

Quality of Life Scale Helps Make Final Call

by Alice Villaobos, DVM

Most geriatric animals have one or more abnormal conditions that appear in their senior years and these conditions generally worsen with time. One third of senior pets are obese. Additionally, half of our nation's companion animals over the age of 10 become burdened with cancer and its related treatment issues.

Veterinarians are frequently asked, "When is the right time to euthanize my beloved pet? How will I know?" Every animal has certain needs that should be recognized and respected. If we can meet these basic needs at a satisfactory level for our ailing companion animals, then we are justified in preserving the life of the ill pet during its decline.

The goal in setting up the Quality of Life Scale is to provide a guideline so that pet owners can maintain a rewarding relationship that nurtures the human-animal bond. The scale alleviates owners' feelings of guilt and engenders the support of the veterinary team to actively help in the care and decision making for end-of-life, or "pawspice" patients.

It is up to the veterinary profession and to the pet's caretaker to design an end-of-life pet hospice program that encounters each factor and deals with it openly and honestly. We can use a quality of life scale from 1 to 10. 10 being the best.

This list, called "HHHHHMM", stands for: hurt, hunger, hydration, hygiene, happiness, mobility and more good days than bad days. A score above 5 on most of these issues is acceptable in maintaining an end-of-life program. Each pet's situation needs an individual, kind and supportive approach.

The HHHHHMM Scale

HURT: 1-10

Adequate pain control is first and foremost on the scale. This includes the pet's ability to breathe properly. Most people do not realize that not being able to breathe is ranked at the top of the pain scale.

Some families are willing to provide oxygen therapy at home for their ailing pets and the veterinarian can prescribe it through a medical supply house. Pain control may include oral, transdermal and injectable medications.

HUNGER: 1-10

If a pet is not receiving adequate nutrition willingly, by hand or force feeding, then consider placing a feeding tube especially for cats. Malnutrition develops quickly in sick animals when the caretaker is not educated. Instruct owners to use blended or liquid diets to help their best friend maintain proper nutritional and caloric intake.

HYDRATION: 1-10

Subcutaneous fluids are a wonderful way to supplement the fluid intake of ailing pets. It may take a few sessions for a pet owner to get the hang of this helpful procedure.

HYGIENE: 1-10

Can the pet be kept brushed and cleaned? Is the coat matted? Is the pet situated properly so that it won't have to lie in its own waste after eliminations? Pets, especially cats, with oral cancer, can't keep themselves clean, so they get demoralized quickly.

The odor associated with necrotic oral tumors can be offensive and cause social rejection by family members. Antibiotics help reduce foul-smelling infections and using a sponge dampened with a very dilute solution of lemon juice and hydrogen peroxide (to mimic the gentle stroking action on of a "mothers tongue on the face and paws and legs) helps soothe and clean cats' fur. Dogs enjoy this too.

HAPPINESS: 1-10

Is the pet able to experience any joy or mental stimulation? It is easy to see that our pets communicate with their eyes. They know what is going on.

Is the ailing pet willing to interact with the family and be responsive to things going on around him? Is the aging cat able to purr and enjoy being on the bed or in one's lap? Is there a response to a bit of catnip? Can the cat bat at toys or look at and follow a laser light?

Can the ailing pet enjoy the upbeat greetings and petting of loving family members? Can the pet's bed be moved close to the family's activities and not left in an isolated or neglected area? Is the pet depressed, lonely, anxious, bored or afraid?

MOBILITY: 1-10

Ask if the pet is able to move around on its own or with help in order to satisfy its desires. Does the pet feel like going out for a walk? Is the pet showing central nervous system problems, seizures or stumbling? Can the pet be taken outdoors or helped into the litter box to eliminate with assistance? Will a harness, sling or cart be helpful? Is medication helping?

The answer to the mobility question has variable scenarios. I have met some utilitarian pet owners who are too rigid in the mobility area. For instance, they regretfully but willingly sacrifice their pet's life rather than elect amputation of a limb. Some pet owners have the honest yet teleological feeling that amputation is mutilation and not fair to the pet. Instead, they allow the pet to bear a painful limb for months before euthanasia.

Then there are cases like Krash, a 12-year-old, male 90-pound, Golden Retriever, in Orange County, California.

Krash's mobility was already borderline when he entered our pawspice program with osteosarcoma of his left distal radius. His history precluded amputation because of severe degenerative myelitis, (some dogs have had a previous bilateral knee surgery) and hip dysplasia. Krash wears a splint to offset a pathological fracture.

The mobility scale can be variable from 1 to 10. The need for mobility seems dependent on the species and breed. Cats and small lap dogs can and do enjoy life with much less mobility than large and giant-breed dogs.

If the pet is compromised and is only able to lie in bed, is there a schedule to change the position of the pet and rotate the body as often as every 2 hours? Atelectasis and decubital ulcers must be avoided. The nursing care of large immobile dogs is very demanding.

Is the bedding material soft enough? Can an egg crate mattress be used

and set up properly to avoid decubital ulcers? Is there a role for a pet mobility cart or an Evans standing cart? These items really make a difference in the quality of life for the pet that has limited mobility yet is alert and responsive.

MORE GOOD DAYS THAN BAD: 1-10

When there are too many bad days in a row or if the pet seems to be "turned off" to life, quality of life is compromised. Bad days are filled with undesirable experiences such as vomiting, nausea, diarrhea, frustration, seizures, etc. Bad days could be from profound weakness caused by anemia or from the discomfort caused by and obstruction or a large, inoperable tumor in the abdomen.

This was the situation with my own dear Australian Shepherd, Alfie, who had a huge undifferentiated mass rapidly overtake his liver. If the two-way exchange needed to communicate and maintain a healthy human-animal bond is just not there, the pet owner must be gently told that the end may be near.

It is very difficult for families to make the final decision to tend a beloved pet's life with euthanasia. This is usually avoided when euthanasia is against the pet owner's religious beliefs.

A decision to euthanize can be made clearer to clients if the standard scale for quality of life is set ahead of time and re-evaluated every couple of weeks or every few days as required.

If the pet is slowly passing on with a peaceful tranquility, it may be a satisfactory situation. People often want their pet to pass on naturally at home in their arms or in their own beds. That is OK as long as the pet is just weakening steadily and not suffering to death. Home euthanasia with a kindly house call veterinarian may be elected.

Hopefully, the concept of a scale for quality of life and our professional guidance can help relieve the angst and regret about a beloved pet's death.

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