

HOLISTIC HEALTH CARE FOR CAVALIERS

PART SIX



When it is Time to Say Goodbye

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Since Karen and I are going through this right now, with Randa, an eleven year old Blenheim Cavalier, we thought it would be the proper time to expand this chapter about end of life decisions from both the owner's and the veterinarian's perspective. As a veterinarian for thirty-four years, I have had to treat my share of these cases and, as a pet parent for decades; I have had to face them from the owner perspective.

I believe this has allowed us to have some special insight into this subject that we would like to share.

When your pet is lying in front of you, comatose, with difficult respiration and has been diagnosed with liver failure, AND you have done everything you can think of, AND everything proposed on the internet, AND they are in obvious pain, it is much easier to know that it is time to let them go.

These are not the cases that test us even though they are no less real or sad. The difference is, here the choice is clear, even though the final act is still difficult. Our biggest challenge is the case that is less clear, that falls into that gray zone, and the question I always hear is "How will I know?"

Speaking from experience, the short answer is very simple, yet may sound flippant. It is "You WILL know when it is time." Even many clients dealing with this their first time are amazed at how clear the final message becomes and how much that helps them emotionally.

The desire to do everything possible to extend life often engenders a myriad of emotions. There can be anguish about the number of hours required for support or the cost of care. There can often be anger at the emotional and physical toll and then feel guilt at having these emotions. These feelings do not make one a "bad" parent or person, they are the normal

part of the dynamic of the situation.

It is not unusual to have a sense of relief and freedom when they finally do pass. From a strictly personal standpoint, there are times when I am tired or stressed from work and life, but I have to put some of that on hold because one of our own dogs is requiring a ton of extra care. I can feel anger, resentment, and impatience.

This was especially true this morning at 5:00 AM (they haven't figured out the time change yet), cleaning up all the urine from our heart failure Cavalier, on Lasix, who missed the pad. Grumble, grumble - but then I pictured how it will feel when she finally is gone: how she makes me smile when she still chases the lizards outside, and still begs for part of my protein bar every morning. The cleanup became a small trade for the extra time with her. I am saying these emotions are normal and failure to accept them can lead to a destructive cycle in you and your animal.

Another difficult decision we often face concerns medical care and "procedures." As owners, we often are asked to do all kinds of testing and procedures on our end of life animals. Sometimes this is because we keep asking, appropriately, "What else can we do?" Often, as veterinarians, when asked that question, we either go to one end of the spectrum or the other. We tend to tell you everything that has or can be done or, on the other hand, decide that it is time for the animal to pass, or that the financial cost is too high, in our opinion, for the possible beneficial outcome, and help a client down one path or the other.

Many years (actually three decades) ago, a senior veterinarian taught me a "test" to run in the room with a client facing end of life issues with their pet. He would ask; "So how old is Fluffy now?" If the client

increased the age over what we had in our files, (and sometimes, as we asked each visit, Fluffy aged many years over the next few months) we would take it as a sign that the client was leaning toward euthanasia since losing an older animal is easier to rationalize or accept. If we felt this was true, we would tend to nudge them down that path, or limit the options we offered. It was done out of compassion. I am sure that I have had clients that needed to be pushed for the sake of the animal or the household budget, but it feels wrong to me, in hindsight.

Now, I try to examine the situation, propose the options and provide information without pushing in either direction, as is my duty. There are times, when the client is overwhelmed by the situation or the animal is truly suffering, that I will offer my heartfelt opinion in a frank and sincere manner.

Many of us on both sides of the exam table have asked or been asked the question, "What would you

wonder of a death that brings true healing to a family or a situation still is an amazing thing to watch and share.

We know that there is nothing one can say or do that stops this from being a very difficult and painful time for an owner, but there is a great deal one can do to help make this easier and significant in a special way. What follows is written as advice to the homeopathic veterinarian on these types of cases, but it addresses our subject and I felt it appropriate to include it here.

This transitional process often starts long before the actual passing. As we get to know the client and patient as well as a sense of the prognosis in a case, it may become clear that we will have to help them cross this bridge and we begin to prepare the client for that time. Here are some things we have found that work in our practice.

First, we never force the discussion on a client un-

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When in doubt you err on the side of life!"*

do if it was YOUR dog?" When that question comes up, I try to tell them what I would do; but sometimes I truly am not sure. I have found most clients want the truth and are grateful for a straightforward, honest answer.

Since each case, relationship and situation is different, it is difficult to make blanket statements, but there are guidelines I have established and follow to help one decide. We will list those later after a more "clinical" examination of the subject, especially the gray area cases.

As a veterinarian, no matter how much energy, skill, desire and attention we bring to a case, it is inevitable we will have cases destined to die. It is something we all know as doctors and healers but the way we deal and help the family deal has changed radically over the past twenty or so years. Gone (hopefully) is the sterile, clinical stainless steel exam table with the final IV injection done without much regard for the feelings of the animal or the family. We are generally moving beyond that cold clinical duty and into an area of compassion and consideration. At least, that is what we should be doing, and I know many here in the U.S. practice in the new paradigm.

Karen and I have dealt with, what we used to call transitional cases for over twenty years. In that time, we have experienced quite a number of cases, but the

less they are in complete denial and then we are very gradual about it. The management of client expectations is paramount. An animal's passing is a difficult and emotional time for most invested clients and, sadly, some resort to anger and blame to "deal" with the emotional pain. Sometimes, it seems easier to be angry at the doctor for not saving your pet than to face the loss head on.

I know this sounds about as non-holistic a statement as one could make, but it is a good place to start this discussion. One cannot have been in practice for any length of time and not know of these cases and be aware that good client communication is a way to avoid this.

Another potential challenge is the client that takes any improvement as a sign of complete future cure. Just because the cat ate a few bites for the first time in a week does not mean it will be completely cured. There are clients that think like this so be careful to be encouraging but manage expectations.

When the time starts to get close, most clients seem to appreciate your being direct and explicit with them as to the actual process. We explain that the final days or week can be messy. Usually, their biggest concern is "if it is time." We discuss the possibility that their animal might go to sleep one night and not wake up, and how that would actually be a blessing as they



are not forced to decide life or death. When it comes to the, “how will I know?” phase, we have some pretty hard fast rules.

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When in doubt you err on the side of life! It is much easier to deal with the question of

“Did I wait too long?”

than the issue of “Did I quit too soon?”

I would like to relate the story of Emmie – one of our beloved Tris. I often use this as an example for clients but it was a special moment for Karen and I as the parents.

Emmie was in extreme heart failure (as Randa is at this writing) and we had exhausted everything holistic (and pretty much drug-wise also) and it was about 2 A.M. when she stretched out on the bed, gasping. Karen and I decided it was time to let her move on and I went downstairs to get my black bag. It is always a good idea to have everything you need in one easy to carry place. When I got back upstairs Karen asked “if I was sure?”, because Emmie had just kissed her. To be completely honest here, I pretty much went ballistic telling her I had no idea, and I was headed out of town, and I did not want her to deal with this alone, and she had a litter due in a month and rant, rant, rant.

I then stormed into the other room (our office), sat down and thought about what I would tell a client. In a minute or so, when I calmed down, we talked and, since we were not sure, we chose to wait. We doubled her Lasix, added some other support, a new homeopathic remedy, and Emmie rallied. About a month later, she came on to the bed again about 2 A.M. with very labored breathing. One look in her eyes and we both knew it was time. I still had the syringe from the month before but needed some alcohol for the IV, so I went into the other room to get it.

By the time I came back two minutes later, Emmie had passed, quietly, in Karen’s arms. We were sad and it was stressful, but we also had that extra month during which she ate and cuddled and seemed comfortable. We both felt better about not quitting on her and knew we could hold our heads high.

A few days later the litter with Peanut (our challenged bundle of joy we had to tube feed for three weeks since he was only an ounce and a half at birth)

arrived. Peanut ended up being such an inspiration and his tube feeding video has saved many, many puppies over the years (150,000 plus views on YouTube). He brought so many people such joy and hope in his three short years (he had many issues and extremely undeveloped kidneys was one of them). He died quietly in Karen’s arms and the point is, we never could have tackled trying to save him had Emmie still been there. It was like she knew he was coming and left room for him to help us heal.

This reinforced something that I tell our clients. That one almost always knows the time. It is something we have experienced so many times that it is second nature, but it is not easy for a distraught client to make that leap of faith. It often takes time, trust and prior experience.

Another thing we have frequently seen is that the animal is often ready to leave before the client is ready to let go. Are we being unfair to our patient to allow this extra time? Our observation is: sometimes we are, but usually the few days the animal has to tolerate the discomfort is worth so much to the whole case that we look upon it as their gift to their owner while they make the transition to the death. It helps to tell the client that they need to give their animal permission to go and truly mean it. This can be an important psychological step in the process and sometimes the animal actually listens and was just waiting until their person was ready.

Many times, our patients have a few rough days and then pass on their own at home. I am sure that at least a third of them do this.

This is a good time to talk about the use of homeopathic remedies for euthanasia or end of life situations. In my experience, remedies can ease the passing but will never kill an animal that is not ready to go in these situations.

Arsenicum is the most frequently seen remedy to aid in the transition as the patient reaches the final stages. Pulsatilla, tarantula, stramonium are all mentioned in the literature, but the remedy they are showing is the remedy to give. I would have to say that Arsenicum is by far the most common and also coincides with the agitation and restlessness many end stage cases



exhibit in the dark hours past midnight.

I am often asked if a remedy will put their animal to sleep. I do not believe it will, however, I am sure it can help allow them to transition if they are ready. It is more like giving permission to let go. We have also seen that the closer the patient is to death, the clearer the homeopathic remedy picture becomes and often a core remedy is revealed on the death bed. We have occasionally given that indicated remedy to help them pass, and gone to bed expecting to render condolences in the morning only to hear that Fluffy woke up with energy and ate for the first time in days. It is rare but it has happened in our practice so be prepared for anything.

I noticed that this chapter is full of euphemisms like “final act.” It is always easier to say than “put them to sleep” or “euthanasia.” I think the difference is that, most of the time, our patients (and pets) reach

We give the client time alone until they are ready to leave (we try to give them a lock of hair from where we clipped) and we handle things from there. Most of our clients opt for individual cremation. They have the choice of getting the ashes back to bury, or spread, or box as they choose. The ashes can also be returned in an urn or crafted wooden box with an engraved plaque. Occasionally, our clients want to have a less expensive general cremation and some have them buried at an animal cemetery. The cemetery picks the body up from our office or from the client’s home if the euthanasia was done there. Some clients choose to take the body with them to bury at home. Every step is taken with the same respect and compassion as if it was our pet (and often we have worked with them so long or so closely that they really are ours too).

To conclude: we all have different ways of dealing with these cases, patients and clients and your method

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the point that it is not euthanasia but more like helping them take the final step.

Karen also strongly suggested that we add a little bit about how we actually carry out the “procedure” and deal with the body afterward. Most of our clients appreciate knowing, in advance, what we try to do. If they are at our office, we have a nice quiet space, lights are low and some candles are lit. Most of the animals have been here many times so they are comfortable. We also encourage at home euthanasia. Many house call or mobile vets will do this and it makes sense to search in advance. When the client is ready, we either give them an injection of a sedative and then place a small IV or, in cases where the sedative would lower the blood pressure too much to get in an IV, we place it first. If there is any distress then we do sedation first as NOTHING about this should add to the emotional stress.

Once the animal is sleeping and the IV is in place, we visit with the client until they are as ready as they can be. When we give the final injection of a strong barbiturate, the animal, usually passes within seconds. Often, before the injection is done. We occasionally will see a few deep gasps a minute or two later and we warn that this can happen and is just reflex. Sometimes they may pass stool or urine after they are gone.

must be tailored to you and your practice. Always remember how difficult this is for that client. There is nothing else in their lives at that point, this case is their only focus and, no matter how much we have going on, we need to remember this when they are demanding or agitated, and not react in any way besides compassionately. As the owners, we owe our pets the right to live as long as they can with dignity and comfort, to do everything reasonable to prolong their life and to let them pass when they are ready with all the love and care and respect we can give them.

Unfortunately, most anyone reading this chapter will have to go through this themselves, or help someone they know through it. If this makes it easier in any way, then Karen and I have done, in writing, what we try to do in our practice and our lives.

P.S. It has been two weeks since I started to modify this for the article, we have drained ascitic fluid from Randa twice and she is still going strong. Hopefully, she will be here at publication and, if not, she will always be in our hearts. 

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