



Quality of Life Assessment by Dr. Alice Villalobos

The Human-Animal Bond embraces love and respect for companion animals in society. People are emotionally shocked when their beloved pet is diagnosed with life-limiting or advanced stages of disease. Pet lovers are demanding that veterinarians step up to provide more comprehensive end of life services for their pets as long as the pet is able to maintain a good quality of life (QoL). Many veterinarians don't know about or avoid the challenges that come with end of life care. Why is that? Many veterinarians say that they are obligated to the prevention and relief of animal suffering and they feel that end of life care drags out the inevitable. This might sound insensitive to many readers of this book. But the most veterinarians try to do what they feel is right. It might be that until recently, veterinary education focused on only three stages of life: the puppy and kitten stage, the adult stage and the senior stage. There is a true "Fourth Stage of Life" which has been bypassed yet it might last for quite a while. That fourth stage of life, which the love and tenacity within the human-animal bond will no longer bypass, is "The End of Life Stage." Since it is all about QoL, how can one evaluate measure or define QoL?

Society accepts that humane euthanasia (well death) for companion animals is indeed the best option when QoL is lost or the best way to mercifully end pointless suffering. This viewpoint may have served the veterinary profession and society adequately in the past. But today, pet lovers want more options when their pets are aging or are diagnosed with life-limiting disease or cancer. Modern pain management, high tech medicine and good nursing care can restore and maintain QoL for longer periods. Caregivers want to extend the timeline between the diagnosis of a terminal disease and death for their companion animals.

Society's wish to provide end of life care for companion animals raises lots of bioethical questions such as: What are one's obligations to their companion animal? Must all of the disorders in my companion animals be addressed? Is palliative care (treating symptoms without intent to cure) good enough? How can one evaluate or assess an animal's QoL? How can one restore and maintain QoL? How will I know when it is the right time to make the final call for the gift of euthanasia? What if my religious or personal beliefs about my animals are not in alignment with my community?

All pet caregivers have an obligation to properly assess their pets' QoL and to maintain the best quality of life for their animals as possible. Society agrees that people have an obligation to confront the issues that ruin the QoL of their animals such as: cruelty, starvation, dehydration, confinement, untreated and undiagnosed suffering and neglect. These issues and an animal's needs are particularly important when families are caring for aging, ailing or terminally ill pets. Veterinarians are frequently asked to treat symptoms in their animal patients without the aid of diagnostic tests. This is actually palliative care which treats a given set of symptoms based upon the doctor's best professional guess. It is seldom explained as palliative care to their clients but it is. Human medical physicians shifted away from palliative care thinking that they "can do" something no matter what the cost or the side effects would be. Physicians felt like failures if they chose palliation or hospice because they were taught to never give

up. Unfortunately, millions of people undergo high risk treatments at the end of life. This often causes adverse events. Denied the option for palliative care, many patients die poorly in hospitals or intensive care wards instead of dying peacefully with home hospice surrounded by their families and friends.

It will take time for the entire veterinary profession to embrace palliative care, hospice and/or Pawspice care. Pawspice may start early, when a pet is diagnosed with a life-limiting disease. Pawspice includes treating symptoms and primary disease with kinder gentler standard care and transitions to hospice as the animal nears death. QoL is the goal for all who care for pets with life-limiting disease. Unfortunately very little work has been published in assessing QoL at the end of an animal's life. For this reason, pet owners must rely on the experience of veterinary caregivers worldwide and this author's forty plus years of experience. Combined, this group has cared for millions of animal cancer patients including this author who has escorted thousands of beloved companion animals to the very end of their lives.

The "HHHHHMM" Quality of Life Scale

There was a huge need for a user friendly QoL scale to help everyone involved make proper assessments and decisions along the way to the inevitable conclusion of a terminal patient's life. In 2004, out of necessity, this author created the HHHHHMM QoL Scale to help pet lovers look at issues that are difficult to face. The "HHHHHMM" acronym makes it easy to recall the five H's and two M's which represent: Hurt, Hunger, Hydration, Hygiene, Happiness, Mobility and More good days than bad days [1]. The QoL Scale is not perfect. But helps all caregivers to ask themselves if they are truly able to provide enough care to properly maintain their ailing pet's QoL.

Just as in older people, most older pets have one or more conditions that bother them. How do we know when a chronic, co morbid condition starts to ruin a pet's QoL? The most common conditions affecting older dogs and cats are: dental disease, painful arthritis, obesity and various disorders related to organ disease and organ failure. If an older dog or cat is diagnosed with a life-limiting disease or cancer, its related treatment will add more burdens on the already compromised animal. It is important to determine if the pet's QoL will be impacted by the disease and the recommended treatment. What is the risk: benefit ratio of the treatment? Who is capable of properly monitoring the patient? How are they making their decisions? At what point should caregivers abandon further curative therapy? Veterinarians are frequently asked, "When is the right time to euthanize my beloved pet? How will I know?" People look for answers to these difficult questions from Dr. Internet. They often find too much unreliable information and extensive marketing for remedies with amazing claims or promises. It is best to search for the disease by its name and species (dog, cat, ferret, horse, etc.) and add the words, "veterinary college" to get reliable information. People often browse the Internet for decision aids while their attending doctors might be unaware [2].

Respect Needs and Desires

Animals have certain needs and desires which should be recognized and respected by their caretakers. The Five Freedoms of Animal Welfare was developed for farm animals in the United Kingdom. Yet this

list is useable for all companion animals. The Five Freedoms are: 1. Freedom from Hunger and Thirst, 2. Freedom from Discomfort, 3. Freedom from Pain, Injury or Disease, 4. Freedom to Express Normal Behavior, 5. Freedom from Fear and Distress [fawc.org.uk/freedoms.htm]. If one is able to maintain the five basic needs and desires during end of life care, then there is justification for pet owners to care for their failing pets with palliative care programs and Pawspice or hospice. The QoL Scale helps animal caregivers to confidently determine what a satisfactory QoL should be.

The most important QoL factors to monitor are: pain, respiration, blood flow, maintaining adequate nutrition, hydration and temperature. Factors to avoid are depression and frustration. Most experts agree that it is in the animal's best interest to be at home with familiar, consistent routine and surroundings[3]. How long should a sick or dying animal remain in the hospital? Hospitalized pets are susceptible to the same "hospitalism" syndrome (failure to thrive) that infants and geriatric people acquire when they are hospitalized for long periods. Hospitalism occurs because infants and geriatric patients were only handled when wet, being fed or medicated. Efforts to avoid hospitalism for end of life pets are justified. This would include considering the hospice option for companion animals that are taken to emergency clinics in sub acute and acute terminal crisis conditions.

Millions of companion animals suffer in silence without their families recognizing it. Animals do not exhibit pain the way that people do. To prevent animal suffering, people need to recognize it. Pain assessment aids and questionnaires may yield variable results due to owner ignorance, inexperience, insensitivity and bias. Veterinarians are highly trained to assess for all types of pain during the physical examination. They will ask questions and educate pet owners to look for signs of pain [4].

The horrible and desperate pain of respiratory distress ranks at the top for humans and it is presumed to be the same for animals. Not being able to breathe outweighs all other criteria. Respiratory distress is an emergency and it must be relieved immediately or there is no QoL for the animal and there is no humane justification to continue the hospice.

Weight loss can be sneaky under the beautiful coat that most companion animals were blessed with. Therefore monitoring an older or ill pet's weight is essential. Malnutrition, weight loss and cancer cachexia (extreme weight loss due to cancer) develop quickly in animals when their appetite is poor. Pet owners are not educated regarding minimum caloric intake or resting energy requirement (RER). The veterinarian can prescribe appetite stimulants such as mirtazapine. Along with coaxing, hand feeding or gentle force feeding with wholesome, flavorful foods, one might restore and maintain adequate nutritional intake for their failing pet.

If a dog or cat drops 10% of body weight and is not consuming its RER for 3-5 days, then feeding tube placement must be considered. This option prevents further weight loss and decline from malnutrition, dehydration and starvation while maintaining gut health. Cats suffer from anorexia readily. A cat's QoL and nutritional status can be greatly improved with esophageal feeding tube (E-Tube) placement by the veterinarian [10]. Blended or liquid recovery diets will help maintain proper nutritional and caloric intake via the E-Tube. At times, attending doctors and pet owners are not in favor of the idea of placing feeding tubes for end of life care; however, the patient needs and requires adequate nutrition if a good

QoL hospice is to continue. Companion animals are fortunate. They do not have to endure the ravages of anorexia, starvation, dehydration and unnecessary pain before death because society protects and sanctions innocent animals from pointless suffering. Society grants animals a peaceful and painless

Every companion animal being kept in end of life care should be given adequate fluid intake (two teaspoons or 10 ml per pound per day). The veterinarian can teach caregivers to assess their pet's hydration by the pinch method. If the pinched skin is slow to return to normal position, the animal is dehydrated. Giving subcutaneous (SQ) fluids at home is a wonderful way to supplement the fluid intake of ailing pets. This saves money and keeps the patient healthier with a huge improvement in QoL.

Not everyone agrees that an animal's QoL should include psychosocial well being. This author believes that a good Pawspice must include a two way exchange of pleasure and contentment between the pet owner and the pet along with enrichment that encourages as much fun as possible. Happiness generates good physiology and mental well being and longer survival times [14]. It is important to create frequent moments of enjoyment for the ailing pet. Many end of life pets cheer up and look forward to these uplifting events. The beneficial effect of joy and happiness may be from increasing the "serum fun factors." Having fun during these special days can make a world of difference for family members and the patient.

The human pediatric cancer care model strives to entertain children with enjoyable programs and so does Pawspice. End of life pets need to derive some pleasure from being alive and some enjoyment (being petted and talked to) for a good part of their day and to have actual fun if at all possible [15]. Ask these questions. Does the pet express joy and show interest in the family? Is the pet responsive to caressing and the environment? Is the pet depressed, lonely, anxious, bored or afraid? Is the pet isolated? Can the pet's bed be moved near family activities and be in the middle of things?

Download the Framework for Ethical Decision Making at [www.ethics.ubc.ca] by clicking documents then framework for ethical decision making. Mike McDonald's framework urges all involved parties, including attending doctors, specialists, hospital staff and the family, to reach consensus and comfort with their decisions especially in their final decisions. When Adapting this framework for animals, caregivers must prioritize the pet's best interests and QoL. All veterinarians should offer palliative care or hospice or better yet Pawspice care for terminal animals embracing the family with a compassionate attitude. The more hopeful clients with ambulatory pets might prefer Pawspice care which combines palliative care with kinder gentler versions of standard care and immuno-nutrition and transitions into hospice when the pet is expected to die within a few weeks [21]. There is no perfect choice, but the course taken should feel reasonably acceptable by those involved under the circumstances [22].

Summary

Companion animal lovers have an ethical obligation to maintain QoL as their pets age and enter the newly recognized and unavoidable stage of life that is "End of Life." The HHHHHMM QoL Scale is a user friendly tool which directs caregivers to assess and score eight essential criteria for QoL on a monthly,

weekly, daily or hourly basis as needed. The family can learn to conscientiously monitor and improve their failing pet's QoL score to maintain an acceptable well being which validates the human-animal bond. Using the Framework for Ethical Decision Making can also help pet lovers make difficult decisions. End of life care focuses on QoL by adopting palliative care, hospice or Pawspice instead of curative treatment. Focusing on QoL may be the best option for terminal patients to avoid "the mindless machinery of medicine" that so many human patients and their families are coerced into electing in the either or/can do medicine model [23]. Focusing on QoL for companion animals with life-limiting disease may avoid futile medicine, overtreatment and reluctant early euthanasia. Focusing on QoL allows the human-animal bond to last longer and allows terminal pets and their families to enjoy a celebrated new stage of life that truly is a journey end of life. "Primum Non Nocere. First, do no harm." Hippocrates

Dr. Alice Villalobos Excerpt from the book Your Dog's Golden Years –www.SeniorDogBooks.com

Villalobos A, Kaplan L, Canine and Feline Geriatric Oncology: Honoring the Human-Animal Bond, Blackwell Publishing (Wiley-Blackwell), Hoboken, NY, 2007. www.wiley.com/AliceVillalobos

www.Pawspice.com Pet Hospice information

www.ethics.ebu.ca Ethical decision making information