

Quality of Life- Quality of Death

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The love we have for our animal companions compels us to care for them the very best we can throughout their lives. Medical advances in the veterinary field allow for restoring an animal's quality of well being in ways unimaginable only a number of years ago.

These new accomplishments come with a shadow side recognized by the veterinary profession: a temptation to continue with a curative approach when it is no longer in the best interest of the animal.

It can be challenging to distinguish when there is no winning of the battle. Once it has become clear though, frequently the loss of hope for recovery or even just prolonging of life flips the course of action from one moment to the next from "all" to "nothing", and euthanasia is considered timely.

This is in stark contrast to the way we care for human family members. The philosophy and practice of human hospice care is only 40 years young, yet by now there are about 4000 hospice providers across the United States, reflecting how universal the need is for this type of support system. In its original sense, hospice neither hastens nor postpones death. Goals are to ease and alleviate the patient's discomfort, and support the family in caring for their dying loved one. It provides for the physical, psychological, social and spiritual needs of the entire family, remaining sensitive to values and beliefs of each individual.

As the bond we develop with our animal companions has grown to liken one we have to a human family member, a heartfelt interest in having options besides euthanasia has surfaced. However, while hopefully open to providing palliative care, at this time veterinarians typically are not trained in animal hospice, virtually no book has been published on the topic, internet publications are often too generic, and support systems addressing other than medical aspects are widely un-established. This means there is very limited access to information and practical support for those who desire to care for their animal throughout the end of its life.

Much can be learned from the experience that has been gathered in human hospice, a resource the veterinary profession so far has barely tapped into. We may have established what we consider sufficient quality of life for an animal, but without a well-founded understanding of the stages of the dying process we are bound to miss what qualifies for a peaceful passing.

Naturally our main concern is to not let an animal suffer. The word "suffering" however is a rather general term hardly suitable to serve as a clear guide for life-and death decisions. Suffering also is highly individual: We all are aware of, for instance, that it is possible to be in some level of pain and discomfort without wanting to die.

This is true for people and animals alike: the will to live is a remarkable force. In the state of Oregon the "Death with Dignity Act" has for ten years now given people access to end their own lives by use of drugs. A number of people reported that knowing the drug was available to them provided valuable

comfort without ever actually using it. Similarly, it is reassuring to have euthanasia be an option for our animal friends, if necessary. Interestingly though, only one in ten thousand people actually chose to use the Death with Dignity Act to shorten their own dying process. In contrast, currently the majority of our animal family members are euthanized.

The reasons for both, the common lack of taking an animal's will to live into account and the gap in end-of-life care options for our animal companions, deserve future inquiry and are multifaceted. Examples of such reasons can include:

- human individuals innate fear of dying as well as possible previous experience of someone dying under undesirable conditions leading to assumptions that dying equals suffering.
- our society's tendency to view death as an "incurable disease" rather than the closure natural to each cycle of physical life.
- as a direct reflection of that societal view: The lack of professional education in animal hospice, as it is not part of the curriculum of veterinary schools nor the training of veterinary technicians.
- assumptions that one's animal has the same perspective on suffering as its caregiver.
- lack of access to information on how to provide animal hospice care and unfamiliarity with the stages of dying.
- financial, time or other restrictions, such as physical or emotional inability to care for an animal's special needs.
- social / emotional pressure from the environment ("Don't you think it's time?"), often by people less familiar with the animal's personality than the caregiver.

Options in Special Needs Care

Animals tend to accept physical disabilities as well as their own natural dying process, while we humans oftentimes want to protect them from something they are not necessarily requesting to be protected from. Loss of physical capacities have been widely used as markers of "insufficient quality of life", leading to euthanasia way before hospice care would even be indicated. Included are physical conditions that are not life threatening at all, but require special needs care.

One example of that would be an animal that can no longer get easily up or around on it's own anymore. This poses marked logistical challenges in large animals such as horses, but also in particularly larger sized dogs. Acupuncture has proven to be a modality that can counteract or slow **hind end weakness** in many instances over a period of several years, even in animals for whom western medicine holds no more hope for improvement. Acupuncture can also be successful in getting animals back up on their legs who are paralyzed due to disc issues, for as long as the nerve tissue has not been permanently damaged. Home safety and comfort can easily be enhanced by covering slippery flooring with runners.

If all fails, multiple resources have become available to in small animals to manage an inability to get up, stand or walk without assistance. Dog ramps, customized wheel chairs, quad chairs, slings and harnesses can be invaluable if the owner is willing and able to support their animal in these ways.

Veterinary hospitals too can greatly contribute to the comfort of their geriatric dog patients by providing them with a non-slippery surface to walk as well as lay down on in both the waiting and the treatment areas. Extra careful handling of such an animal during procedures can make the difference of it being in discomfort or not for days after the visit.

In **older horses**, arthritic issues leading to the inability to get up and walk are next to laminitis and colic as the leading causes for euthanasia. Currently very few horses go in their own good time and peacefully. Hospice for horses may become much more feasible if we have many tools in our toolbox, including plenty of those considered alternative. Preventative approaches and high quality senior care including supplements, chiropractic and acupuncture are no luxuries, but often necessities when it comes to caring for aging horses.

Another common issue in caring for dogs at the end of life can be incontinence, one or both, **fecal and/or urine incontinence**. Even urine incontinence not containable with drugs can at times respond remarkably well to acupuncture and herbs. With fecal incontinence it seems the chances are less to get it controlled. Either way, the use of pee pads and human incontinence diapers, or, in male urine incontinence also a belly band with a pad can make living with these conditions manageable. While an animal may initially have to be assured that it is now ok to “go” in the house, it usually adapts to changes rather smoothly, if given that chance.

Obviously notable inconvenience will be involved for the caregiver, and while the veterinarian hopefully will present all the available support options, it remains up to the owners whether they will take them on. In human hospice incontinence is one of the basic care taking needs of our loved ones that we provide for, as we do without questioning at the beginning of their lives for babies. Animal sanctuaries however often have quite a few residents due to owners not being interested in keeping an animal once it is incontinent.

Pain Management

When it comes to talking about dying many have an immediate fear that it could be painful. This is understandable, as none of us wants to be in agony nor do we want our animal to be. And just as we may experience pain during life, there is that possibility at the end of life.

But dying is not necessarily a painful process per se. Not every type of cancer is painful, either. It is important to distinguish, as frequently dying is held as inevitably being an utmost painful and horrifying experience.

The use of drugs for pain management is constantly evolving and fortunately there are great educational resources available. IVAPM, the International Veterinary Academy for Pain Management gives professionals the opportunity to ask for advice and learn from experience of others, and membership as well as information is also provided to non-veterinarians.

Pain management through drugs can be greatly enhanced through the use of holistic modalities, which can well make the difference between an intolerable situation and an acceptable one. This likely requires a trained professional, but the caregiver may also be involved in increasing the animals' comfort level.

Gaining experience with the power and effectiveness of holistic approaches ahead of the time of providing hospice will greatly enhance ones' confidence in implementing those types of therapies efficiently in end-of-life care for animals.

TTOUCH has soothed pain in humans even in cases of terminal cancer when drugs could not keep them comfortable. This gentle bodywork modality can easily be learned by anyone.

Traditional Chinese Medicine offers acupuncture and powerful herbs to reduce pain and control nausea and other symptoms, also side effects of chemotherapy.

Energy Medicine, homeopathy, essential oils and various other healing modalities can be amazingly effective in soothing pain, even though it may take an experienced practitioner to be efficient.

Additionally the caregiver can enhance their animals comfort at home, as for instance by applying **hot water bottles** or **cooling packs** as indicated, as even these simple tools are not to be underestimated in their effects when used in the right moment.

Often it is best to combine several modalities.

Last Wishes of Animals

It appears that just like people, some animals have last wishes. Caregivers may perceive those as a hunch just as they often are aware of a number of the animals' likes and dislikes. Some animals wish to taste a certain treat one more time, even though they may have stopped taking it for a while, others desire to re-visit a special place. Yet others want to be with a beloved animal friend or person. It can be challenging to fulfill such a wish during a time of increased care, yet it can also contribute to greater closure for both, the animal and its human friend.

Understanding Symptoms of the Dying Process

Animals frequently get euthanized simply because they are exhibiting normal signs of an actually smooth dying process. This is frequently based on the caregivers being simply unfamiliar with that process, which can lead to feelings of helplessness and assumptions that those symptoms are inevitably indicators of suffering.

To know what one can expect to observe toward the end of life and when witnessing the final phases of dying, can contribute greatly to the ability of the caregiver to be of the best possible support to the animal.

While during life **grooming** behavior (specifically in cats, rodents and birds, but also social grooming among horses) is part of exhibiting well being, it is not high on the body's priority list of activities to maintain when the life force gets lower. In human hospice the inability or absence of interest to maintain ones hygiene is one of the symptoms taken note of in the functional assessment during an intake evaluation. Keeping an animal clean and dry is an intrinsic aspect of hospice care.

In human hospice it is well known that **loss of appetite** is natural and not bothersome for the dying person, but often presents a huge emotional issue for relatives unfamiliar with the dying process.

Reduced appetite in people as in animals may start gradually weeks, months or even years before the natural end of life. This in itself is not necessarily the beginning of hospice. If blood work indicates problems with the liver or kidney, appropriate steps can be taken and the diet adjusted as necessary. Acupuncture and herbs can also be used to enhance appetite. The animal may lose a percentage of its midlife body weight while still being able to get around quite well.

In the last days of physical life, it is common for a being close to dying to stop eating entirely. It is no longer economical for the body: Digesting food does not only provide energy, it first *requires* energy, and the body is also not going to use the energy provided by food anymore. It is important to recognize that it is known from human hospice that this situation is distinct from "starving" and that the absence of hunger is not usually bothersome to the one experiencing it- unless this natural lack of desire for food triggers inappropriate actions of ill-informed caregivers.

"Family members and even medical personnel may try to force the patient to eat, or use artificial hydration and nourishment in an effort to "put off death" or to feel they are "doing all they can". While the intention is to ease discomfort, the reality is that it actually has the opposite effect on the terminally ill. Part of the conflict is due to the tendency to believe that what is true for a body during its life is true for a dying body..."

The area of nutrition is probably one of the top areas of friction that terminally ill patients, their families, and medical personnel who are not trained in end-of-life issues ever deal with during the dying process... For a dying person who no longer has the desire for food, "eating right" often means eating "nothing." (Meyers, 2001)

If the lack of appetite is understood and accepted by the caregiver, this symptom commonly observed when providing hospice care to an animal ceases to be a reason to euthanize.

Often preceded by a loss of appetite, there also can come a time when a dying individual no longer experiences a sensation of **thirst**. This too is commonly observed in the very last hours. While giving fluids remains an option, it has become apparent in human hospice that dehydration at this time not only is not painful or discomforting in itself, but frequently even leads to a decrease in pain sensation if pain was present. This can go as far as to allow for pain medications to be either lowered or even discontinued in the active dying process.

Once a small animal stops drinking and is no longer processing fluids, its remaining lifetime is often no more than 24 to 48 hours. An animal can continue to be present and content for much of that time. But even if its internal focus has moved away from its immediate environment, as it also can be observed in human hospice, this is a time that can be treasured by extending our feelings of gratitude for all this animal has brought into our lives, and assuring it that we will be ok with its passing.

Analog to the loss of appetite, a loss of thirst, and also an increase in resting time, even a total loss of interest in interaction (including a glaring or staring facial expression) are often part of, and in harmony with the process of the body bringing all its functions to completion, and the spirit preparing for the great change.

Just as a dying person may talk, we may witness dogs and cats being vocal at some point along the process. There are reasons for them to make sounds other than pain: it takes tuning in with a calm mind to differentiate.

All of those occurrences that can be involved in an actually peaceful dying process can become a trigger to euthanize, if one has not learned to distinguish one's fear of making the animal suffer from what is truly going on in that moment.

One of the beautiful possible "side-effects" of providing hospice can be that an animal may take an unpredictable turn-around and actually live on for quite some time thereafter. While it is not recommended to hold up unrealistic hopes while providing hospice care, reports of unexpected recoveries are common enough to be worth mentioning.

"If I would have used the quality of life scale for my senior Dalmatian last winter, I would have concluded that it was time to euthanize her. Thankfully, we kept her going and this year she is doing great!... A geriatric animal that can no longer participate in activities he once found enjoyable doesn't sit around and mope about his lost youth or worry about his future, he lives in the moment. I believe we can learn a great deal from the way that animals deal with life and death." (Hickman, 2008)

Take your time, beloved

One commonly asked question people wonder about is "How much longer does my animal have left to live?" We may have a guess for a rough general time frame, but a more precise prediction is often not possible until fairly shortly before death. This seems to be true in human hospice as well.

Particularly those who provide hospice care for the first time and have no reference to previous practical experiences, seem to often think their animal's process takes "unusually long".

It appears that movies have contributed to these unrealistic expectations as they so often misrepresent how dying happens.

In addition, in our society the capacity often does not get developed to just BE with what is so. Rather than just remaining present in the moment we constantly anticipate the future. This leaves us with little patience, which in turn leaves little space for recognizing that the process of shutting down a very complexly built physical body can require some time.

A calm and quiet environment is an essential need for the dying. It basically entails **reducing input to all the common senses**. Earlier we discussed loss of appetite, which is connected to the sense of **taste**, and it is advisable to remove food between offers to prevent having its **smell** be nauseating to the animal. Animals at the very end of their lives can also become easily startled by **sounds**. The **eyes** too tend to be more sensitive and easily affected by bright light.

The last remaining of the common senses is **touch**, and perceiving being touched. Dying in the arms of a beloved carries a romantic notion that can keep people inexperienced in caring for the dying from recognizing that for a dying individual there can come a point during the last minutes or hours of life, when being touched no longer provides comfort. This too is a well-known phenomenon in human hospice, yet can be difficult to realize particularly during a challenging time, and as we are habitually assuming that petting is soothing for our animal.

If the caregiver has been informed about possibly witnessing some final body movements, it can prevent that an animal gets transported while being in the active dying process. To move an individual that is dying is contraindicated, yet the caregiver may panic unless prepared.

Besides reducing input to the 5 common senses during the active dying process to create a peaceful outer environment for the animal, it also is essential to create an emotionally **calm, “inner” environment**. We are familiar with how an animal can pick up on our own emotional state and gets influenced by it. It is one of the greatest gifts we can give to the departing, to be there with them without adding upset or great emotional torment to the situation. This also applies to euthanasia. Preparing for and providing hospice though can be a chance to work through much of the grief involved and come to at least temporary resolution for the actual time of the animals' departure.

There are numerous, deceptively simple bodywork-type techniques that caregivers can use to maintain or regain their inner balance. Equally important it is to have support arrangements in place, which at this point in time would be mainly self-established and community based, as a team and volunteer network similar to human hospice has yet to be created.

Flexibility around Euthanasia

Life and death have space for many variations and there will be times when euthanasia will be a welcome possibility to end an animal's life.

But even in emergency cases, rather than solely suggesting to an owner to put the animal down immediately, it can help that person and also the animal connected with that person, to offer temporary pain relief as an alternative option, being clear about that they are only buying a few hours or days. This “bought time”, while short, can be exceedingly precious, as it can make it possible for the owner to for instance, take the animal home to give everyone in the family time to say good bye, and the animal can be present to being loved by everyone without being distracted by pain.

Grief is oftentimes easier processed in the presence of the one getting ready to leave, and the one passing can go more easily when all loved ones had a chance to give their farewell. For children in particular it can be very traumatizing to come home and have their beloved dog be dead and gone without them having gotten a chance to see for themselves what happened and say good bye.

People as well as animals can in one instance change their mind on items way less significant than life and death. Clients who schedule a euthanasia should know ahead of time that it is perfectly acceptable to revoke their request even when the veterinarian has made a special trip to the house and is already about to give the final injection.

After the Loss

There are simple ways to help remaining animal family members to cope with their loss.

As a minimum, we can allow them to find out for themselves, using their own ways of perceiving, to verify what happened. Dogs often only take a second to check the situation out, and horses too are quick to understand. Having this opportunity can prevent that an animal tries to look for it's lost friend.

Still it might be in need of grief support. Energy medicine, homeopathy and flower essences are some of the modalities that can be utilized in both, humans and animals to soothe overbearing emotions not only after a loss, but also during the time of hospice.

A rapidly developing field is of interest in this as well: energy psychology, also sometimes called "acupressure for the emotions," is an approach for emotional self-management and therapeutic change that draws from both Traditional Chinese Medicine and modern cognitive-behavioral therapies. (Feinstein, 2007).

The **spiritual aspects** of hospice care are yet another whole inquiry in itself. Our beliefs deeply influence how we approach life and also death, and it is essential to be sensitive to individual needs and perspectives.

Those who feel that physical death may not end an individual's existence may even view the dying process as another birth. If there is such a thing as an afterlife, the labor that can be entailed inside the dying process can occur as rather benign when compared with the birthing of a baby.

It appears that beliefs in life after death are wide spread among the American population (Popenoe, 1983). For those who consider their companion animal a family member, the possibility of an afterlife for an animal is in close reach. The surfacing of spiritual questions and inquiry throughout providing hospice illuminates the need for additional support beyond the responsibilities of the veterinary profession, similar to the multidisciplinary team approach taken in human hospice.

One of life's ironies, however, is that people who have a close encounter with death often begin to participate more fully in living. A shift in attention occurs as the preciousness of each moment is recognized and savored. Often the change is no less than a spiritual transformation. (Feinstein, 2007)

Learning Objectives:

At the completion of this presentation, participants will be able to:

1. distinguish scenarios in which currently euthanasia commonly is applied when the animal is no-where close to dying. Options in special needs care are outlined as an alternative.

2. differentiate that parameters used to evaluate quality of life do not lend themselves as guidelines to properly assess whether euthanasia is in the best interest of the animal.
3. recognize that in the veterinary profession and also as a societal trend the animal's will to live has been neglected to be taken into consideration when making the decision to euthanize.
4. discriminate that due to unfamiliarity with the stages of dying and basic hospice care principles natural symptoms of the dying process frequently are used as reasons to euthanize.
5. encourage that remaining animal family members are given the opportunity to check out the body of their dead companion to aid them in integrating what happened.

Reference List:

Feinstein, D. (2007). The psychological and spiritual challenges inherent in dying well. In I.A. Serlin, Kirwan Rockefeller, PHD, & Stephen S. Brown (Eds.), *Whole person Healthcare, Vol. II, Psychology, Spirituality and Healthcare*, (12) p.112, Westport, CT: Praeger

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Hickman, C. (2008). Spirits in Transition: a review [electronic version]. *The Splash*, 4 (1), p.16.

Meyers, S. (2001). *Food, families, and the terminally ill* – 1pg. handout

Popenoe, D. (1983). *Sociology* (5th ed.), p.446, Englewood Cliffs, NJ: Prentice Hall, Inc.

Quality of life should not be confused with the concept of standard of living, which is based primarily on income. Instead, standard indicators of the quality of life include not only wealth and employment but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging. According to ecological economist Robert Costanza: "While Quality of Life (QOL) has long been an explicit or implicit policy goal, adequate definition and measurement have been elusive. Diverse "objective" and "subjective" indicators across a rang By IESE Insight "Quality of life" has quickly become a catch-all term, but confusion over what it actually means could have serious negative consequences according to some recent research. Once a term largely used by health-care professionals; now everyone from economists and advertising executives care about offering good "quality of life." But [...] The quality of death Ranking end-of-life care across the world. 5 Mapping levels of palliative care development: a global view, International Observa-tory on End of Life Care, Lancaster University, 2006. 6 "Access to Controlled Medi-cations Programme", World Health Organisation Briefing Note, February 2009. Cicely Saunders, who founded St Christopher's Hospice in 1967. The US followed suit in the 1970s. In 1988, palliative care was enshrined in the Australian healthcare agreements, through which the federal government funds expenditures by the country's states and territories. "Quality of death is key to quality of life, especially with aging populations," said Poh Wah Lee. "We hope that the results of the index will spark "die-logues" and drive public awareness as well as help decision makers determine priorities and formulate policies." Many rich nations lag a long way behind in the overall score: these include Denmark (22nd), Italy (24th) and South Korea (32nd). In these cases the quality and availability of care is often poor and policy co-ordination lacking. The bottom-ranked countries in The issue became one of quality of life over quantity of life. Mr. van Bastelaar's mind, his wife said, was everything to him. He also wanted control over his death. "His worst nightmare would be sitting in a bed, not being able to recognize people, not being able to participate," she said. "He had a physically strong body but something in his brain was diseased."