

The Ethical Dilemmas Associated with Hospice Care in Terminal Patients

By Kristin Willer
Iowa State University College of Veterinary Medicine
Class of 2013

kwiller@iastate.edu
(320) 290-6076
3132 Briarhaven Lane #256
Ames IA, 50014

Pet hospice care is a relatively new field in veterinary medicine that has been modeled after human hospice care which began about 40 years ago¹. The goal of pet hospice is the same as with humans: to allow pets to end life with dignity, in comfortable surroundings with the people they love. The principle of hospice is that death is a part of life. Unfortunately, many veterinarians have yet to subscribe to the use of hospice care for terminal patients. Amir Shanan (the founder of the International Association for Animal Hospice and Palliative Care), estimates that "only 5 percent of U.S. veterinarians recognize hospice philosophy as potentially beneficial to their patients and clients"¹. However, veterinarians who provide the home hospice service have reported an increased in requests for the service from 10% in 1996 to 30% in 2008². This indicates an increased demand from clients so I believe it is a service that needs to be offered. The question from here is whether veterinarians are ethically obligated to discuss this with clients.

I believe veterinarians have an ethical obligation to discuss palliative, end of life, and hospice care with clients caring for terminally ill patients. Veterinarians take an oath to prevent suffering in animals, and if discharging them into the care of their owners with painkillers and instructions on how to deal with their condition doesn't result in suffering, then I believe it is a valid option. In fact, there is evidence to show that hospice care of patients is even beneficial for the clients, and according to the American Veterinary Medical Association's Principles of Veterinary Medical Ethics, "The choice of treatments or animal care should not be influenced by considerations other than the needs of the patient, the *welfare of the client*, and the safety of the public"³. Therefore a treatment choice that is beneficial to the welfare of the client as well as the comfort and quality of life of the patient is consistent with the AVMA's Principles of Veterinary Medical Ethics. A Pet Hospice program at Colorado State University has even yielded positive program evaluations from the families helped and is a real life example of how hospice care can work for referring veterinarians and their clients.⁴

If the veterinarian determines that the patient is a good candidate for hospice care then he/she has an obligation to discuss it with the client. According to the AVMA's Principles of Veterinary Medical Ethics "The decision to accept or decline treatment and related cost should be based on adequate discussion of clinical findings, diagnostic techniques, treatment, likely outcome, estimated cost, and reasonable assurance of payment."³ Therefore the veterinarian needs to disclose all treatment options that are viable, which may include end of life and palliative care. This disclosure of hospice care is the responsibility of any veterinarian with the veterinarian-client-patient relationship. Generalist veterinarians may need to refer clients to specialists for hospice treatment. Emergency veterinarians should be trained in handling end-of-life procedures but should at least be knowledgeable enough to start the conversation and refer to a specialist if necessary.

Even though there are numerous benefits to giving hospice care to pets, there are several dilemmas associated with having these discussions with clients. These include medical, legal, financial, and psychosocial considerations.

One of the main dilemmas with hospice care is medical. The goal is to relieve pain and suffering in the animal, and is part of the veterinarian's oath. Pain medications have improved dramatically so pain can be managed. However, the dilemma is whether the condition is managed enough to give the animal a good quality of life. It can be difficult to objectively measure pain and quality of life. Clients should be educated on the normal progression of the

dying process so they can recognize if things such as change in appetite are due to discomfort or due to the natural process⁵. Since owners are strongly bonded to their pets they are perhaps the best people to gauge changes in their animals and their input should be heeded.

Another dilemma is a legal one. Legally animals are considered property. This can cause a conflict with the veterinarian's oath to relieve suffering when an animal is in too much pain to be adequately controlled with hospice care. Clients can refuse treatment at any time and take their animals home. In this situation the veterinarian should be ethically bound to discuss why hospice care may just be prolonging the animal's suffering, but legalities trump the veterinarian's ethical obligations since the owner can still take the animal with them.

Financial considerations are important to many owners. Owners may not be able to afford extended care for terminal patients, and in such situations veterinarians need to be able to discuss other payment options. If none are available then euthanasia should be discussed. However, this needs to be discussed with care as owners may feel guilty about being unable to provide end-of-life care for their pets. In this situation veterinarians need to make it clear to clients that they shouldn't feel guilty about their decision. The veterinarian must also be able to refer the client to counseling services if necessary, since veterinarians are not psychologists and don't have extensive training in grief counseling.

A final dilemma associated with hospice discussions is psychosocial. The psychological well-being of the owner is of major concern, possibly second only to the pet's well-being. It is important enough to be stated as one of the three things to consider in decision making according to the AVMA's PVME³. Hospice care is a good choice for both pet and family when the medical needs of the pet are taken care of. It allows owners final quality time with their pets and will help with the process of grieving. It can also lead to less regret as compared to having an animal euthanized too early, so hospice care can help solve the dilemma of when to euthanize or whether or not to do it at all. Euthanasia is a distressing situation for clients and guilt after it is over can only make the grief worse. One study found that although participants believed euthanasia was a humane option, about half of them questioned whether it was the right decision or felt guilty afterwards⁶. The other party that can experience psychosocial difficulty includes the veterinarians and their staff. Dealing with terminal patients has been shown to have a negative impact on staff working with the terminal patient. This can lead to suppression of emotions, which can lead to lashing out at family and friends as well as alcohol and drug abuse⁷.

Overall hospice is a good situation for both pet and family. The pet gets to have a better quality of life and a longer life, and the family will get a chance to say goodbye on their terms, which will result in less stress and easier coping with grief. The only dilemma of consequence that I can think of with hospice care is between the veterinarian's desire to relieve suffering and not release animals to owners to die and the desire of owners to have a little more time with their pets. I believe that once veterinarians discover more about the benefits of hospice care there will no longer be as many ethical dilemmas, or dilemmas of any kind, and hospice care will become more mainstream.

References

1. The Seattle Kennel Club. Vet involvement key to success in pet hospice movement. 2005-2010. <<http://www.seattlekennelclub.org/success-of-growing-pet-hospice-movementcontingent-on-greater-veterinary-involvement/>> Accessed 12/29/10. Seattle Kennel Club, Seattle, WA.
2. Marocchino, KD. 2008. Veterinary Hospice Care: Its History and Development. *The Latham Letter* 29(4): 8-11.
3. American Veterinary Medical Association. Principles of Veterinary Medical Ethics. 2008. <<http://www.avma.org/issues/policy/ethics.asp>> Accessed 12/29/10.
4. Bishop GA, Long CC, Carlsten KS, Kennedy KC, Shaw JR. 2008. The Colorado State University Pet Hospice Program: End-of-life Care for Pets and Their Families. *JVME* 35(4): 525-531.
5. Bittel E. 2008. Quality of Life - Quality of Death. *The Latham Letter*. 29(4): 12-14.
6. Adams CL, Bonnett BN, Meek AH. 2000. Predictors of owner response to companion animal death in 177 clients from 14 practices in Ontario. *J Am Vet Med Assoc* 217: 1303-1309.
7. Milani M. 2005. The art of terminal illness and injury: the veterinarian. *Can Vet J* 46: 542-545.