

Relief is a Natural Component of Grief

Most people can't verbalize their feelings of relief when it follows the death of a family member, friend or pet.

It is a struggle to care for a sick pet. Our clients need our emotional support when they

THE BOND AND BEYOND
By Alice Villalobos, DVM



tell us about their frustration, guilt, anxiety and hope. As pro-

fessionals, we need to identify and deal with the symptoms of anticipatory grief. We must also understand why a family has anxiety or reluctance about treating a very sick pet.

Here is a letter that opened



the door to a much-needed discussion that might help you deal with concerned clients.

Dr. Villalobos,

My question is whether or not it's worth having our pet dog, Butch, on chemo just to give him a couple more months. My concern is that we may, as a family, have to experience more emotional ups and downs than if we didn't treat him at all and just let the disease take its course.

As the spouse of a cancer patient who died in 1990 and as a hospice social worker, I know that one of the most difficult aspects of having a loved one die is the roller coaster of treatment with the overwhelming sense of dread when you know it's only buying time and you're watching them suffer.

We saw Butch get better during the first two weeks when he was taking the chemo pill; then for whatever reason, he has been uncomfortable for the last few days before his next treatment. I was pretty happy and reassured, only to be disappointed and sink into that depressed mode when I saw him getting worse again.

We don't feel we have a choice with humans. Nature and our life experience compel us to try to save ourselves or our loved ones. With animals, we have a choice not to take that roller coaster ride.

Questions that influence the decision for me:

- * If we treat him, is he going to die more comfortably in the end?
- * Is it easier for him to die from internal problems related to the treatment rather than increased lesions on the skin?

I trust that you will guide us through this with the best interest of all, and that is enough.

Jane

Jane's letter spurs us to think more deeply about how the ups and downs of a pet's illness can affect family members. Our oath is to provide relief from physical and emotional pain and suffering for animals. Since we also

serve society, we need to provide relief for our clients, as well.

Jane's personal struggle with Butch's "pawspice" care is important. Her questions are haunting because she and her son are reliving the emotions they experienced with her first husband as he was dying of cancer.

Butch has advanced mycosis fungoides (cutaneous lymphoma) and a poor prognosis. The road ahead will be bumpy as we attempt to stabilize his condition.

The most important consideration is his quality of life. The fact that he felt better for a couple

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of weeks is encouraging. It is understandable that Jane and her son dreaded the discomfort and decline that followed. Having a sick pet is sad and confusing and causes

anger, despair and fear.

Maybe we can determine what caused Butch's discomfort. Is it pruritis or cancer pain?

Maybe we can change the sequence of his chemotherapy to provide a more consistent effect.

Certainly, we can provide more pre-emptive pain management options to prevent breakthrough and windup pain.

At the same time, we need to face Jane's concerns about her family being on a roller coaster that turns them inside out and ends up on a dead-end road, regardless of their efforts.

My answer to Jane's second question is a quote from Dr. Carl A. Osborne: "We must never lose sight of the fact that there are some patients we cannot help; there are none we cannot harm."

Many people deeply bonded with their pets look at challenging their pets' illness or cancer as a worthwhile journey. They are willing to take the difficult road so they can prolong their pet's life and continue to enjoy the enrichment provided by their special bond. People have thanked me profusely for extra years, months, weeks and even extra days with their pets.

With evidence-based medi-

cine, we can provide clients with the historical prognosis for their pets' survival time.

It is best to maintain a positive attitude and assure clients that your team will do all that is possible to help their pets survive as long as possible with quality of life.

But it is also important to say, "We are working against the odds." Helping a terminal pet involves treating concurrent issues, immunonutrition, palliative care and excellent pain control.

Keeping It Real

Jane wrote, "I trust that you will guide us through this with the best interest of all, and that is enough." Most clients can't expect more than this for their pets with terminal illness. If they do, it is unrealistic, and they will need further reality checks.

As long as the pet's quality of life remains good, most pet owners feel fulfilled during treatment. The battle against cancer can be full of meaningful wins despite the setbacks. The love that pours out for the pet to fight the illness is real whether the pet is young, middle-aged or old.

This love is the essence of the human-animal bond and it often blossoms under threat. Veterinarians must diligently strive to make the last phase of a terminal pet's illness painless and peaceful.

If the pet's death comes peacefully and painlessly, that is good and our job was done well.

On the other hand, many pet owners view this journey as a task not worth the pet's effort, the emotional sacrifice or the financial commitment. People need to be relieved of the burdens that a sick pet may thrust upon their already stressed lives.

Choosing Less Medicine

At times, the burden is strictly financial. For Jane, it is both financial and very emotional. Hippocrates said, "To cure sometimes, to relieve often, to comfort always—this is the first and great commandment."

Americans work more hours, commute longer distances, have more expenses and less vacation time than many Europeans. Pets in single-mom households are no less loved, yet they are much less financially supported. Thank goodness there are helping hand funds such as The Magic Bullet Fund at www.themagicbulletfund.org and www.caninecancerawareness.org.

We can do more to support clients emotionally when they choose less medicine for a terminal pet. We need to provide terminal pets with more supportive care and home-care training serv-

ice programs, such as "pawspice," www.pawspice.com.

We need to offer these programs with pride and professionalism. Our job is to help pets be pain free during their decline. At times we may have to insist on pre-emptive pain management, instructing our clients that it is the right thing to do.

Using the Quality of Life Scale for home and recheck evaluations helps tremendously.

Relief as a component of death and grief is difficult for caregivers to understand and accept. Although people seldom verbalize it, they sense their relief and feel grateful because the related stressful issues and dynamics evaporate with the patient's deaths.

Wanting and needing relief is no sin. It is a natural urge to put a down a heavy burden. Relief is one of the good and merciful

components of grief that should be acknowledged and validated more openly. Relief is the beautiful and appealing thought put forth by the celebrated "Rainbow Bridge" poem, which tells us that our deceased pets have gone to a wonderful place that has no sickness and no pain.

So, it should be no surprise when a pet owner needs, wants or feels relief surrounding the death of a dearly beloved pet.

We need to reach out to the pet owner and point out that needing and feeling physical and emotional relief is natural.

Relief is the well deserved rest for all involved that lies at the end of the difficult journey through pet loss. ●

