

THE HARDEST PART: END OF LIFE DECISIONS AND COMPASSION FATIGUE (FINDING YOUR VOICE IN WHAT APPEARS TO BE THE HARDEST PART OF YOUR JOB)

Dani McVety, DVM
Lap of Love Veterinary Hospice
Nationwide

Dealing with end-of-life treatment is an emotionally fragile time for pet parents, but guiding them through this phase can be rewarding and also provides valuable medical care to the pet, while strengthening the bond your client has to your clinic.

While the majority of pet owners request our service for euthanasia, there is a growing demand for veterinary hospice care, both within our practice and in general practitioners' offices. However, veterinary hospice is still misunderstood, even within our profession. We are often asked by clients, "What is veterinary hospice? Isn't that prolonging the inevitable (or suffering)?"

Before we delve into defining veterinary hospice, it is important to first understand what hospice is not: It is not prolonging suffering, nor is it euthanasia or natural dying. Hospice is a medically supervised service dedicated to providing comfort and quality of life for the pet (and support for the owners) until euthanasia is elected or natural death occurs.

HOSPICE PATIENTS

Hospice is most commonly a service for the advanced age pet suffering from disease, such as the 13-year-old Labrador retriever struggling with mobility issues or the 16-year-old cat with heart failure. However, hospice is not just for senior pets; it is for any pet facing the end of its life.

Hospice may be needed for the puppy with distemper, the 5-year-old cat with unmanageable diabetes, or the 6-year-old boxer with osteosarcoma. While the younger pet may be managing the signs of its disease satisfactorily and its quality of life may still be adequate, the family knows this precious time is limited. Regardless of the age or disease, when quality of life is decreased and euthanasia is being considered, hospice services are appropriate.

HOSPICE SERVICES IN PRACTICE

When you have a client facing the end of his or her pet's life, you should be able to discuss and offer hospice services within your clinic. Using the word hospice to describe this care helps families realize that their pets are at the end of their lives and long-term management or curative options are no longer being pursued. Many times just the use of the word hospice is a relief to pet owners.

Avoid making pet owners feel guilty if they choose to cease treatment or decide against it. For example, if an owner decides against having his or her pet's blood analysis checked every 6 months (to evaluate long-term nonsteroidal anti-inflammatory drug [NSAID] administration), don't threaten to cease medical treatment. Instead, take these measures to ensure the family feels supported, comforted, prepared, and not financially burdened:

- Educate the owner about potential NSAID side effects, highlighting the importance of presenting the pet for treatment if any adverse effects are noted.
- Have the owner sign a liability waiver refusing blood analysis in order to protect you and your practice.
- Help the owner plan a compassionate approach to end-of-life care for his or her pet.
- Within your clinic, agree—among doctors and the support team—that, if a case is marked as "hospice," the family can elect euthanasia at any time without the need to go through the pet's entire medical history with the attending doctor. The clients should feel supported by the entire team without the requirement to defend the choice to say goodbye.

HOSPICE CONSULTATIONS

The most commonly requested hospice service is the consultation. Clients are often greatly appreciative for even 30 minutes with a veterinarian to discuss what to expect and how to manage his or her pet's disease and

its progression. Communication, preparation, and more communication are the hallmarks of a successful hospice case.

Many families wish to keep their pets alive for as long as possible, while also maintaining good quality of life, but simply don't know how to manage this. They feel helpless. Sometimes a client calls our practice and says, "It's not time for euthanasia yet, but I would like to be in your system or know what to expect." We know this is a call for help and the perfect opportunity to offer a hospice consultation.

As veterinary hospice practitioners, we are able and willing to help extend life as long as pain and anxiety are controlled. These actions are always preceded by a lengthy discussion about the progression of the disease process and a clear "stop point," which we and the clients agree is the ending of a good quality of life. Stop points are often specific to the pet and its past behavior; they can be used as individual points or combined to guide decision-making.

Following are some examples of stop points we have used with families:

- When a pet's resting respiratory rate is more than 60 breaths per minute 3 times during the day.
- When the pet refuses a hamburger.
- When the pet does not try to attack the vacuum cleaner and has refused french fries in the same day.

The most important thing clients need to know is what they risk if they wait too long before choosing euthanasia, which is why education about their pet's disease progression is crucial.

Hospice consultations almost always take longer than normal appointments, so be sure to schedule at least 30 minutes with the clients and charge appropriately. In a clinic, this consultation can be done with or without the pet present.

HOSPICE HANDOUTS

In the same manner that veterinary clinics provide pet owners with a puppy/kitten package at the beginning of a pet's life, clinics should also make available detailed end-of-life information for clients. Some items to provide to pet owners include:

- **Handouts about various diseases**, with detailed information about the illness affecting the pet, including end-stage clinical signs. Some examples can be found at lapoflove.com, in the Education section.
- **Daily diaries** that describe appetite, thirst, urination, defecation, mobility, and clinical signs of disease, which are important details to monitor while a pet is in hospice care because these activities help determine overall quality of life.
- **Quality of life scales**, which give a measurable value to owners. The pet can be evaluated daily or weekly, and ideally by more than one person in the family, which provides a more accurate evaluation of the pet. Make sure to teach the owner(s) how to accurately use the scale (see **Assessing Quality of Life**).
- **Adjunctive services** you support and trust (preferably mobile) in the area, such as acupuncture, massage, mobile grooming, and in-home pet sitting (which is also a great opportunity for technicians).
- **Local pet loss groups or grief counselors** (a local human hospice can be a valuable referral source).
- **Emergency clinics** in the local area if your clinic does not offer 24-hour emergency care.
- **Information on natural death**, specifically what occurs during the process (see **Handling Euthanasia in Your Practice**, Today's Veterinary Practice, January/February 2016, available at tvjournal.com).
- Specific euthanasia information, including:

- When and how to schedule euthanasia at your clinic, and if your clinic offers euthanasia in the home.
 - How to handle an emergency situation, such as nights or weekends, when a veterinarian may not be available. For example, “rescue” pain medication can be provided to help the pet through the night if emergency care is not available or possible.
 - Aftercare information (owners need to plan ahead), including services your clinic provides and their prices.
 - Local pet crematories or cemeteries, or services that can pick up the pet from the home after he/she has passed
- **Provide a peaceful ambient environment:** Ensure a minimal amount of noise, odors, and distractions.
 - **Ensure proper cage/kennel set up:** Kennels should be comfortable with padding, slip-proof flooring, and something from home. For dogs experiencing incontinence, mesh sling beds that allow urine to drip through help keep the kennel clean.
 - **Encourage visiting hours:** If an aging pet is in your hospital for treatment or boarding for more than a day, encourage visitation. The joy the pet and owner experience is priceless.
 - **Offer specialized boarding:** Create a special boarding program for geriatric or hospice pets that includes specialized cage/kennel set up, visiting hours, twice daily pictures, and updates.
 - **Utilize a low rider stretcher:** Use this stretcher for dogs with mobility issues when they go for walks to relieve themselves or get fresh air.
 - **Provide in-home technician visits and care:** Seeing pets in their own environment is important, as they act differently in their home surroundings. More importantly, modifications can be made that may have been overlooked, and treatments can be done in the home without a distressing trip to your clinic.

IN SUMMARY

While offering veterinary hospice may not provide the largest avenue of revenue, the long-term benefits are immeasurable. The satisfaction your clients will experience with the full circle of veterinary care at your clinic will be priceless. This positive experience will lead to word-of-mouth referrals and repeat business with other pets owned by that client. Most important, it is what is best for the pet.

When families have a better end-of-life experience with their pets, they heal more quickly from the debilitating emotional loss. Pet owners are better able to cope with their decisions and feel confident in their ability to care for their pets, encouraging them to open their homes and hearts to pet ownership again.

Suggested Reading

laahpc.org. Emerging group for all members of a pet hospice team.

Lapoflove.com/education/common-diseases. End-of-life information on common diseases seen in hospice practice. Pethospicejournal.com. Free resource for clients to track progression

COMPASSION FATIGUE OR ETHICAL FATIGUE?

Veterinary medicine is one of the greatest professions. Sadly, it can also be one of the most emotionally draining. We are automatically at ‘risk’ for compassion fatigue due to the nature of our job (high stress, long hours, long weeks, and most importantly, not enough funding), in addition to our personalities (perfectionists, high achievers, and highly compassionate). Knowing why you’re struggling is important, so it’s not helpful to label every negative experience in the veterinary profession as compassion fatigue. When I took an honest look

at how I was feeling, I wasn't running out of compassion. My fatigue stemmed from making ethical decisions within the boundaries of clients' (often) illogical values or unreasonable budgets.

My friend and mentor Alice Villalobos, DVM, once asked me if I experienced compassion fatigue in my veterinary hospice work. "No," I quickly responded. "I don't believe I'll ever run out of compassion." I went on to explain my thoughts on compassion fatigue and how I think it's an overused term in the veterinary industry. I told her that I felt more drained in emergency work than in hospice care, and that's when Dr. Villalobos said something that will stick with me forever: "I believe what we really struggle with in our profession is not so much compassion fatigue as ethical fatigue."

Her assessment landed perfectly in my mind. In emergency medicine, I was rarely given full financial rein to do the very best for my patients. More often I was required to make decisions based on someone else's monetary budget, decisions that could arguably border on ethical dilemmas:

Do I run blood work or spend this money on immediate treatment?

Do I use minimal sedation to suture up a pet so I have funds left over for pain medication and antibiotics?

Do I tell this family their pet has a 5 percent chance of living a few more months, knowing they will drain their savings account or go into debt just to get a little more time?

Do I euthanize this sick kitten that was just dropped off because we don't have any foster homes?

These are ethically based decisions, not compassion-based. We all know that if we do not choose to negotiate this path with some clients, they will make a drastic decision (like euthanasia elsewhere or perhaps an unfair negative online review), which may lead to the pet not being helped at all. And to me, that is the ultimate failure.

In contrast, according to the Oxford English Dictionary, compassion fatigue is an "indifference to charitable appeals on behalf of those who are suffering, experienced as a result of the frequency or number of those appeals." Basically, it means you stop caring because you're required to care so often. Anyone in any kind of long-term caregiving capacity should be able to understand compassion fatigue, including parents. And of course, this problem definitely exists in our profession. It's a very sad, destructive, and dangerous. It should be handled with extreme care. We can also take a look at what we consider compassion fatigue to be, what initiates it, and whether or not we can re-categorize the feelings in a more productive way.

While I personally understand compassion fatigue in all its clinical glory, I just don't relate to it. I've cared for my infant child who didn't sleep through the night for 11 months straight. I've attended to nine in-home euthanasias in one day. I've dealt with case after case in the ER, day after day. We all know the feeling of peeling off our socks and lying down in bed after more than 24 hours on the job, only to be awakened by a text or phone call from the clinic (or even a friend) with a question about another pet.

To me, this isn't compassion fatigue. This is being overworked, under slept, burned out or simply really, really exhausted. In such moments, I'm not lacking compassion. I'm lacking rest (or a Snickers bar!).

The overuse of the term "compassion fatigue" can be a dangerous path for our profession, which is why the distinction between it and "ethical fatigue" has been so inspiring to me. Instead of using compassion fatigue to describe any negative emotion we experience on the job, diving deep and understanding our unique stressors offers a much more holistic approach to a healthy working environment. The idea of being drained of compassion makes the experience personal, which can take a heavy toll on anyone. Conversely, the concept of being ethically fatigued puts the problem between the pet and the tough decision that needs to be made instead of between the pet and our personal inability to feel compassion. This was an important distinction for me early on in my career and has made a huge difference in my emotional health.

Years ago, when a pet owner presented me with my fourth parvo puppy of the night and then proceeded to become angry because she believed I was "just in it for the money" and that I "must not care about animals," I did feel like my compassion had been completely drained. I thought, "How can I possibly care when this person doesn't realize the dedication and drive it takes to deal with people like her—especially when parvo is completely preventable with a \$15 vaccine?"

Interactions like these used to drain me. But as I watched this woman get angry with me, her 8-year-old daughter sitting in the exam room wearing clothes that clearly hadn't been clean in some time, telling me she would beg on the side of the road to pay for her puppy's treatment and that I was a terrible person for making her do that, I realized her anger had nothing to do with me. With all the struggles, she must have had in her life, it took bravery to bring her pet into a clinic where she surely knew she couldn't afford treatment.

I looked at her and said, "I want to thank you for bringing Piper here, and I'm so sorry if you feel judged by me or my team. Let's figure something out together."

Her anger subsided and she calmed down. I realized there was something worse in this world than being berated by a client's misdirected anger. It was that puppy dumped and left to die on the side of the road with no person. It was letting that little girl feel that a veterinarian didn't want to help. Seeing this woman as a human being instead of someone who was "out to get me" changed my perception and changed what was possible.

Immediately, the compassion I had for the puppy drove my decisions because my self-defensive guard was down. Instead of being overwhelmed by a lack of desire to help the woman, I was able to concentrate on the need to help the patient. And most importantly, I began to realize something about myself—you can't give what you don't have, and as long as I was my own source of compassion, I would never run out.

I realize this may not apply to everyone, but as a woman and a mother, I believe I have an endless supply of compassion. In hospice practice I work with people every day who need empathy and support, and I never feel drained by them. Do I feel tired, stressed, overworked, under slept and perhaps a little burned out at times? Of course, but that's not compassion fatigue. It's having an empty tank, and it can be refilled by engaging in things that bring us joy.

Simply put, it was not an overdraft on my compassion supply that led me to feel fatigued. It was the immense responsibility to make the right decision within the boundaries of someone else's (often) illogical values or unreasonable budget. That is not compassion fatigue; it's ethical fatigue.

"I believe we are more fatigued by the ethical decisions we have to make for a pet based on a client's poor choices than we are by the perceived finite amount of compassion we believe exists within ourselves."