

PEER REVIEWED



A close-up, artistic photograph of a dog's fur, likely a Samoyed, showing the texture and color of the coat. The fur is light-colored and appears soft and fluffy. The background is dark, making the fur stand out.

When Is It Time?

Guiding Clients Through End-of-Life Care

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As Serissa, my 13-year-old Samoyed, neared the end of her life, I promised her that her quality of life would remain good, she would not suffer, her end would be peaceful, and she would not die alone. These promises sound easy and are what many would want for their own pet, but with the exception of not dying alone, they are highly subjective.

What is a good quality of life? What does suffering mean to me and what did it mean to Serissa? What qualifies as a peaceful ending?

Veterinarians are constantly asked, *When is it time?* Too often owners are told, *You will know* or *They will give you a look*. The problem is that owners do not always know and pets will not always give a specific look. Even trained veterinary professionals find it difficult to know when the time has come, so how can families be expected to know, especially when they are also dealing with anticipatory grief? They rely on the veterinary team to guide them through the decision process. (See **Resources**, page 56.)

Beginning the Discussion

When discussing end-of-life options, the first factors I consider are the disease itself, its signs, and its presentation during the end stages. Clear benchmarks help clients understand what to expect and begin the discussion on how equipped (eg, emotionally, physically, financially) they feel to manage their pet's quality of life. Are they able to continue with the disease stressors, the anticipatory grief, the guilt, and the judgments from others? Are they prepared to say goodbye?

Or are they managing everything like a well-oiled machine? Do they have a wonderful support system? They may never be ready to say goodbye, but are they prepared to release their pet from his or her struggles?

Three Stages

Breaking the end of life into these 3 stages often helps the decision process. (See **Figure 1**.)

■ Stage 1: Things Are Good

The pet has a good quality of life, his or her symptoms are well managed, and the family can adequately handle the pet's care.

■ Stage 2: Stable but Subjective

Most clients and patients fit into this longest stage, during which most clients will seek advice. The pet has limited time but everything is manageable.

■ Stage 3: Euthanasia Is the Best or Only Option

Try to prevent a pet from entering this stage whenever possible. At this point, the pet's welfare is jeopardized, he or she is suffering, and the family may not be able to properly care for the pet. Aim to guide families well before this point.

When a pet is given a terminal diagnosis or advanced aging is affecting quality of life, I place the pet in the *Stable but Subjective* stage. From that moment, I consider euthanasia an acceptable option, and I let families know I will support their decision to say goodbye at any point.

Three End-of-Life Stages



▲ **FIGURE 1** Three end-of-life stages
Figure courtesy of Mary Gardner, DVM

Final Thoughts

The *Stable but Subjective* stage is ambiguous, and every day I help clients make the best decisions given their unique circumstances. I believe it is acceptable to allow a client to say goodbye sooner rather than later, or to wait longer, so long as the boundaries are not pushed too hard and the opportunity for a peaceful passing is not put at risk. Defining a peaceful passing is also a matter of debate.

For Serissa and me, a peaceful passing meant Serissa would never know what suffering was, she would be beautifully sedated and dreaming of her favorite things, I would hold her paw and tell her how thankful I was to have her in my life, and she would gently fall asleep forever. (See **Figure 2.**) It was hard,

but I kept my promise. Some may think I did it too soon, but I believe a week too soon is better than a day too late. I preferred to suffer with my sadness than allow Serissa to suffer.



▲ **FIGURE 2** Dr. Mary Gardner and Serissa
Photo courtesy of Mary Gardner, DVM

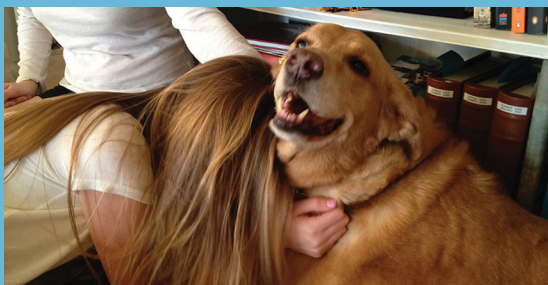
Case Report

Dixie, a 12-year-old mixed-breed golden retriever, had been diagnosed with osteosarcoma. Her euthanasia was scheduled to coincide with the depletion of her pain medication.

When I arrived at Dixie's home, a smiling dog bounded toward my car. I could see the swelling on her leg, but I could also see she was happy. I rubbed her head and said, "Hey, pretty girl." Then I looked at her crying owner, who said in a weak voice, "Yes, that is Dixie. It is difficult for us to make this decision because she is so happy, but will you still euthanize her today?"

I smiled warmly and said compassionately, "Yes, I will."

I know some veterinarians would have adamantly refused, and I fully respect that. In this case, 2 veterinarians had previously refused to euthanize Dixie. I also would have been just as comfortable if the owners had decided on more hospice and palliative care, but I knew they were emotionally ready to say goodbye.



▲ **FIGURE 3** Saying goodbye to Dixie
Photo courtesy of Mary Gardner, DVM

We went inside. Dixie plopped down on her bed and was handed about 2 lb of turkey breast. I said to the grieving family, "Unfortunately, Dixie has a terminal disease that will take away her happiness at some point. It may be this week, it may not be for a few months, but it will happen. What you are doing today is preventing Dixie from ever suffering, and I fully support you in that decision."

Those words gave them such comfort, and I could see the guilt finally releasing from their hearts. Would I do the same if Dixie were mine? I cannot say. Maybe I would have waited a bit longer, but maybe not.

Metacam® (meloxicam)

1.5 mg/mL Oral Suspension (equivalent to 0.05 mg per drop)

0.5 mg/mL Oral Suspension (equivalent to 0.02 mg per drop)

Non-steroidal anti-inflammatory drug for oral use in dogs only

Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

Warning: Repeated use of meloxicam in cats has been associated with acute renal failure and death. Do not administer additional injectable or oral meloxicam to cats. See Contraindications, Warnings, and Precautions for detailed information.

Description: Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) of the oxicam class. Each milliliter of Metacam Oral Suspension contains meloxicam equivalent to 0.5 mg/mL or 1.5 mg/mL and sodium benzoate (1.5 milligrams) as a preservative. The chemical name for Meloxicam is 4-Hydroxy-2-methyl-N-(5-methyl-2-thiazolyl)-2H-1,2-benzothiazine-3-carboxamide-1,1-dioxide. The formulation is a yellowish viscous suspension with the odor of honey.

Indications: Metacam Oral Suspension is indicated for the control of pain and inflammation associated with osteoarthritis in dogs.

Contraindications: Dogs with known hypersensitivity to meloxicam should not receive Metacam Oral Suspension. Do not use Metacam Oral Suspension in cats. Acute renal failure and death have been associated with the use of meloxicam in cats.

Warnings: Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans. For oral use in dogs only. As with any NSAID, all dogs should undergo a thorough history and physical examination before the initiation of NSAID therapy. Appropriate laboratory testing to establish hematological and serum biochemical baseline data is recommended prior to and periodically during administration. Owner should be advised to observe their dog for signs of potential drug toxicity and should be given a client information sheet about Metacam.

Precautions: The safe use of Metacam Oral Suspension in dogs younger than 6 months of age, dogs used for breeding, or in pregnant or lactating dogs has not been evaluated. Meloxicam is not recommended for use in dogs with bleeding disorders, as safety has not been established in dogs with these disorders. As a class, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal, renal and hepatic toxicity. Sensitivity to drug-associated adverse events varies with the individual patient. Dogs that have experienced adverse reactions from one NSAID may experience adverse reactions from another NSAID. Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with existing renal, cardiovascular, and/or hepatic dysfunction. Concurrent administration of potentially nephrotoxic drugs should be carefully approached. NSAIDs may inhibit the prostaglandins that maintain normal homeostatic function. Such anti-prostaglandin effects may result in clinically significant disease in patients with underlying or pre-existing disease that has not been previously diagnosed. Since NSAIDs possess the potential to induce gastrointestinal ulcerations and/or perforations, concomitant use with other anti-inflammatory drugs, such as NSAIDs or corticosteroids, should be avoided. If additional pain medication is needed after administration of the total daily dose of Metacam Oral Suspension, a non-NSAID or non-corticosteroid class of analgesia should be considered. The use of another NSAID is not recommended. Consider appropriate washout times when switching from corticosteroid use or from one NSAID to another in dogs. The use of concomitantly protein-bound drugs with Metacam Oral Suspension has not been studied in dogs. Commonly used protein-bound drugs include cardiac, anticonvulsant and behavioral medications. The influence of concomitant drugs that may inhibit metabolism of Metacam Oral Suspension has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy.

Adverse Reactions: Field safety was evaluated in 306 dogs.¹ Based on the results of two studies, GI abnormalities (vomiting, soft stools, diarrhea, and inappetence) were the most common adverse reactions associated with the administration of meloxicam. The following adverse events are based on post-approval adverse drug experience reporting. Not all adverse reactions are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data. The following adverse events are listed in decreasing order of frequency by body system.

Gastrointestinal: vomiting, anorexia, diarrhea, melena, gastrointestinal ulceration

Urinary: azotemia, elevated creatinine, renal failure

Neurological/Behavioral: lethargy, depression

Hepatic: elevated liver enzymes

Dermatologic: pruritus

Death has been reported as an outcome of the adverse events listed above. Acute renal failure and death have been associated with use of meloxicam in cats.

Information for Dog Owners: Metacam, like other drugs of its class, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and should be informed of the clinical signs associated with drug intolerance. Adverse reactions may include vomiting, diarrhea, decreased appetite, dark or tarry stools, increased water consumption, increased urination, pale gums due to anemia, yellowing of gums, skin or white of the eye due to jaundice, lethargy, incoordination, seizure, or behavioral changes. Serious adverse reactions associated with this drug class can occur without warning and in rare situations result in death (see Adverse Reactions). Owners should be advised to discontinue Metacam and contact their veterinarian immediately if signs of intolerance are observed. The vast majority of patients with drug related adverse reactions have recovered when the signs are recognized, the drug is withdrawn, and veterinary care, if appropriate, is initiated. Owners should be advised of the importance of periodic follow up for all dogs during administration of any NSAID.

Effectiveness: The effectiveness of meloxicam was demonstrated in two field studies involving a total of 277 dogs representing various breeds, between six months and sixteen years of age, all diagnosed with osteoarthritis. Both of the placebo-controlled, masked studies were conducted for 14 days. All dogs received 0.2 mg/kg on day 1. All dogs were maintained on 0.1 mg/kg oral meloxicam from days 2 through 14 of both studies. Parameters evaluated by veterinarians included lameness, weight-bearing, pain on palpation, and overall improvement. Parameters assessed by owners included mobility, ability to rise, limping, and overall improvement. In the first field study (n=109), dogs showed clinical improvement with statistical significance after 14 days of meloxicam treatment for all parameters. In the second field study (n=48), dogs receiving meloxicam showed a clinical improvement after 14 days of therapy for all parameters; however, statistical significance was demonstrated only for the overall investigator evaluation on day 7, and for the owner evaluation on day 14.¹

Reference: 1. FOI for NADA 141-213 (Metacam® (meloxicam) 0.5 mg/mL and 1.5 mg/mL Oral Suspension).

Manufactured for:

Boehringer Ingelheim Vetmedica, Inc.

St. Joseph, MO 64506 U.S.A.

US Patent 6,184,220

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Conclusion

Managing an end-of-life case is not easy and requires more skill than I ever imagined. Exploring the family's needs, concerns, and wishes and ensuring the pet is being cared for properly are most important. This sounds simple, but end-of-life care is not black and white—like most veterinary medicine. ■



MARY GARDNER, DVM, is cofounder of Lap of Love, the nation's largest organization of veterinarians dedicated to end-of-life care in the home. Her goal is to increase awareness and improve medical care for the geriatric veterinary patient and to make the final life stage as peaceful as possible, providing dignity and support for all involved. A University of Florida graduate, she also speaks regularly at national veterinary conferences.

FUN FACT: Mary was a baton twirler in high school and loves a really scary roller coaster.

Resources

- Guidelines for veterinary hospice care. AVMA. avma.org/KB/Policies/Pages/Guidelines-for-Veterinary-Hospice-Care.aspx
- Handling euthanasia in your practice. Gardner M, McVety D. *Today's Veterinary Practice*. 2016;6(1): 127-133.
- Palliative medicine and hospice care. Shearer TS, ed. *Vet Clin North Am Small Anim Pract*. 2011;41(3).
- Quality of Life. Lap of Love Veterinary Hospice. lapoflove.com/Quality-of-Life
- Quality of Life Scale. Villalobos A. pawspice.com/clients/17611/documents/QualityofLifeScale.pdf

TAKE ACTION

- 1 Provide clients with clear benchmarks for the 3 end-of-life stages so they know what to expect and can better make decisions for their pet.
- 2 Take care to explore the client's needs, concerns, and wishes, knowing every pet owner has different thoughts about—and ways to handle—stressors, guilt, and grief.