every Dog Wishes You Knew* (Alpha/Penguin 2009). She earned a PhD in American literature from New York University.

Organizing to Educate

Educating veterinary professionals and the general public about end-of-life pet care is the key to improving the quality of that care and the awareness of its availability. But, according to Kathy Cooney, DVM, education chair and vice president of the International Association of Animal Hospice and Palliative Care (IAAHPC), the available resources are still few and far between.

“We’re at a critical time in this field,” says Cooney. “The AVMA is recognizing the need for increased end-of-life care, veterinarians are recognizing it, and pet parents are recognizing it—but we don’t yet have

educational materials and training in place, the nitty-gritty of how you do this work.”

The IAAHPC was formed in 2009 by Amir Shanan, DVM, who, Cooney says, “saw a need for an interdisciplinary group that could work together to promote the knowledge of, and provide the guidelines for, companion animal care at the end of life.” The IAAHPC is looking to create a series of certification courses for all professionals who would define themselves as pet hospice workers and is working to provide a comprehensive directory of practitioners for pet owners.

While recognizing the importance of the interdisciplinary approach, the Veterinary Society of Hospice and Palliative Care (VSHPC), co-founded by Katherine Goldberg, DVM, and Page Yaxley, DVM, DACVECC, in the spring of 2014, focuses specifically on veterinary education, one goal being the founding of a boarded specialty in hospice and palliative care. Yaxley is an assistant professor in the department of Small Animal Clinical Sciences at Michigan State University’s College of Veterinary Medicine and is the founder of the college’s Veterinary Hospice Service, and the VSHPC’s academic roots are evident in the society’s orientation.