

Doing the Right Things for the Right Reasons Part 3 (Pain & Palliation)



Robin Downing, DVM, MS (Bioethics), Doctor of Bioethics

Diplomate American Academy of Pain Management

Diplomate American College of Veterinary Sports Medicine and Rehabilitation

Certified Veterinary Pain Practitioner

Fear Free™ Elite Professional

Founder & Past-President, International Veterinary Academy of Pain Management

Windsor Veterinary Clinic, PC

The Downing Center for Animal Pain Management, LLC



Four Foundational Principles

(These provide the lens)

1. Respect for Autonomy
2. Nonmaleficence
3. Beneficence
4. Justice/Fairness

Keep these in mind as we explore both *how* and *why* to do the right things for the right reasons

Autonomy & beneficence (patients)

Nonmaleficence & justice (clients)

Right Things, Right Reasons

Reminders:

Traditional medical ethics ultimately failed to keep up with emerging developments and advancements in medicine

Bioethics expanded perspective beyond traditional paternalistic relationship of doctor to patient

From "Doctor knows best" to "Shared decision-making"

Medical decision-making often not yes/no

It's all about discerning "should" from "can"

Right Things, Right Reasons - Pain

Is it unreasonable for our painful patients to fear the pain of being handled and do their best to avoid it?

For them, being touched is *torture*

Pain contributes to FAS and FAS amplifies pain

We have a moral obligation to identify this "fix" their pain

PVPs like gabapentin & trazodone will *not* interfere with a pain assessment *BUT* FAS definitely interferes with a pain assessment

Please do not use a dissociative or deep sedation (e.g. "kitty magic") - - absolutely interferes with a pain assessment

*"They Don't
Deserve to
Hurt"*

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*Divinam Est Opus Sedare
Dolorem*

(Divine is the Work to
Subdue Pain)

- Galen

Jeremy Bentham

The question is not:

"Can they reason?" or

"Can they talk?" but

"Can they suffer?"

"Medicine should be practiced as a form of friendship."

- - Leon Bernard



Pain in People (IASP Definition)

An unpleasant and emotional experience associated with actual or potential tissue damage

The inability to communicate in no way negates the possibility that an individual is experiencing pain and is in need of appropriate pain-relieving treatment

Pain in People and Pets

A complex, multifaceted experience:

Sensory-informational component (physiology)

Emotional dimension (suffering aspect)

Cognitive-evaluative component (attention, previous experience, perceived threat to individual)

Right Things, Right Reasons - Pain

"Pain is a more terrible lord of mankind than even death itself."

- Albert Schweitzer

"Pain is inevitable. Suffering is optional."

- Buddhist Proverb

Pain is:

Complex and scientifically intriguing

Clinically challenging

Easy to overlook

Worth making changes to improve treatment



Right Things, Right Reasons - Pain

Perioperative analgesia - -

Prior surgery is an independent predictor of postop pain in people

(Gottschalk A: *J of pain*, 2000)

Residual pain commonly remains after laparotomy, inguinal hernia repair, etc in people

Effective analgesia in the perioperative period decreases the risk of long-term pain

Right Things, Right Reasons - Pain

Perioperative analgesia - -

Stop chronic pain BEFORE it occurs...

Total knee replacement in people:

Continuous femoral nerve block for 2 days versus parenteral opioid therapy

Improved analgesia for first 2 days post-op

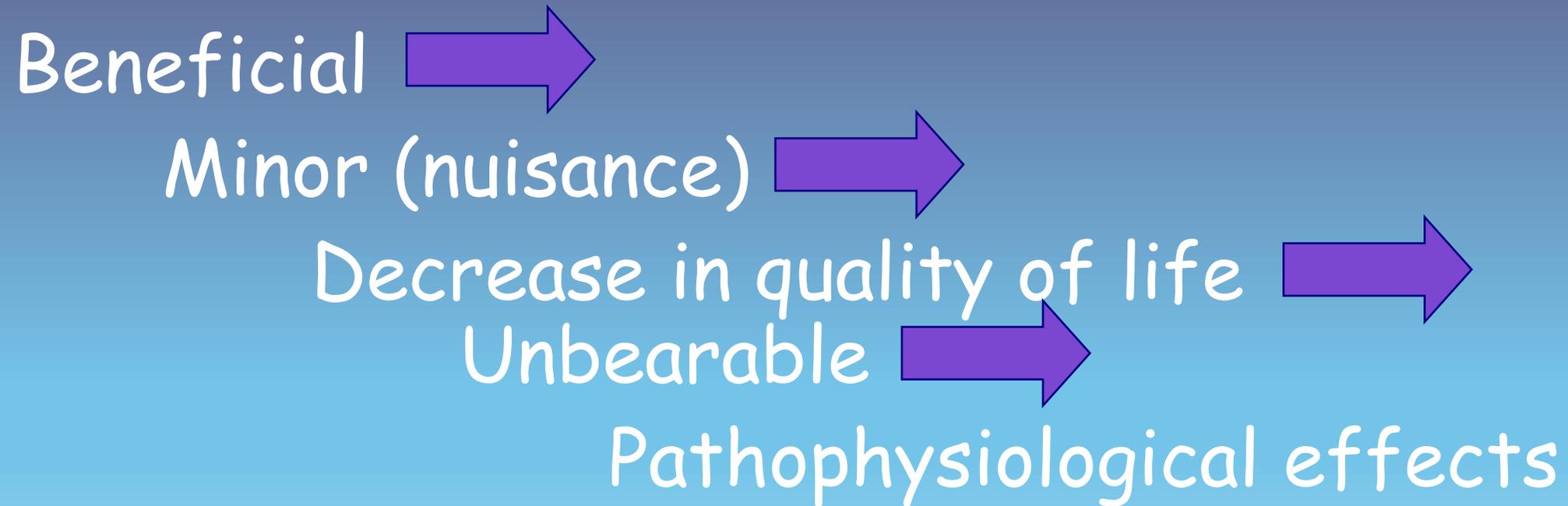
Forty days later:

Improved range of motion & earlier discharge from rehabilitation center

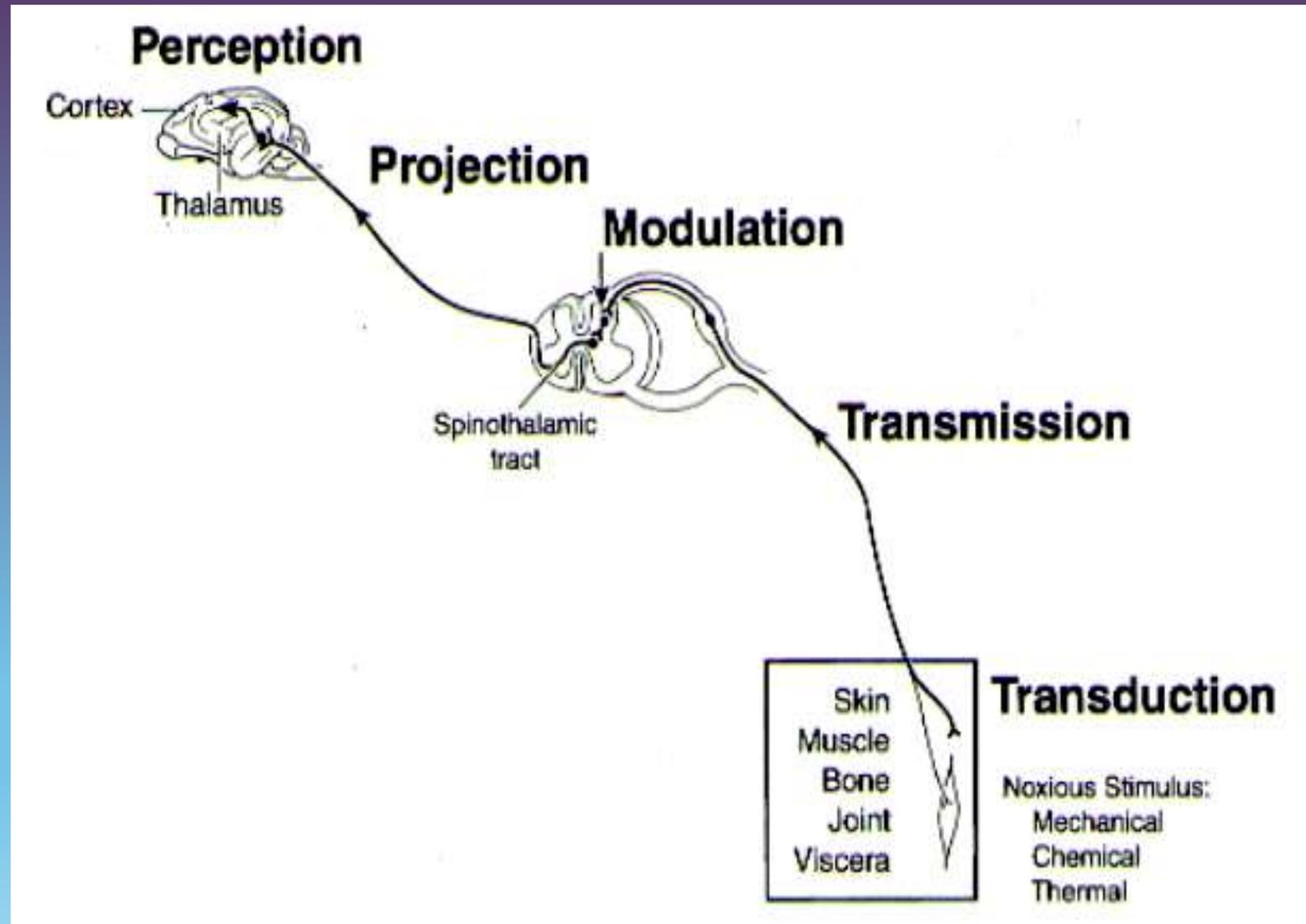
Capdevila X, et al: *Anesthesiology*, 1999

Right Things, Right Reasons - Pain

Consequences of Pain:

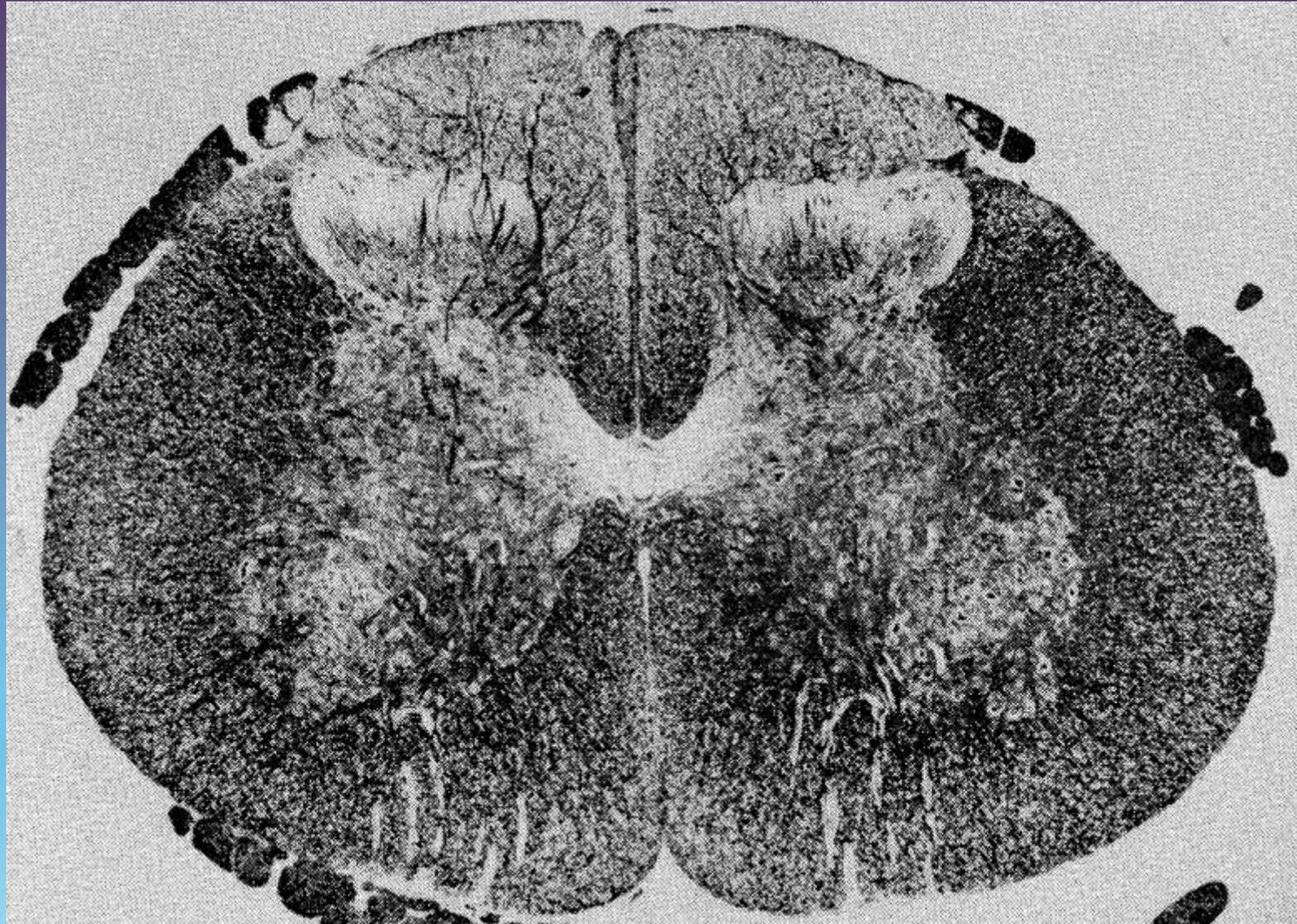


Right Things, Right Reasons - Pain





The Spinal Cord - Not Just a Relay Station





Right Things, Right Reasons - Pain

Begin at the beginning:

Thorough examination w/ a metabolic profile

Complete an appropriate diagnostic plan - - e.g. don't miss an OSA & then treat it as OA

Treat the treatable — and treat all the treatable

Make a plan and work the plan

Break the pain cycle pharmacologically:

Chronic pain is generally "maladaptive" - - pain as disease

Maladaptive pain demands we target the dorsal horn

"Targeted therapy" is a relatively new concept (beyond NSAIDs)

Right Things, Right Reasons - Pain

Gabapentin - -

Affects α -2- δ subunit of the calcium channel in the dorsal horn

Need to dose appropriately - - 5 - 10mg/kg BID - TID to *start*

Regular dose escalations *to effect*

Activity within 24-48 hours & peak effects in 5 - 10 days

Sedation is the only relevant side effect - reduce dose

DO NOT stop abruptly - - rebound pain

Long-term dosing is fine - - no worries about kidneys/liver

May have accumulation in CRD

Right Things, Right Reasons - Pain

Amantadine - -

NMDA receptor antagonist & complements NSAID and gabapentin

2 - 5 mg/kg/day (see JACVIM - D. Lascelles, et al)

Well tolerated long-term - no data in cats - compounding may be more affordable

PSGAGs (Adequan®) - -

Useful in dogs and cats - extra-label

PSGAGs are cartilage building blocks of cartilage & heal micro-fractures providing indirect anti-inflammation

2mg/# SQ - 2x/wk 4wks, wkly 4wks, q 10 - 14 days ongoing



Right Things, Right Reasons - Pain

Breaking the pain cycle non-pharmacologically:

Nutrition/nutraceuticals - - follow the evidence!

Therapeutic nutrient profile

Omega 3 FA's - - Need triglyceride formulation not esterized

UC-II (Undenatured Collagen Type II) - - Induces "oral tolerance" - -
Immune modulation via lymphoid tissue (Peyer's patch) in gut >
Stimulates recognition of type II collagen > Prompts anti-
inflammatory cytokines

Green-lipped mussel (*Perna canaliculus*) - - Essential fatty acids &
palette of bioactive lipids that must be manufactured in a way
that does not denature or interfere with efficacy

With ALL nutraceuticals, it is the *formulation* not simply *ingredients* that
must be evaluated in the *target species*



Right Things, Right Reasons - Pain

Breaking the pain cycle non-pharmacologically:

Physiotherapy & physical medicine modalities - -

Heat

Cold

Therapeutic Laser

NMES

TENS

Therapeutic U/S

Tissue Mobilization

Medical Massage

Tui Na

Medical Acupuncture

Hydrotherapy

†PEMF

Swimming

UWT

Chiropractic/Osteopathic Manipulation

Myofascial Trigger Point Therapy









Right Things, Right Reasons - Pain

Modifying the home environment & home activities - -

Raise food & water dishes, cover slippery floors,
modify access to stairs, ramp for in/out of vehicle,
modify play with other pets

Assistive devices

Wheelchairs (walking, 2-wheel, 4-wheel)

Slings

Supportive vests (RuffWear®)

Rolling carts/wagons



Right Things, Right Reasons - Pain

Don't forget client homework

Be as specific as possible

Write everything down

Have clients keep an "activities of daily living" (ADLs) diary

Direct your attention towards pain

Identify trends

Guide therapy

Keep your bioethical lens/context in mind

"Should" vs "Can"



Right Things, Right Reasons - Palliation

Evolving discipline, extrapolated from human medicine

Care occurs along a spectrum

Diagnosis to death may be measured in hours, days, weeks, or months to complete the arc of care

Palliation focuses on symptom management & comfort & demands a delicate balance for caregivers and pets

Most palliation patients experience multiple morbidities, so we *must* recognize and respect the patient's will to live

Critical difference between human and pet end of life care is our option/obligation for humane euthanasia

We need to prevent our patients from "suffering to death"

Right Things, Right Reasons - Palliation

We assist/support both the family and patient along a spectrum of care

Palliation demands careful/ongoing planning, forethought, & honest communication with the family

Care delivery changes over time as death approaches

Reframe the client paradigm & perspective to focus on (QoL)

Straightforward & systematic approach that embraces individual fine-tuning

Evaluate pet owner's needs, beliefs, & goals for the pet

Dialogue/shared decision-making, what are the pet's ADLs

How can these be preserved/adapted?



Right Things, Right Reasons - Palliation

More questions:

What are the most important ADLs to the pet?

What are the most important to the family?

Any mobility challenges?

How can mobility challenges be overcome or adapted?

How best to adjust the home environment?

Frank discussion about anticipated costs over time - be careful to allow the *client* to decide what is "do-able"

Set the medical priorities & the focus of palliative care delivery based on patient needs and client resources

Identify client beliefs about euthanasia

Right Things, Right Reasons - Palliation

Do they have beliefs that stand in the way of humane euthanasia?

If so, we need to prepare for the possible use of palliative
(terminal) sedation

Be ready to advocate for the pet should conflict emerge among
family members

Keep the focus on the pet (best interest) & "should" vs "can"

<http://co.funpic.hu>



Right Things, Right Reasons - Palliation

Disease progression = illness trajectory

Four general patterns:

1. Short period of decline close to death

Total timeline may be days, weeks, or months

Clients may perceive "fine one day & not fine the next"

Can occur with any chronic organ disease like CRD or CHF

Right Things, Right Reasons - Palliation

2. Chronic illness followed by sudden death once compensatory capacity is exhausted
 - Burden of care increases over time
 - Symptoms become more numerous & intense
 - Symptoms may wax & wane over time
 - More likely scenario when there are multiple comorbidities
 - Another possible scenario with CRD or CHD

Right Things, Right Reasons - Palliation

3. Progressive, steady deterioration over time

Prolonged care path

Secondary complications common (e.g. pressure sores/ulcers, chronic UTIs)

Examples include DM, paralysis, CDS

4. Sudden severe neurological or circulatory injury/insult

Extreme impairment

Right Things, Right Reasons - Palliation

Extreme impairment affects global mobility & function

Examples include:

IVDD with or without ascending demyelination

Stroke

Saddle thrombus

Brain tumor

Intervention would involve heroic care

We may need to clearly state, "It is time..."



Right Things, Right Reasons - Palliation

Develop a personalized care plan for the pet

Consider client resources (more than just money)

Treat *all* the treatable with a targeted approach

Consider the pet's *current* quality of life (QoL)

Assess the patient's willingness to participate in their own care/procedures

Counsel about regular, ongoing QoL assessments

My favorites:

Dr. Alice Villalobos & Lap of Love

Right Things, Right Reasons - Palliation

Villalobos overview:

HHHHMM

Hurt - - Prime directive - intractable pain *mandates* humane euthanasia

Hunger - - While eating is important remember that the GI tract shuts down close to death

Hydration - - SQ fluids are *NOT* heroic but limited by the size of the patient

Hygiene - - This may be a limiting issue for some families (e.g. fecal/urinary incontinence, open wounds, decubitus ulcers)

Be careful not to judge family's willingness/ability to deal with these issues

Right Things, Right Reasons - Palliation

Villalobos (cont'd):

Happiness - - More nebulous & the family is the best judge

Mobility - - Mobility can be quite compromised without compromising QoL

Adaption & adjustment depends on both family & patient
Size, cooperation, home environment, etc.

More good days than bad - - Second only to good pain mgmt
Subjective, but critically important

Each category scored 0 - 10 (10 is best), any one category below 5,
reassess it all & if not correctable, may mark the end

Overall, want a score >35 & scoring frequency depends on the pet

Right Things, Right Reasons - Palliation



Right Things, Right Reasons - Palliation

Avoid aggressive interventions

Articulate, outline, prioritize, and disclose costs of treatment/management options/recommendations

Take advantage of cameras in everyone's pocket

Help clients modify the home environment

Access to stairs, non-skid floor surfaces (area rugs, interlocking floor squares)

Access to family activities - - minimize isolation

Easy access to food & water

Low-sided entry to litter pans or potty pad sprinkled with litter

Right Things, Right Reasons - Palliation

"Stay dry" bedding/fabric, orthopedic/memory foam bedding

Temperature regulation

Allow pet to choose favorite locations, including outdoor "hang-outs" if appropriate

Remind families about appropriate containment & confinement overnight or when no one is home

Have client film their delivery of treatments

Can help us assess cooperation, fine-tune the client's delivery of treatments, & provides ability for us to see the pet in its normal environment



Right Things, Right Reasons - Palliation

What about active dying (not yet ready for euthanasia) or an after-hours crisis?

Create a document for the client articulating the palliative care status of the patient

This can inform an ER to **AVOID AGGRESSIVE INTERVENTIONS** (including both diagnostics & treatments)

Notify families about in home euthanasia options in your area

The dying process is *disempowering*... knowledge & a plan are very *empowering*

Right Things, Right Reasons - Palliation

Update assessments of disease trajectory/trajectories regularly as these will change over time

This is like reading a roadmap

At each assessment ask, "Where are we now?" & "How much closer to death today?"

Anticipate & provide emotional support for the family

Anticipatory grief is powerful

You may need to refer families to services in the community

Anticipate & address grief of other family pets



Right Things, Right Reasons - Palliation

LOTS to consider:

Think juggling or plate spinning

Pet owners fear *suffering* more than anything

Intractable pain is *the* dealbreaker for proceeding with palliative care rather than humane euthanasia

Palliation is *not* "giving up" - - it *is* a kind & gentle adaptation of standard care

Right Things, Right Reasons - Palliation

Be careful...

Some palliative care techniques can undermine the human-animal bond if the pet resists/refuses

Prepare for the worst & expect the best

Some palliative care patients will live only a short time after their life-limiting diagnosis

These can be among the *most* satisfying cases

Don't forget to take care of yourself and your team

Compassion fatigue is real

Regular debriefing is a healthy practice

Go for it!

Right Things, Right Reasons

Steps to approach clinical bioethical dilemmas
(w/permission - R Rhodes, PhD)

1. Collect relevant data that can help resolve the issue
2. Identify which principles apply/relate
3. Consider if there are conflicts among principles or uncertainty about what a particular principle directs
4. Formulate questions (for yourself and the client) that articulate the conflict

Right Things, Right Reasons

5. Decide which principle should have priority & support that choice with relevant case details
6. Consider the need to find an alternative that avoids the dilemma
7. Plan/define/articulate practical steps that need to be taken

Add these phrases to your lexicon:

"Tell me more..." and

"... *not unreasonable*..."

THANK YOU!!!

