

## **“PAWSPICE”**

### **AN INTEGRATIVE END OF LIFE CARE PROGRAM**

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The Human-Animal Bond is a celebrated and cherished relationship. The Bond grows even stronger at during the end of life journey. Cancer claims half of our senior pets while organ failure concurrently deteriorates half of our aging pets therefore we often see patients with multiple co morbidities. Pets’ family members feel strong emotions and may suffer anticipatory grief. They will want to spend as many last days with their pet as possible. Using integrative care can improve the quality of life at the end of life for terminal patients and assure pet owners that they are doing a good job helping their pet during their final days of decline.

Clients don’t expect us to prematurely terminate their pets without perusing reasonable supportive and palliative care options. They are always pleased when we tell them that we provide integrative care. The old utilitarian knee jerk impulse to suggest euthanasia as the second or third best option for terminal disease has gone by the wayside for many practices as veterinary hospice “Pawspice” has emerged with palliative care expertise at end of life. We can propose compassionate palliative care for our end of life patients’ special needs at home. A well-conceptualized, integrative palliative Pawspice plan for pet owners may be the very best medicine that we can offer a terminal patient that supports the Human-Animal Bond.

We must always speak kindly and respectfully to help support the emotional needs of clients that choose to journey to the end with their beloved pets. Many pet owners don’t even know that they are cheating themselves out of enjoyment with their pet because they are so upset. They don’t know how to deal with their anticipatory grief. We can help clients realize that during the present moment, their pet is still very much alive and with them during their Pawspice. Referring clients for pet loss counseling at [www.aplb.org](http://www.aplb.org) for daily Online Chat Rooms helps besot clients and helps retain balance for the clinician.

Based upon personality, marital and family situations and other life issues, pet owners may respond with a wide range of emotions ranging from panic to shut down. We must always uplift and guide our sad or depressed clients to value the good parts of each day and to interact and communicate their thoughts with their pet during private moments.

The pet's caregivers are also bonded to you and your staff and to the activity of coming into visit your facility and interacting with you on an intimate fashion. All this social contact with purpose is going to end abruptly with the passing of the pet. So Pawspice is more than a farewell, it is a parting of connections and supportive relationships with you and your staff. The loss of the enormous burden of care giving may bring a sense of relief that some clients associate with feelings of guilt and remorse. See: Relief is a Natural Part of Part of Grief at [www.pawspice.com](http://www.pawspice.com).

The best way for me to convey integrative end of life care is to present a typical case for you to review: So let me tell you about Emma Moon. She was a 14 year-old F/S Shepherd mix. Emma was the only pet in the household of a vibrant film business couple. A very upset man walked into our office and asked my receptionist, Jennifer, if we had time to provide a second opinion. The couple was told to euthanize Emma that day by both an internist and a surgeon because she was very old and had two kinds of cancer. Jennifer comforted the man and told him that she would ask me to see if we could do anything to help. When I got to him, he was sitting on the floor with tears running down his face. I asked him to tell me what was going on. He managed to tell me that Emma was diagnosed with osteosarcoma (OSA) a few months ago and that now she had a big huge tumor growing in her groin that was diagnosed as mast cell cancer today. He said that today's x-rays showed that the bone cancer was fractured and that both specialists agreed that Emma Moon should be put to sleep today, ASAP. He said that he and his wife were tormented over this advice and that they were not ready to let her go because Emma still wanted to eat and be with them. I emphatically said, "Your dog does not have to die from euthanasia today if you are not ready. We can enter Emma in Pawspice and in a few days or weeks; you will come to terms about *the right time*."

They carried Emma Moon into the exam room on a big soft pad. Her paws never touched the ground! She had pink mucous membranes and a pleasant interested look on her face. His wife was puffy eyed and they both looked at me with hope. She was breathing comfortably and had no heart murmur. She had a large swelling of her left humerus and a huge, bright pink mass extending along her left caudal mammary chain that was diagnosed by fine needle aspiration cytology as a mast cell tumor. Her abdomen was normal on palpation with no organomegaly. They said, "Look at her, she isn't ready to die yet, she still gets up to do her business and she eats and wags her tail and likes being at the center of things. We want help to keep her with us until we feel she is ready to go. She has not given us that message yet."

I defended Emma's doctors for their opinions and did not disagree with them. I told the couple

that the doctors were right about the fact that Emma has pain. I explained that pets don't exhibit pain clearly and that dogs by their very nature want to stay with their pack and will appear bright despite their pain. So, a pet's pain may not be appreciated by its owners, even though they think they know their pet very well. I told them that the sheer volume and location of Emma's mast cell cancer was enough to warrant a poor prognosis all by itself for any dog of any age. The referral x-rays demonstrated a hairline fracture in her huge OSA lesion, but no displacement. We entered Emma into Pawspice.

We set up a special home care treatment calendar that provided preemptive pain control for OSA and palliative treatment for the mast cell cancer. We started Emma on Duragesic pain patches every 72 hours for OSA pain control. We administered IV dexamethasone and vinblastine for the mast cell cancer along with famotidine and benadryl injections and gave SQ fluids with vitamins B, C and B-12. We taught them to use the calendar with its specific instructions to give oral prednisone, chlorambucil, benadryl and pepcid.

The integrative part of Emma's Pawspice included providing supplements and agents that are proven to have chemoprevention and immunonutrition activity. The selected Chemoprevention items that I use in my practice have been shown to reduce angiogenesis and mitosis and increase apoptosis. The Immunonutrition items that I currently use have been shown to support the patient's immune system and organ function. (See Sensible Supplements at [www.pawspice.com](http://www.pawspice.com)). We will discuss in greater detail the specific items that I currently recommend for metronomic chemotherapy, integrative therapy for antiangiogenesis and specific types of cancer and for geriatric patients and end of life patients including rehabilitation therapy, massage and cold laser therapy using the ML830 Smart Laser to enhance quality of life in future *IVA* articles.

Emma's family was instructed to discontinue all NSAID's and recheck with us weekly for several more vinblastine injections and to assess her quality of life (See Quality of Life Scale [www.pawspice.com](http://www.pawspice.com)). To our amazement, Emma's mast cell tumor regressed, her OSA stabilized and she survived with a good quality of life in her loving home for an additional eight (8) months in Pawspice from the date of our first meeting.

*(PIC of Emma Moon with her family, CAPTION BELOW)*



*Emma Moon with her family during a happy Pawspice recheck exam. This picture was taken seven months after euthanasia was recommended by an internist and a surgeon. The family was grateful for the extra quality time that Pawspice and integrative care gave them with Emma.*

Further references are available upon request.