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The death of my dog: lessons learned from the palliative care of an animal

I am moved to write this piece after the recent sad passing of our beloved family hound, Hector, at the ripe old age of 15.5 years. I use the term 'ripe' because that is exactly what he was; ready to pass through the pearly canine gates.

It was evident he was very unwell about 8 weeks before his death with rapid weight loss and marked anorexia and altered bowel habit. Given his advanced age, all the family, which includes three children, had decided that active intervention was not prudent unless there was a simple reversible cause (for example, diabetes) which was duly excluded by the vet.

No Liverpool Care Pathway was invoked, but instead his devoted family ensured that he was kept as comfortable as possible and that his basic needs were attended to. What struck me as truly remarkable was the wonderfully dignified manner in which Hector conducted himself throughout his final illness. At no point did he appear to be agitated nor in apparent pain and, although a shadow of his younger self by the end, it was clear that he still cherished physical contact with his family. Rather than being remarkably stoic, it appeared very much that he had accepted his fate and was

savouring the remaining time he was able to share with us.

It was not what we or the vet did or didn't do but rather Hector's incredible disposition that made this experience so positive. The Liverpool Care Pathway states explicitly the importance of addressing the spiritual and religious needs of patients and their families. I wonder if, like me, many readers believe that the most challenging aspect of palliative care is broaching the subject of impending death. However, beyond this, I feel distinctly ill-equipped to provide further comfort and ease the inevitable fear that this predicament brings. We are very adept at managing pain and agitation with powerful drugs but how often are these in large part the manifestations of inner spiritual turmoil?

Thumbing through old photos of Hector in the weeks leading up to his death was very therapeutic for all of us as it reinforced our perception of what a good life he'd shared with the family. How much more powerful this activity would have been if we could have exchanged our thoughts and feelings with Hector himself. As it was, it certainly helped the human members of the family gain acceptance of the situation.

I believe in future a way I may better support my terminal patients and their families is to encourage them to reminisce together and, if appropriate, I would be proactive in facilitating this process. Perhaps there should be a Read Code for 'looking at photo album' so that we can add it to our palliative care templates as a prompt?

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