

Compassion through the Journey

A quality end-of-life experience flows from a strong human-animal bond, says pioneer in the field

Alice Villalobos DVM, DPNAP, has spent years studying and caring for animals – and their owners – at the end of the pet’s life. “Helping to improve the quality of life for companion animals at the end of life is my passion,” she says. “Pet lovers become extremely attached to their companion animals, and they are loyal to their pet during that pet’s disease and decline towards death.” Veterinary professionals can and should be prepared to accompany them on that journey.

Villalobos is director of Animal Oncology Consultation Service, Woodland Hills, Calif., and Pawspice, Hermosa Beach, Calif., which partners with pet owners and their referring veterinarians to challenge their pet’s cancer and other terminal illness with a positive and compassionate approach. She is a founding member of the Veterinary Cancer Society, and president emeritus for life, Society for Veterinary Medical Ethics.

A quality end-of-life experience flows from a strong human-animal bond, which is born and nurtured from the animal’s earliest years, says Villalobos, who in 1999 received the Leo Bustad Companion Animal Veterinarian of the Year Award, which recognizes outstanding work in preserving and protecting human-animal relationships. She was the 2005-06 president of the American Association of Human Animal Bond Veterinarians, and she developed a “Universal Human-Animal Bond Scale” to help veterinarians gauge the strength and nature of the bond among their clients and pets.

“Helping to improve the quality of life for companion animals at the end of life is my passion”

The scale involves people of all locations as they relate to animals of all species and environments. (She spoke about the Scale early this year at the NAVC Conference 2014 in Orlando, Fla.)

Villalobos spoke with *Veterinary Advantage* about companion animals’ end-of-life experiences, and the human-animal bond.

Veterinary Advantage: Can you talk about the mission of your two practices – Pawspice and Animal Oncology Consultation Service?

Alice Villalobos, DVM, DPNAP: Pawspice embraces cancer care, compassionate end-of-life palliative care for advanced-stage and terminal pets, and pet hospice.

Veterinary Advantage: You’ve identified several end-of-life stages. Can you elaborate on those?

Villalobos: There’s the wellness stage of a life-limiting cancer or condition, like kidney disease. Many animals mask or compensate for their diseases and appear to be healthy and active during the early stages

of a life-limiting disease. At the end of the wellness period, I tell the owner that their pet’s time might be short. For example, if a dog has been treated for lymphoma and has lived for a year or two, but we are now having trouble keeping him in remission, I tell them this might be the end phase of this life-limiting disease. The second

Human-animal bond, part 2

stage is the beginning of the decline. And there's the third stage, the trajectory toward death, where quality of life starts to slip, and where hospice kicks in.

The final decline toward death generally manifests in three stages as well. First is the slowing down of bodily functions and mentation. The second stage is stillness with irregular breathing. The final step is active dying, whether the patient may become agonal or desperate for air. Our oath as veterinarians is to assure that the patient has no pain during these last stages, if the family cannot or will not allow the gift of euthanasia, which allows pets to bypass these final stages of death.



Alice Villalobos and Neo.

Veterinary Advantage: Can you talk about the state of cancer care today?

Villalobos: It is being transformed into a chronic illness. We may not be curing it, but we are helping cancer patients maintain a good quality of life.

Many cancers in animals are treatable, but by the time we see a tumor in dogs or cats, these patients have been hiding or masking their problem, so we're not dealing with an early-stage situation. The human-animal bond enters right away. The pet's owners are affected because that bond is threatened. Often, they blame themselves. They'll say, "I gave him too many treats, it's not the dog's fault." But

dogs and cats are more prone to cancer than people. For example, among dogs over the age of 10, half will be diagnosed with cancer, and about half will die of it. One in four dogs under 10 will die of it. So it's a huge disease. In cats, 33 percent will die of cancer – they can be any age. But the older the animals are, the more prone they are to cancer.

Veterinary Advantage: In 2011, you developed a "Universal Human-Animal Bond Scale" to help caregivers assess the nature and strength of the bond between their clients and animals. Can you talk about the scale?

Villalobos: The Human-Animal Bond Scale is an assessment tool for all animal caregivers who must deal with dilemmas involving bioethical considerations, decision-making, analysis and dialogue regarding all creatures. It is intended to help them gauge the level of attachment (that is, the degree of bonding which a person has with his or her animal); devotion (the amount of time, effort and continuous ongoing interaction with the animal); value (emotional, financial, intrinsic, research, development or ecological important); concern (the worry people have regarding the welfare of their animals, such as preventing suffering or rescue or disaster response work); and responsibility (that is, the direct liability of owners and the indirect stewardship and respect that society owes all animals to maintain ecosystems, public health, conservation, global sustainability, One Health, etc.)

Veterinary Advantage: How does end-of-life care reflect the quality or strength of the human-animal bond that has existed up to that point in the animal's life?

Villalobos: The bond intensifies when it becomes threatened – that is, when the pet faces a life-limiting disease or condition. I try to help people who are grief-stricken. I just saw a young man who told me his life centers around his dog. He works out of his house and that dog is with him 24/7. He's just

The HHHHMM Quality-of-Life Scale

By Alice Villalobos, DVM, DPNAP

Veterinarians are often asked to assess the various aspects that determine the overall quality of life in terminally ill pets. Most older companion animals have one or more concurrent disease conditions that worsen with time. One third of our pet population is overweight and or obese.

When pets become burdened with illness or cancer and related treatment issues, their pre-existing conditions complicate the prognosis for survival or may limit options for effective treatment. The attending doctor is frequently asked, "When is the right time to euthanize my beloved pet? How will I know?" The veterinarian can respond with

something like this, " One day it will gel. You will know when it is the right time because your pet will tell you with a look or a gesture, a sign or a series of bad days."

A quality-of-life scale may help everyone, especially those who are in denial, to look at issues that are difficult to face. Caretakers can use the proposed Quality-of-Life Scale to ask themselves if they are able to provide enough help to maintain an ailing pet properly.

Pet caregivers can use this Quality of Life Scale to determine the success of Pawspice care. Score patients using a scale of: 0 to 10 (10 being ideal).

0-10	HURT - Adequate pain control and breathing ability is of top concern. Trouble breathing outweighs all concerns. Is the pet's pain well managed? Can the pet breathe properly? Is oxygen supplementation necessary?
0-10	HUNGER - Is the pet eating enough? Does hand feeding help? Does the pet need a feeding tube?
0-10	HYDRATION - Is the pet dehydrated? For patients not drinking enough water, use subcutaneous fluids daily or twice daily to supplement fluid intake.
0-10	HYGIENE - The pet should be brushed and cleaned, particularly after eliminations. Avoid pressure sores with soft bedding and keep all wounds clean.
0-10	HAPPINESS - Does the pet express joy and interest? Is the pet responsive to family, toys, etc.? Is the pet depressed, lonely, anxious, bored or afraid? Can the pet's bed be moved to be close to family activities?
0-10	MOBILITY - Can the pet get up without assistance? Does the pet need human or mechanical help (e.g., a cart)? Does the pet feel like going for a walk? Is the pet having seizures or stumbling? (Some caregivers feel euthanasia is preferable to amputation, but an animal with limited mobility yet still alert, happy and responsive can have a good quality of life as long as caregivers are committed to helping their pet.)
0-10	MORE GOOD DAYS THAN BAD - When bad days outnumber good days, quality of life might be too compromised. When a healthy human-animal bond is no longer possible, the caregiver must be made aware that the end is near. The decision for euthanasia needs to be made if the pet is suffering. If death comes peacefully and painlessly at home, that is okay.
Total	A total over 35 points represents acceptable life quality to continue with pet hospice.

Original concept, Oncology Outlook, by Dr. Alice Villalobos, Quality of Life Scale Helps Make Final Call, VPN, 09/2004. Scale format created for author's book, Canine and Feline Geriatric Oncology: Honoring the Human-Animal Bond, Blackwell Publishing, 2007. Revised for the International Veterinary Association of Pain Management (IVAPM)

2011 Palliative Care and Hospice Guidelines. Reprinted with permission from Dr. Alice Villalobos & Wiley-Blackwell.

To view the HHHHMM Quality-of-Life Scale (and its feline-specific counterpart), go to http://www.pawspice.com/index.php?option=com_content&view=article&id=5&Itemid=10

“The threat of the pet leaving can be overwhelming. Grief is a huge issue. A lot of society dismisses it by saying, ‘It’s only a dog or cat.’ But that’s not a good answer.”

starting to understand what life without that dog may mean. I was able to give him several leads for counseling and chat rooms, and a mentor – someone perhaps who has same profession and is in the same situation as he is.

Quite often, when the bond is threatened, a condition called anticipatory grief can affect the person’s functioning. That’s when we can step in with counseling. End-of-life care requires that doctors have a lot of understanding of the emotions involved in grief and loss, and that they know how to talk to people about it, and how to help them.

Many people in our society are quite alone, and their animal is their biggest contact with something natural. They are put into a very sad life stage. It’s not very different from losing a spouse or going through a divorce. That animal has your collective memory from the years you spent together; and the older your pet, the greater that collective memory. The threat of the pet leaving can be overwhelming. Grief is a huge issue. A lot of society dismisses it by saying, “It’s only a dog or cat.” But that’s not a good answer.

Veterinary Advantage: In your presentations and writings, you have alluded to the emotional shock and moral stress that veterinarians can experience when working with animals that are valued “up and down the roller coaster of human feelings – from overly passionate bonding, to utilitarian, to being disposable and unwanted.” Can you elaborate on that?

Villalobos: It can be shocking to doctors who come out of veterinary school. The animals and clients they see at the veterinary colleges are from highly bonded families. If the student volunteers in programs for the homeless and underprivileged, again, they tend to see clients who are highly bonded with their pets. But in private practice, they come across situations where the client doesn’t have that degree of attachment to his or her pet; he or she might be nonchalant or casual about their animal’s well-being or health, or about their pet’s hygiene or enrichment.

Veterinary Advantage: What technologies do we have today that we didn’t in the past, that helps bring about a quality end-of-life experience for the pet?

Villalobos: There are between 60 and 70 private radiation facilities in the United States, providing non-invasive ways to treat tumors. We have injections; hyperthermia (where we heat the tumor) and cryosurgery (where we freeze it). We see fantastic new chemotherapy drugs that are targeting certain pathways common to many kinds of cancer. As a result, we are literally seeing some cancers go into remission.

Pawspice embraces palliative medicine. That means we address the primary disease, but we won’t use anything risky or that might cause the animal to be sick. We give modest doses and we give them frequently. We administer buddy packs, or combination treatments, so that one medication will synergize with another and another, giving patients a nice quality of life. We use a technology called “metronomic,” which is a continuous, low-dose chemotherapy that slows down the formation of new blood vessels in the tumor, in a process called anti-angiogenesis.

We also see some very practical things for pets, such as harnesses, wheelchairs and ramps to help big dogs get in and out of the car.

But the biggest difference today – as opposed to five or 10 years ago – isn’t technology. It’s attitude. People in America today are very proud of their old animals; they’re not disposing of them as they did in the old days. Yes, we do see low-level bonds; an owner may not be able to afford to give his or her pet the gift of euthanasia, so they leave them at the shelter. That’s why we see a lot of efforts to take these animals out of shelters and give them quality end-of-life care.

Veterinary Advantage: Can you talk about the acceptance of palliative medicine and hospice care in veterinary medicine? How would you compare human medicine and veterinary medicine in this regard?

Villalobos: Many medical doctors still misunderstand palliative medicine and hospice. That's why the average time to referral is three days before death. I'm hoping the discussions veterinarians are having about end-of-life care will have an impact on MDs.

I belong to the National Academies of Practice, a group of highly respected physicians from all branches of medicine, including podiatry, dentistry, social work. We advise Congress on many things. We have pointed out that our society pushes futile medicine. When a person is getting ready to die, physicians or oncologists often resist death; they provide futile, costly care, and deny the dying person emotional support and pain management. This is a huge problem.

Veterinarians can provide leadership. We deal in death six or seven times more frequently than physicians. We see the pet when he is like a child, but then we turn around at the end of life and tell the client, "Your pet's quality of life isn't good; let's help him make the transition."

I learned – and I feel – that after euthanasia, I have performed an act of mercy; I have prevented relentless and futile suffering. Many physicians haven't learned that; they learned they could go to jail [for aiding someone in dying]. We haven't done enough to show them that palliative or hospice care should be started at the time of the diagnosis of terminal disease.

I'm an attitude-changer in my profession. And we now have a troupe of young veterinarians who want to provide quality end-of-life care.

Veterinary Advantage: What are the primary barriers to providing animals a satisfying end-of-life experience?

Villalobos: We hate to call it ignorance, but so many people tell me, "I didn't know that end-of-life care was available." Unfortunately, that's the case with many professionals as well. When you ask an MD, "Why did you wait so long before referring my loved one for hospice care?" the answer is, "I didn't know she would be so much more comfortable." Veterinary medicine has seen huge movement in pain management over the past 10 years. In human medicine, we're still reluctant at times to give pain medication. We don't want the patient to become addicted, even if he's 98 years old and dying. This definitely has to do with attitudes. Again, I'd like to be called an attitude-changer and a transformative thinker for our profession.

Barriers are being overcome... one lecture at a time. I spend a lot of time on the road; my new troupes doing the same thing. We want to help remove the misgivings veterinarians have of giving the gift of euthanasia as a relief from unnecessary and relentless pain and suffering. The barriers are mental and attitudinal, as well as social.

In Europe, people acknowledge that people die. In the United States, we hate wrinkles. It's a societal thing. We need transformative thinking. ■

Editor's note: To view Dr. Villalobos's Universal Human-Animal Bond Scale, go to http://www.pawspice.com/index.php?option=com_content&view=article&id=6&Itemid=5



RILEXINE® (cephalexin) Chewable Tablets for Dogs:

- ✓ The only FDA-approved cephalexin for veterinary use
- ✓ Highly palatable option intended to increase compliance
- ✓ 150 mg, 300 mg, and 600 mg tablets scored for precise dosing

Indication: For the treatment of secondary superficial bacterial pyoderma in dogs caused by susceptible strains of *Staphylococcus pseudintermedius*.

Important safety information: RILEXINE® (cephalexin) Chewable Tablets for Dogs are not for use in dogs with a history of allergic reactions to penicillins or cephalosporins. Sensitized individuals should avoid contact of the product with the skin and mucous membranes. The most common adverse reactions in dogs include diarrhea, vomiting, anorexia, and lethargy. The safety of RILEXINE Chewable Tablets for Dogs in breeding, pregnant, and lactating bitches has not been evaluated. Please see brief summary of product information on adjacent page, and for full prescribing information visit www.virbacvet.com.



Passionate About Animal Health

© 2014 Virbac Corporation. All Rights Reserved. RILEXINE is a registered trademark of Virbac S.A. 4/14 14551