

# A good goodbye

## How pet owners face end-of-life decisions

by PAUL ENGLEMAN

**O**ne late night a few months ago, our little dog, Queenie, appeared to be nearing her last breath. She was shivering, moaning plaintively, and – most telling – refusing dog treats. My wife, Barb, wrapped her in a towel and we took turns petting her until we all nodded off.

We were ready for this moment. Truth be told, we were almost looking forward to it. At the ripe old age of 16, Queenie had been on a downward spiral for quite some time, having lost her hearing – not that she ever did much listening – and much of her vision. There was a time when she could “go long” for a dog biscuit, catch it nonchalantly, and scamper back to the line of scrimmage, ready for the next play. These days, a treat gently tossed from a few feet away bounces off her nose and lands on the floor, where she has difficulty locating it.

Queenie is a puggle – a cross between a pug and a beagle, a so-called designer dog bred to combine the best traits of two breeds. In Queenie’s case, we’ve sometimes joked, the result may have been a blend of the worst. True to her contrarian character, she decided not to go gentle into that good night. The next day, she was back to her



old self, as spry as any 16-year-old dog could hope to be. For her, this means snuffling and shuffling between her bed and the pantry door behind which treats are kept, with occasional stops at her food bowl in the hope that someone has filled it with something other than dry dog food, which she eschews.

While Queenie considers her culinary options, Barb and I ponder that difficult question: How will we know when it’s time to say goodbye?

“That is the question that everyone wants the answer to,” says Katie Hilst. It

certainly is the question on the minds of most people who contact her. A veterinarian in Madison, Wisconsin, Hilst started out in 2007 offering home veterinary care and soon found that many of the pet owners she visited were facing the decision of whether to euthanize. That led her to establish Journeys Home, a service that specializes in providing at-home euthanasia for pets.

To help her clients, Hilst developed a quality-of-life evaluation tool, an eight-point acronym built on the word JOURNEYS that allows pet owners to calculate a numerical score based on their own observations. These include jumping or mobility (J), ouch or pain (O), and eating and drinking (E). The pet owner assigns a number from 1 to 10 for each topic; the scale includes examples to consider, such as “Your pet is refusing food and water” (1 point) and “Your pet is eating and drinking normally” (10 points).

There are numerous such reference scales on the internet, but Hilst says that many seemed to fall short on factors that take into consideration pet owners themselves, which led her to incorporate uncertainty and understanding (U) and you (Y)



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into her scale. Examples include “You understand what to watch for, the treatment plan, and when your pet needs medical attention” (5 points) and “You are constantly worried about your pet. You may feel unable to provide for their needs physically, emotionally, or financially” (1 point).

Jessica Pierce is a bioethicist and the author of *The Last Walk: Reflections on Our Pets at the End of Their Lives* and *Run, Spot, Run: The Ethics of Keeping Pets*. She says that quality-of-life scales can be “a valuable tool for helping caregivers and veterinarians provide a pet with the best possible care and focusing our attention on what is important and what makes our pet’s days happy or difficult.” But she cautions against relying solely on them as a decision-making tool for euthanasia.

“An animal’s quality of life is likely to vary considerably from day to day, particularly if the animal is suffering from a chronic disease,” she says. “What we really need is a journal that tracks how an animal is doing over time. If a dog is suffering from pain or other distressing symptoms that cannot be managed medically and her suffering is likely to increase over time, then euthanasia is likely appropriate,” she says.

If euthanasia is chosen, Hilst and Pierce agree that, for the comfort of both the pet and its owner, the procedure should be done at home, if possible.

Hilst and Pierce also say that a pet owner’s financial situation is a valid concern in determining whether to pursue expensive medical options that have accompanied advances in veterinary medicine.

“Overtreatment is certainly a growing problem, as more possibilities are available,” says Pierce. “And once a treatment is available, saying no can feel like a denial of care – though it often is exactly the right choice for the animal. Pet owners shouldn’t be expected to suffer serious financial pain to ‘do everything possible.’ That said, we have an absolute obligation to provide appropriate palliative care for our animals. We may choose not to pursue curative treatments, but we have to ensure that our pets are comfortable.”

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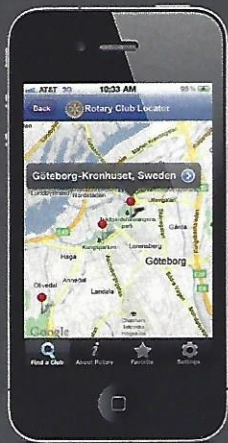
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Hilst notes that even diagnostic procedures such as MRIs may be too costly for some owners. “Some people are comfortable with what they can afford; others agonize over the fact that they can’t afford options that are available. We try to work with people and let them know that their pet’s diagnosis is not their fault. It’s a fact of life: We all have to let go at some point.”

Based on her experience of having visited more than 2,000 homes as a veterinarian, Hilst concludes that pet owners are more likely to let their dogs linger than to euthanize too soon. “More often, people wait too long,” she says. “That’s due perhaps to a lack of understanding that a pet may be suffering. The other reason is a close bond with the pet and an emotional inability to say goodbye. But part of being a pet owner is giving your pet a comfortable send-off.”

It’s important for pet owners to trust their instincts, no matter how difficult the decision. “In making end-of-life decisions — especially deciding when to euthanize — we need to remain clear about which issues have to do with our pet’s quality of life and which have to do with caregiver preferences and limitations,” says Pierce. “Caregiver issues have to play a role. But I’ve found that when people aren’t explicit about what is driving a decision to euthanize, they feel more uncertainty, more guilt, and more self-doubt.”

Guilt and self-doubt will not be a concern of ours as we monitor Queenie’s status. In our view, she has lived a long, full life (an octogenarian in human years, according to online life-equivalency scales), and she has outlasted all of her neighborhood contemporaries.

For us it’s come to this: The decision must be based on Queenie’s needs, not our own. We signed on to this mission not knowing how long it would last but knowing full well what it might entail. ■

*Paul Engleman is a Chicago-based freelancer and a frequent contributor to The Rotarian.*