

2016 AAHA/IAAHPC End-of-Life
Care Guidelines for Dogs and Cats



**IMPLEMENTATION
TOOLKIT**





Inside This Toolkit

Why Guidelines Matter.....	3
At-a-Glance Highlights.....	4
FAQs.....	4-5
Why Should End-of-Life Care Be Important to You and Your Practice Team?	7
How to Identify Candidates for Hospice and Palliative Care	7
How to Develop a Treatment Plan for Palliative and Hospice Care.....	8-9
Components of an Integrated Approach to EOL Care: The Animal Hospice Care Pyramid.....	10-11
Practical Issues in Implementing a Palliative or EOL Care Plan.....	12
Courageous Conversations: Grief	13-14
Courageous Conversations: Euthanasia vs. Natural Death	15
Courageous Conversations: Body Care	16
Memorializing a Pet.....	16
Addressing Compassion Fatigue in EOL Care	17
Roles and Responsibilities of the Healthcare Team.....	18-19
AAHA Resources	20
Additional Resources	21
Online Extras	22
References.....	23

Online Extras

- Poster to alert clients of a fellow pet lover's impending loss
- Client Handout: Handling Your Pet's Body After Death
- Hospice Intake Questionnaire Worksheet
(Available for accredited practices only.)
- Implementing Your Pet's Palliative or End-of-Life Care Plan Worksheet (Available for accredited practices only.)

AAHA Standards of Accreditation

AAHA is the only organization that accredits veterinary practices in the United States and Canada. For information on how accreditation can help your practice provide the best care possible to your patients, visit aaha.org/becomeaccredited or call 800-252-2242.

The guidelines and toolkit are supported by a generous educational grant from the AAHA Foundation, Aratana Therapeutics, Ceva Animal Health, and MWI Animal Health/AAHA MARKETLink.

Veterinary practice guidelines, like the *AAHA/IAAHPC End-of-Life Care Guidelines*, help ensure that pets get the best possible care. AAHA has teamed up with the International Association for Animal Hospice and Palliative Care (IAAHPC) to provide your entire hospital team a depth of information you'll find nowhere else.

Completed in 2016, these are groundbreaking guidelines—no organization has tackled this sensitive topic, although many intuitively know that the events surrounding a pet's final life stage are as important as the sum of all the care provided by a practice team up to that point.

AAHA guidelines review the latest information to help staff address central issues and perform essential tasks to improve the quality of life of a pet who has entered the final life stage. In addition, guidelines define the role of each staff member, so everyone on the healthcare team can work together to offer the best-quality medical care.

Guidelines are just that—a guide—established by experts in a particular area of veterinary medicine. Guidelines do not outweigh the veterinarian's clinical judgment; instead, they help veterinarians develop treatment plans that meet each patient's needs and circumstances.

Aligning your practice protocols with guideline recommendations is a key step in ensuring that your practice continues to deliver the best-quality care.

To support your dedicated efforts, AAHA is pleased to offer this toolkit. To augment your client communication skills, you'll find educational client handouts, a Hospice Intake Questionnaire, a worksheet for implementing a pet's end-of-life care treatment plan, a body care form, and other tools you can use every day to implement the recommendations of these guidelines.

Thank you for advancing our shared mission to deliver the best in companion animal medical care. Together, we can make a difference!

Michael T. Cavanaugh, DVM

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AAHA Chief Executive Officer

When selecting products, veterinarians have a choice of products formulated for humans and those developed and approved for veterinary use. Manufacturers of veterinary-specific products spend resources to have their products reviewed and approved by the US Food and Drug Administration (FDA) for canine and/or feline use. These products are specifically designed and formulated for dogs and cats; they are not human generic products. AAHA suggests that veterinary professionals make every effort to use veterinary FDA-approved products when available and base their inventory purchasing decisions on what product is most beneficial to the patient.

At-a-Glance Highlights

For many pet owners, the events surrounding their pet's end of life are as important and meaningful as the sum of all the care provided by the practice team during the lifetime of that pet.

The authors have proposed a new life stage for pets: juvenile, adult, senior, and *end of life*. The successful management of each life stage improves a pet's quality of life as well as the bond their owner has with your hospital.

After the loss of a pet, 30% of pet owners experience significant grief and 50% will doubt their decision following euthanasia.^{1,2} Providing regular, empathetic communication and non-judgmental support during this time can be an invaluable service to your clients.

How clients view the healthcare team's response following the loss of a pet is a critical factor in their continued advocacy for and loyalty to the practice.

Periodic follow-up initiated by the healthcare team is vital to addressing and responding to concerns stemming from the decisions associated with the hospice/end-of-life treatment plan or euthanasia.

Conversations about EOL, death, and grief with a bereaved client are never easy. There are many resources available for healthcare professionals to improve their communication skills and comfort with these sensitive topics.

Healthcare team members who work with EOL patients and their owners and are immersed in an environment of intense emotional and physical suffering, often of extended duration, with little group awareness and support, are at higher risk of compassion fatigue. Strategies exist to recognize compassion fatigue in order to maintain a high level of professionalism.

FAQs

What Is Animal Hospice?

Animal hospice is a philosophy or program of care that addresses the physical, emotional, and social needs of animals in the advanced stages of a progressive, life-limiting illness or disability. Care is provided to the patient from the time of a terminal diagnosis through the death of the animal, inclusive of death by euthanasia or by hospice-supported natural death. Animal hospice addresses the emotional, social, and spiritual needs of the human caregivers in preparation for the death of the animal and the grief experience. This program is enhanced when provided by an interdisciplinary team approach.

What Is NOT Animal Hospice?

Animal hospice principles do not accept a pet owner's decision to allow a pet to die without effective palliative measures while under the care of a licensed veterinarian. If pain and suffering cannot be relieved by other means, withholding palliative sedation or euthanasia is considered unethical and inhumane.





What Is Hospice-Supported Natural Death?

Hospice-supported natural death uses palliative care measures during a patient's terminal life stage, including the treatment of pain and other signs of discomfort under veterinary supervision until the natural, unassisted death of the individual.

What Is Palliative Care?

Palliative care is treatment that supports or improves the quality of life for patients and caregivers by relieving suffering; applies to treating curable or chronic conditions as well as EOL care.

To Whom Can I Refer a Client and Pet for Hospice Care Services?

There are veterinarians with advanced skills and an interest in providing animal hospice and palliative care in a growing number of communities. The International Association for Animal Hospice and Palliative Care (IAAHPC) has a Providers Directory on their website: www.iaahpc.org/resources-and-support/find-help-now.html. Additional providers can be found in the Resources section of these guidelines.



Why Should End-of-Life Care Be Important to You and Your Practice Team?

For many pet owners, the events surrounding their pet's end of life are as important and meaningful as the sum of all the care provided by the practice team during the lifetime of that pet. Animal hospice care seeks to maximize patient comfort while minimizing suffering by utilizing a collaborative and supportive approach with the caregiver client. The goals of animal hospice are perfectly aligned with the veterinary oath and reasons veterinary professionals do what they do.

End-of-life (EOL) care and decision making are medically, emotionally, and ethically challenging for everyone involved. These guidelines will provide your practice team with the framework and tools to better recognize patients' and pet owners' needs at this difficult time. Effectively managing the terminal stages of a patient's life is of great importance to clinical practice. When the healthcare team and the caregiver recognize that death is a likely outcome for the patient, it is essential to develop a collaborative plan for the time between that recognition and the pet's death. Some practitioners have found it helpful to consider EOL events as a distinct life stage (juvenile, adult, senior, end of life). These guidelines support, and the authors recommend, that EOL should be designated as the fourth life stage. The benefits of expanding how we think about and deliver EOL care to the pet and pet owner are far reaching.

How to Identify Candidates for Hospice and Palliative Care

The overarching goal in providing palliative and hospice care is to maximize comfort and minimize suffering for our patients.

Canine and feline patients who are candidates for hospice or palliative care generally have at least one or more of the following conditions: terminal diagnosis; chronic progressive disease (e.g., end-stage renal disease, debilitating osteoarthritis, congestive heart failure); progressive, undiagnosed disease; chronic disability (e.g., neurologic or intervertebral disk disease); or terminal geriatric status, exemplified by wasting or failure to thrive.^{3,4} When developing a hospice or palliative care treatment plan to be executed by an interdisciplinary team, it can be helpful to assign the patient to one of the following categories:

1. Diagnosis of life-limiting disease
2. Decision not to pursue diagnosis or curative treatment
3. Curative treatment has failed
4. Signs of chronic illness that interfere with normal routine or quality of life
5. Progressive illness with complications

These broad case descriptions are useful for managing the client's expectations as well as developing a treatment plan.

How to Develop a Treatment Plan for Palliative and Hospice Care

1. Educate the client about the pet's disease.

Educating clients about the patient's disease is particularly important in EOL cases.⁵ The more the caregiver understands about the disease progression, the better he or she will be able to cope with the expanded, EOL caregiving role. The veterinarian should advise the client about the expected trajectory of the pet's disease. This should include a discussion of diagnostic and treatment options, interventions to ensure the pet's comfort, and a realistic prognosis. One of the goals of client education in EOL cases is for the client to have a clear understanding of all diagnostic and treatment options. Decisions on EOL care should be made only when the client has achieved such clear understanding.

2. Evaluate the pet owner's needs, beliefs, and goals for the pet.

The best time to discuss the pet's disease with the client is not necessarily when the individual is informed of a terminal or progressive disease diagnosis for the patient. Depending on the degree of attachment between the pet and its owner, the impact of such news will often evoke a strong emotional reaction in the owner. Practitioners should anticipate this reaction, respond to it by expressing empathy, and consider setting up a follow-up appointment to discuss EOL treatment options. This gives the caregiver time to come to terms with the new reality and to participate more fully in the development of a realistic, mutually acceptable treatment plan. The follow-up visit is an opportunity for a two-way information exchange between the veterinarian and client.

3. Develop a personalized EOL treatment plan.

A proposed palliative care plan should be detailed but presented in language that the client can understand without over-reliance on clinical terminology. The plan and the logistical implications for the owner should be discussed and agreed upon. Because of the sensitive nature of EOL care, it is critical for the client to make an informed decision regarding the pet's treatment plan. The treatment plan should be entered into the patient's medical record. Treatment plan components should include the following:

1. Procedures assigned to the client based on the individual's capability and willingness to assume specific responsibilities for care.

2. An assessment of the patient's willingness and capacity to receive care. This would also include the patient's willingness to eat, as supplemental nutrition (i.e., feeding tubes, syringe feeding) or stimulation of appetite (e.g., mirtazapine) may be indicated.
3. A written action plan, discussed point by point with the owner, to ensure that person's active participation.
4. An estimate of the time required for the client to execute those parts of the plan for which the individual is responsible.
5. An estimate of costs itemized by fees for professional services and costs of medication, supplies, and nutritional products.
6. A schedule for follow-up communication and reassessment.



4. Implement palliative or hospice care.

Whenever possible, palliative treatment and EOL care should be administered at home. This generally involves instructing the client on therapeutic techniques, how to assess the patient's response, and sign recognition. The home environment should be evaluated to ensure the pet's comfort and safety during EOL treatment. Environmental modification or enrichment might include modifying floor surfaces, improving accessibility to food and water, ensuring that bedding is comfortable, optimizing litter box location and design, selecting an ideal ambient temperature, and maintaining sanitation and hygiene. Clients should be instructed in the safe handling of their pets and their pets' medications to prevent injury to themselves or their animals. Technologies such as video recording and video calling can be helpful in regularly

communicating the patient's home-care status with the healthcare team.

Within the first week after the initial EOL treatment plan is agreed upon, the client will begin to come to terms with his or her caregiving role. At this stage, the client may have questions for the healthcare team and may reconsider whether or not the agreed upon treatment plan was the right thing to do. Unanticipated roadblocks to the pet's at-home care may also have emerged. Successfully responding to these challenges will help determine whether the client can maintain an appropriate level of care or if a different approach is needed. In fact, unexpected demands of at-home care can undermine or change the client's relationship with the pet. Periodic follow-up appointments or phone consultations initiated by the healthcare team are vital to addressing and responding to these potential problems.

COMPASSIONATE COMMUNICATION OPPORTUNITIES

After a terminal diagnosis has been given, give the owner time to come to grips with the news. Then re-engage her with a plan to move forward.

Check in with the client during the first week after the initial EOL treatment plan has been agreed upon to see if unanticipated roadblocks have emerged.



Components of an Integrated Approach to EOL Care

The Animal Hospice Care Pyramid

A patient's passage from palliative to hospice care and ultimately to death is a progression that can range from hours to months to complete. As with human medicine, the physical, social, and emotional health of veterinary patients are strongly interrelated. It is difficult to achieve optimal quality of life when any one of these components is missing. The Animal Hospice Care Pyramid illustrates these complementary areas of patient care that should be considered during the EOL transition. Each level of the pyramid builds upon the others to achieve optimal end-of-life experiences. The base of the pyramid includes the animal's physical well-being and represents the traditional clinical care services that veterinarians

provide. However, successful management of the hospice patient must also consider the mid-level of the pyramid consisting of the social welfare of the pet, and the pyramid apex that focuses on the pet's emotional well-being. When the healthcare team, working in collaboration with the pet owner, successfully addresses all three levels of the hospice care pyramid—physical, social, and emotional needs—the practice is best able to maximize comfort and minimize suffering. Those are, after all, the ultimate goals for every pet that has entered into its EOL stage. Animal hospice care can be segmented into a hierarchy of three components, each of which must be satisfactorily addressed to provide optimum end-of-life care.

Animal Hospice Care Pyramid

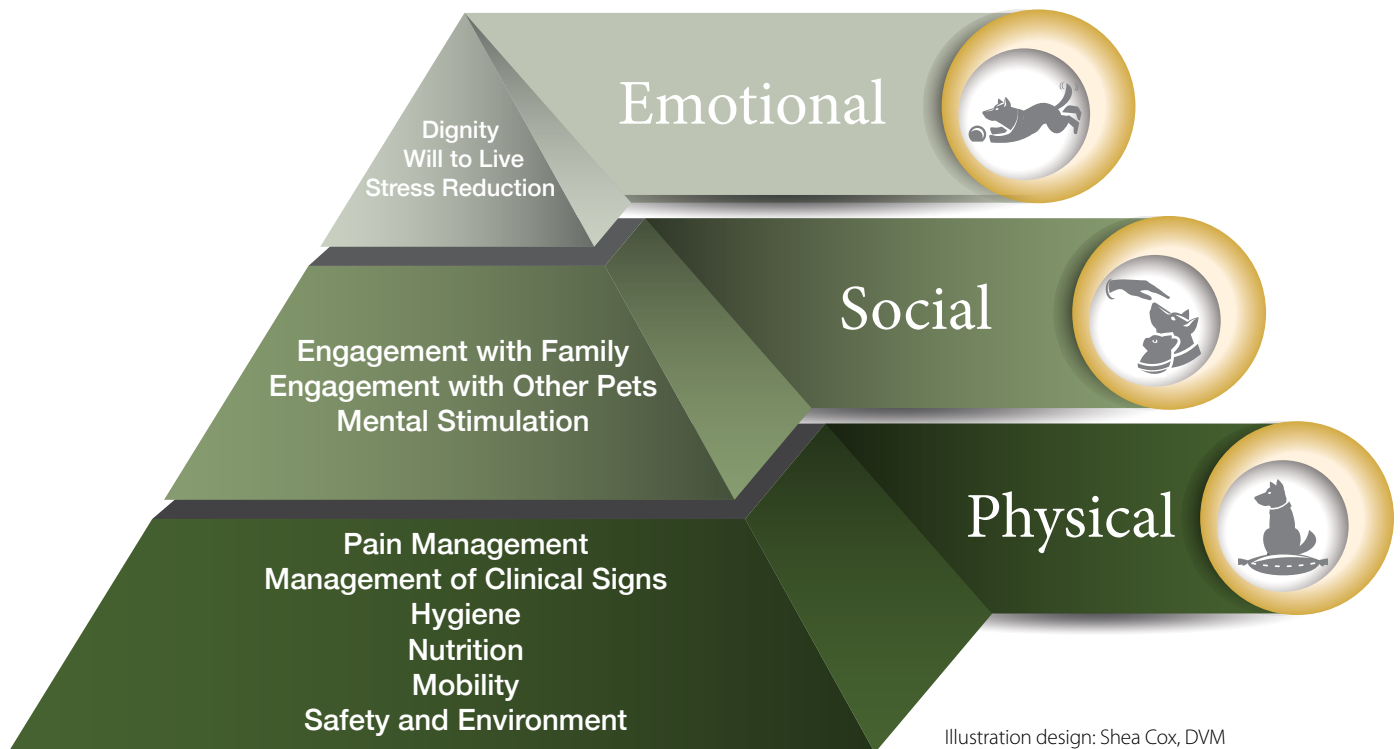


TABLE 1: COMPONENTS OF AN INTEGRATED APPROACH TO END-OF-LIFE CARE

Component	Objective	Intervention
Physical care	Pain management	Anticipate, prevent, control, and regularly monitor acute and chronic pain; provide multimodal pain relief per <i>2015 AAHA/AAFP Pain Management Guidelines for Dogs and Cats</i> : ⁶ <ul style="list-style-type: none"> • Pharmacologic management • Environmental modifications • Dietary management • Gentle handling techniques
	Management of clinical signs	Examine patient to diagnose and treat dyspnea, GI signs, cognitive dysfunction, anxiety, pruritus, skin integrity (e.g., local infections, pressure sores), dental health
	Hygiene	Maintain urine and feces sanitation, access to elimination sites
	Nutrition	Perform dietary and body condition assessment; monitor dietary habits and changes; maintain balanced nutrition, adequate food intake, and hydration to the extent possible, keeping in mind that decreased food and water intake are normal in the dying process
	Mobility	Provide nonskid flooring in pet's living area, accessible litter box location and design, physical assistance devices (harnesses, slings, carts, and wheelchairs), range-of-motion exercises
	Safety	Restrict access to environmental hazards (e.g., swimming pools), protect from aggressive pets, observe for self-trauma
	Environmental needs	Provide comfortable bedding, temperature and ventilation control, adequate space, peaceful environment
	Social wellbeing	Engagement with family
Isolation avoidance		Avoid or minimize extended periods of isolation or non-socialization
Interaction with other pets		Maintain appropriate interaction with other pets; monitor pet-to-pet hierarchal changes and adverse socialization behaviors
Mental stimulation		Offer regular play opportunities and environmental enrichment
Emotional wellbeing	Preservation of dignity	Minimize house soiling, manage incontinence, maintain good hygiene and grooming
	Stress reduction	Minimize exposure to stress and changes in routine, assess pet's willingness to receive needed treatments
	Preserve pet's household role	Continue expectations for companionship, surveillance, or other household roles; adhere to daily routines
	Maintain the will to live	Monitor behavior; ensure regular interaction with family members; observe for signs of withdrawal, depression, or resignation

TABLE 2: PRACTICAL ISSUES IN IMPLEMENTING A PALLIATIVE OR EOL CARE PLAN

Issue	Topics to Discuss with Client
Treatment locations	<ul style="list-style-type: none">• Division between in-hospital and home care• Emphasis on maximizing home care• Frequency and time points for physical exams and treatment
Individual responsibilities	<ul style="list-style-type: none">• Specify who will provide palliative and end-of-life services
Client education	<ul style="list-style-type: none">• Specifics of client education on administering palliative home care• Hands-on instruction on specific home care tasks• Assessing client willingness and proficiency to provide home care
Environmental modifications	<ul style="list-style-type: none">• Photos or videos of home environment to assess suitability for home care• Home modifications to ensure patient comfort and safety
Owner safety and hygiene	<ul style="list-style-type: none">• Responding to patient incontinence• Managing secretions from non-healing lesions• Safe handling of patient medications• Safe and humane handling of patient with acute or chronic pain• Prevention of bite injury
Periodic plan assessments	<ul style="list-style-type: none">• Avoidance of patient suffering due to compliance shortfalls or lack of response to treatment• Client input and impressions of plan efficacy• Video documentation of patient's behavior in the home environment• Veterinarian's assessment of plan efficacy• Plan modifications and re-statement of prognosis and expectations
Medication, nutrition, and activity review and assessment	<ul style="list-style-type: none">• Evaluate extent of pet owner compliance and plan deviations• Revise palliative and EOL care interventions• Consider advisability of euthanasia



Taking the time to have difficult or “courageous” conversations with clients who are anticipating or have already experienced the loss of their pet can have significant benefits to the practice. A companion animal practice that gains a reputation for providing EOL care in a skillful, compassionate way will retain clients and gain referrals as a result. How clients view the healthcare team’s response following the loss of a pet is a critical factor in their continued advocacy for and loyalty to the practice. Studies in human medicine have demonstrated a correlation between empathetic physician-patient communication and an improvement in patient emotional health, compliance with physician recommendations, and satisfaction with their healthcare.⁷

Grief After the Loss of a Pet^{1,2}

30% of pet owners experience significant grief

50% will question their decision following euthanasia

Given the intense and sometimes conflicting emotions that accompany client bereavement, responding to anticipated and actual pet loss with sensitivity and compassion is vital to the mission of animal hospice.

How can the healthcare team help pet owners deal with this predictable grief?

Take time to listen to their feelings

“How are you managing?”

“What are your fears?”

“What are your concerns?”

“How is this making you feel?”

“Are you overwhelmed by the care you are providing?”



Regular, empathetic communication is the hallmark of effective client support during EOL treatment and after a patient’s death. The healthcare team has a responsibility to see the EOL case experience through the client’s eyes and to provide non-judgmental support.

Tools for Conversations with Bereaved Clients

To normalize the behavior a practitioner is seeing and the client is feeling, it is useful for practitioners to view the normal grief response that their clients experience in terms of the five stages:⁸

Denial → Bargaining → Anger → Depression → Acceptance

Genuine and empathetic interaction with a bereaved client is a skill that can be learned and improved. Asking open-ended questions is

an excellent technique for assessing how a client is handling EOL caregiving responsibilities or bereavement over the loss of a pet. Examples include queries such as “How are you managing?” or “What concerns do you have?” The hospice team members can then validate the extent of the difficulty or grief the individual is experiencing. Reflective listening techniques, such as acknowledging that you heard what the client said and then summarizing their comments, are helpful for facilitating what is always a difficult topic of discussion.

The Clichés of Grief

Healthcare team members may offer any of an assortment of phrases intended to be consoling that may come across to the client as insincere or out of bounds. Team members should be careful to avoid these expressions termed the *clichés of grief*.¹⁰

Conversations about EOL, death, and grief with a bereaved client are never easy. Descriptions of various verbal and nonverbal communication techniques appropriate for veterinarians involved in EOL discussions with clients are available from a variety of sources.^{9, 11, 12}

- Colorado State University College of Veterinary Medicine FRANK™ clinical communication workshops
- Institute for Healthcare Communication in New Haven, Connecticut
- International Veterinary Communication Institute in Ontario, Canada
- Other training opportunities are available at many veterinary conferences

Supporting Clients Experiencing Pet Bereavement

Client Support Roles⁹

Educator: Observe; ask questions; offer grief counseling information when appropriate.

Supporter: Listen to client's nonmedical concerns; favor listening over dispensing advice; allow expression of thoughts and emotions; acknowledge client's loss; express support in nonverbal and verbal ways.

Facilitator: Ask questions; make suggestions; provide relevant client education; assume partnership role in decisionmaking; remain neutral, nonjudgmental, and respectful of client's wishes.

Resource and referral guide: Inform client about available resources; encourage client to self-educate and find own solutions to establish control over the situation.

Client Support Principles⁹

Observe boundaries: Offer support by mutual agreement; do not overstep boundaries or offer unwanted assistance; do not exceed the confines of a client-support role.

Have realistic expectations: Understand that client's response to loss is beyond your control; you control only your own response.

Respect the client's feelings: Never express denial of client's feelings; do not assume you completely know how the client is feeling.

Practice open and honest communication: Convey information honestly; avoid withholding or censoring information to spare the client's feelings.

Maintain confidentiality: Respect client's privacy; do not discuss the case outside the practice without the pet owner's permission.

Offer professional support: Seek outside resources when needed.

Clichés of Grief (Phrases to Avoid)¹⁰

"If there is anything I can do, just call me."

"I know just how you feel!"

"Time will heal your loss."

"(Your pet) had a long life; think of all the good memories."

"There will be other pets."

"You need to be strong for the rest of the family."

"Children will bounce back."

"Count your blessings."

"God never gives more than we can handle."



Euthanasia versus Natural Death

Both euthanasia and hospice-supported natural death are medically and ethically acceptable options in veterinary EOL care and animal hospice. Deciding between humane euthanasia and hospice-supported natural death should be the result of a collaborative discussion involving the caregiver and the animal hospice team.

Animal hospice principles do not accept a pet owner's decision to allow a pet to die without effective palliative measures while under the care of a licensed veterinarian. If pain and suffering cannot be relieved by other means, withholding palliative sedation or euthanasia is considered unethical and inhumane.

The following guidelines will help the healthcare team to engage in ethical, collaborative EOL decision making:

1. Discuss all euthanasia and natural-death options with the pet owner (do not exclude or minimize any single option).
2. Recognize that many pet owners rely on a veterinarian's recommendation for the best approach to a pet's end of life, while others prefer the primary decision-making role.
3. Describe EOL options to pet owners in language they can understand.
4. Describe EOL options in a factual and non-judgmental manner, articulating pros and cons of each option.
5. Avoid a biased presentation of information designed to steer a client's EOL choices in the direction of the veterinarian's preferences.
6. Support the pet owner's EOL decision for the pet, accepting that their values and beliefs may be different from the veterinarian's.

Euthanasia, a universally legal and widely accepted tool in veterinary care, is a two-edged sword. On one hand, it provides an end to animal suffering when it becomes medically, financially, or physically impossible to maintain the patient's quality of life. On the other hand, it leaves significant numbers of caregivers struggling with doubts regarding the decisions they made, which prolongs and complicates their grief experience. As the value of animal hospice care and its availability increase, so will the feasibility of ethically managed, high quality, hospice-supported natural death, and the decision to euthanize will become more nuanced. A satisfactory decision to euthanize is heavily dependent on open, honest, and empathetic communication with the client.

Following the death of a pet, a significant number of owners will experience profound grief. In some cases, the client's sense of bereavement may be accompanied by anger that is directed at the practice team. The power of appropriate follow-up by the healthcare team to offset the depth and duration of the client's grief response cannot be overestimated. This type of outreach can take the form of a condolence card, phone call, sponsorship of a pet-loss support group facilitated by a professional counselor, or referral to counseling services or online resources.

COMPASSIONATE COMMUNICATION OPPORTUNITY

After the death of the pet, check in with clients to see how they are coping.



Body Care

Owners of pets that die while under a veterinarian's care are usually concerned about the postmortem disposition of the pet's body.⁶ The veterinarian should initiate a candid discussion of how the pet's body will be handled and ask if the client has any questions or concerns. A client education handout has been included at aaha.org/endoflife. For example, the veterinarian should disclose whether the body will be refrigerated or frozen and discuss cremation and burial options. A necropsy should be offered and the findings entered into the patient's medical record.

Memorializing a Pet

Helping the caregiver memorialize their pet is one of the best ways of expressing support and empathy for bereaved clients. Some ideas for clients include the following:

- Donations to a charity, veterinary school, or animal welfare organization in the pet's name
- Conducting an annual memorial service for all deceased pets
- Giving the client a memorial item (paw print, fur, nose print)
- Sending a personalized condolence card
- Writing a letter to the pet
- Writing a poem about the pet
- Planting a memorial tree or providing the client with seeds to plant in the pet's honor
- Obtaining a professional pet portrait
- Creating a photo album or journal about the pet
- Creating jewelry or charm containing the pet's ashes



Addressing Compassion Fatigue in EOL Care

Compassion fatigue is a phenomenon defined as the emotional, social, and spiritual cost of caregiving leading to a decline in the desire, ability, and energy needed to empathize with and care for others. Ultimately, compassion fatigue results in the loss of satisfaction in both the professional and personal life of the caregiver. Healthcare team members who work with EOL patients and their owners and are immersed in an environment of intense emotional and physical suffering, often of extended duration, with little group awareness and support, are at higher risk of compassion fatigue. Veterinarians are especially at risk for compassion fatigue and depression due to the significant occupational stressors.¹³ It is important for the healthcare team to recognize the signs of compassion fatigue in order to maintain a high level of professionalism.

Compassion fatigue can manifest itself in a variety of ways that are often overlooked or dismissed as burn-out.

Behavioral signs: anger, frustration, depression, crying, insensitivity, negative attitude, anxiety, and irritability.

Physical symptoms: changes in sleeping behavior, somatic illness, lethargy, and impaired immune response.

Spiritual indicators: loss of hope, increased skepticism, and excessive guilt.

These changes can result in avoidance of certain clients, patients, or procedures; loss of enjoyment in work; and fear or guilt about letting clients or patients down. Ultimately, compassion fatigue can affect the morale of the healthcare team, either individually or collectively.

Awareness is the key to preventing or minimizing the impact of compassion fatigue. The likelihood of compassion fatigue becoming a

chronic state or occurring in the first place is reduced when staff members have a high level of self-care, including adequate sleep, good nutrition, periodic breaks, and no over-scheduling.

Staff members who are particularly empathetic and motivated to provide patient or client support may be at higher risk of compassion fatigue. Staff education on the realities of emotional exhaustion and overload that can attend EOL cases is the best approach to avoiding, recognizing, and controlling compassion fatigue. Simply being aware that compassion fatigue is a normal risk of EOL care is often enough to prevent the serious consequences to team members.

Ways to Manage Compassion Fatigue

Accept that emotions such as compassion fatigue are normal and inevitable in EOL cases.

Verbalize the challenges of EOL care; avoid “bottling it in.”

Approach a colleague who may be showing signs of compassion fatigue.

Have debriefing sessions at the end of each day.

Seek professional counseling when appropriate.

Use role-playing techniques in a staff training setting to offset the effects of compassion fatigue.



Roles and Responsibilities of the Healthcare Team

It is important that the healthcare team speak with a unified voice and sense of purpose under any circumstances, but particularly so where EOL care is concerned. Each member of the healthcare team should have defined caregiving and client-support responsibilities, preferably ones that utilize individual skills, strengths, and experience. All team members should be trained to identify signs of compassion fatigue in themselves, staff, and family caregivers.

Veterinarian

- Develops medical and educational protocols for staff
- Designs specialized training for medical caregivers (technicians and family members)
- Advises and enrolls patients in EOL program
- Develops specific care plan for patient
- Designs communication plan among all caregivers
- Oversees implementation of care administered to patient
- Provides options and support for determining the final stage (euthanasia vs. hospice-supported natural death) and afterlife resources

Practice Manager

- Implements the educational and training programs for healthcare providers
- Creates a network of hospice professionals to support the staff and caregivers, including social workers, grief/bereavement counselors, psychologists, spiritual counselors, and community volunteers
- Markets EOL care to clients and the community
- Works with the veterinarian to alert staff to an EOL case being initiated
- Monitors for signs of compassion fatigue of self, staff, and family caregivers



Technician

- Provides supportive care for EOL patients and their families
- Participates in or leads home visits, provides quality of life and environmental assessments, manages clinical signs in home setting under the supervision of the veterinarian
- Bathes, grooms, provides stimulation and massage of the patient
- May provide time off for the primary caregiver
- Maintains supplies/inventory within the home and veterinary hospital for EOL care

Reception and other client-service personnel

- Schedules and coordinates care among patient/family and veterinary team members
- Alerts staff when an in-hospital euthanasia has been scheduled
- Creates a compassionate environment for the client and pet upon arrival to the hospital
- Ensures all follow-up communication (sympathy card, memorial donation, phone call, changing pet's status to deceased in the medical record, etc.) after the EOL event has been completed



AAHA Resources

Pet Loss Books

- *Coping with the Loss of Your Pet*
Help your clients through a difficult time with this caring gesture of support.
- *Final Act of Caring: Ending the Life of an Animal Friend*
Encourage pet owners to review all the options when considering a planned passing for their pet.
- *Forever in My Heart: Remembering a Pet's Life*
Acknowledge the human-animal bond and help your clients celebrate their pets' lives with this journal.
- *Good-Bye My Friend*
This book is filled with personal stories to help your clients deal with the loss of a pet.
- *I Remember: A Book About My Special Pet*
Help families at your practice grieve with this pet loss scrapbook for children.
- *Loss of Your Pet: A Resource for Pet Owners*
Show your compassion for clients with this informational piece that discusses the grieving process.
- *When Your Pet Is Sick*
Provide information to clients about what to expect when their pet becomes terminally ill.
- *Special Place for Charlee: A Child's Companion through Pet Loss*
Help kids with the loss of a pet with this book that explains grief in terms a child can understand.

Client Communication

- *Connecting with Grieving Clients: Supportive Communication for Fourteen Common Situations*
Guiding clients through their grief following the loss of a beloved pet is one of the toughest parts of your staff's job. Handled sensitively and compassionately, the situation can strengthen the bond with the client for years to come.
- *Exam Room Communication for Veterinarians: The Science and Art of Conversing with Clients*
Studies show that excellent exam room communication skills build rapport with clients, improve compliance, and reduce the risk of liability. This guide helps you improve communication by understanding the different ways you and your clients gather and process information in the exam room and use it to make decisions.

Compassion Fatigue

- *When Helping Hurts: Compassion Fatigue in Veterinary Medicine*
Compassion fatigue is especially prevalent in the field of veterinary medicine. This book provides all members of the team practical ways to help face the difficult emotions that arise when helping clients and their pets.

Additional Resources

Pet Loss Support Hotlines

- **Chicago VMA**
www.chicagovma.org, 630-325-1600
- **Colorado State University, Argus Institute**
<http://csu-cvmb.colostate.edu/vth/diagnostic-and-support/argus/Pages/default.aspx>, 970-297-1242
- **Cornell University**
<https://www2.vet.cornell.edu>, 607-253-3932
- **University of Illinois**
<http://vetmed.illinois.edu>, 217-244-CARE (2273) or 877-394-CARE (2273)
- **Michigan State University**
<https://cvm.msu.edu>, 517-432-2696
- **P&G Pet Care, Pet Loss Support Hotline**
888-332-7738
- **University of Pennsylvania, Matthew J. Ryan Veterinary Hospital**
<http://www.vet.upenn.edu/veterinary-hospitals/ryan-veterinary-hospital/services/grief-support-social-services>, 215-898-4556
- **University of Tennessee**
www.vet.utk.edu/socialwork, 865-755-8839
- **Tufts University**
<http://vet.tufts.edu>, 508-839-7966
- **Virginia-Maryland Regional College of Veterinary Medicine**
<http://www.vetmed.vt.edu>, 540-231-8038
- **Washington State University**
<http://www.vetmed.wsu.edu>, 509-335-5704 or 866-266-8635

This is not a comprehensive list, but may provide a starting point when clients request additional resources to manage their grief. This list was compiled by the AVMA.

Resources for Referral for Palliative or End-of-Life Care

These providers are not endorsed by AAHA. These resources should be evaluated by a practitioner on their own.

- **International Association for Animal Hospice and Palliative Care Providers Directory**
<http://www.iaahpc.org/resources-and-support/find-help-now.html>
- **In Home Pet Euthanasia Directory**
<http://inhomepeteuthanasia.com>

Veterinary Communication Training Opportunities

- **Colorado State University College of Veterinary Medicine FRANK™ clinical communication workshops**
- **Institute for Healthcare Communication in New Haven, Connecticut**
- **International Veterinary Communication Institute in Ontario, Canada**

Online Extras

Quiet Sign

aaha.org/endoflife

A poster to let staff and clients know when someone is saying goodbye to their pet.

Handling Your Pet's Body After Death

aaha.org/endoflife

A form outlining the options you can provide to your clients at the end of their pet's life.

Hospice Intake Questionnaire

aaha.org/endoflife

Gather information on the beliefs and plans of pet owners interested in creating end-of-life care plans for their pets.

Available for accredited practices only.

Implementing Your Pet's Palliative or End-of-Life Care Plan

aaha.org/endoflife

Ensure everyone knows what the end-of-life care plan is. This form allows you to plan for visits, medication, modifications, and pet care.

Available for accredited practices only.

Body Care After Your Pet Has Passed

We treat your pet's body with respect. We encourage you to use the services we offer. These are the options available to you:

- You may have your pet's remains cremated.** We encourage you to do so. A biodegradable urn is available for use. *Estimated cost:* _____
- Your pet may be buried in a casket.** We offer a variety of caskets and services. *Estimated cost:* _____
- Your pet may be cremated and buried in a casket.** We offer a variety of caskets and services. *Estimated cost:* _____
- Your pet may be cremated and buried in a casket.** We offer a variety of caskets and services. *Estimated cost:* _____

If you would like a personalized service, please contact our staff. We may be able to facilitate your request.

After your pet has passed and you have obtained a lock of fur, paw print, or tail hair, we can create a keepsake for you. To keep your pet's body cool and comfortable, we will place a carefully labeled body in a refrigerator.

Hospice Intake Questionnaire for Companion Animal Caretakers

Pet's name: _____

Evaluation of Needs, Beliefs, and Goals for Hospice Care

Describe your pet's relationship with you, your family, and your community. _____

What is your experience with hospice care for a pet? _____

What is your own quality of life right now? _____

What are your beliefs regarding euthanasia versus hospice care? _____

Is an unassisted death something you would wish for? _____

Education About the Disease Process and End-of-Life Care

Describe how your pet's disease was diagnosed and what you know about the disease. _____

What is your understanding of your pet's disease and prognosis? _____

What medical options have you been offered thus far? _____

What signs of illness or discomfort are you seeing in your pet? _____

Implementing Your Pet's Palliative or End-of-Life Care Plan

Patient: _____ Date: ____/____/____

Client name: _____

Our team is honored to work with you and your pet during this final life stage. We find it helpful to provide written information at times like this, as emotions for all involved can run high. As health conditions change over time, the information in the following plan may also shift.

Treatment Logistics

We have agreed to divide care between home and in-clinic care in the following manner:

Your next recheck appointment is scheduled for ____/____/____ and will be performed at _____ LOCATION (HOME OR HOSPITAL) by _____ NAME OF STAFF.

We have agreed to have recheck appointments every _____ TIME PERIOD unless there is a change in clinical state.

Your hospital caregivers include:

Name: _____

Position: _____

Your in-home* caregivers include:

Name: _____

Relationship: _____

* These caregivers may include employees of the hospital or your personal support team (friends, neighbors, and family).

Currently, these are your pet's scheduled medical treatments:

TREATMENT	DOSE	FREQUENCY	ADMINISTRATION	CALL DOCTOR IF THESE SIDE EFFECTS OCCUR
MEDICATION				
NUTRITIONAL SUPPORT				
FLUID SUPPORT				
OTHER				



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This implementation toolkit was developed by the American Animal Hospital Association (AAHA) and the International Association for Animal Hospice and Palliative Care (IAAHPC) to provide information for practitioners regarding each stage of a pet's life. The information contained in this toolkit should not be construed as dictating an exclusive protocol, course of treatment, or procedure, nor is it intended to be an AAHA standard of care.



The American Animal Hospital Association is the only organization that accredits companion animal practices throughout the United States and Canada according to high standards of veterinary care. AAHA-accredited hospitals are recognized among the finest in the industry and are consistently at the forefront of advanced veterinary medicine. Pet owners look for AAHA-accredited hospitals because they value their pets' health and trust the consistent, expert care provided by the entire health care team. For more information about AAHA, visit aaha.org.



The International Association for Animal Hospice and Palliative Care is dedicated to promoting knowledge of and developing guidelines for comfort-oriented care to companion animals as they approach the end of life.



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