The seemingly easiest and most sensible rule for doctors to follow is: always fight. Always look for what more you can do... But our fight is not always to do more. It is to do right by our patients, even though what is right is not always clear.

—Atul Gawande, MD, MPH

It is with great joy and gratitude that I introduce this issue to you. It is a compilation of the most current advances in palliative medicine for companion animals and represents many years of clinical service, innovation, and professional and personal growth of its contributing authors. If there is a unifying theme, it is: rigor. A commitment to academic rigor in this project has been a guiding principle from its earliest development, with the goal of adequately presenting palliative medicine in its truest form. From there, translation into a veterinary context may be considered: what has been done already, and what might be done in the future. I am pleased to say that the issue accomplishes what it set out to do, thanks to its extraordinary group of authors.

It describes each hospice program which has been developed in a veterinary teaching institution, a formal palliative care curricular intervention, a palliative care service within a nonprofit teaching hospital, and a multidisciplinary mobile palliative care practice. As such, it reflects the current "state-of-the-art" in terms of program development and curricular initiatives, with their associated challenges as well as victories, and serves as a guide for future development of the field. It presents perspectives on clinical signs and syndromes from a palliative care perspective, altering the lens through which veterinarians might consider serious illness care for their patients. It presents conceptual material which is the very foundation of veterinary palliative medicine provision, and
finally, it provides information such as tools for conflict management to help clinicians better understand and address challenges inherent in this work. Lisa Moses’ article, “Overcoming Obstacles to Palliative Care: Lessons to Learn from Our Physician Counterparts,” is the only published work of its kind. I am immensely grateful to the physicians, pioneers in palliative care and experts in the field, who shared their wisdom and advice for the betterment of our veterinary profession. The inclusion of such a collaboration in this issue is extraordinary.

The history of palliative medicine within the veterinary profession, like most knowledge-building endeavors, has had its share of obstacles and confusion. Different ideas about what this field should look like, “What is the work that we are actually trying to do?,” have emerged. Of primary importance to me is the ethical defensibility of this work, both clinically (prioritizing animal welfare) and professionally (maintaining sound judgment, utilizing evidence-based interventions where they exist, and recognizing limits). Accurate characterization of services as well as discernment between what level of care may be expected from primary care veterinarians, boarded specialists, and other providers is important, given the potential for misalignment between client expectations, marketing of services, and delivery of services, particularly when clients are vulnerable. For example, mobile euthanasia services have dominated the end-of-life care market in veterinary medicine to date; however, these are neither hospice nor palliative care services per se. In a veterinary setting, palliative care may be provided to stable patients of any age as well as seriously and chronically ill patients. Hospice care is delivered as death approaches (ie, palliative care at the end of life). Given the legal availability of euthanasia for animals, delineating “hospice” from palliative care and/or determining which illnesses are “terminal” in patients whose lives can be ended at any time, is murky at best. It is for these reasons that thoughtful and rigorous discourse is critical. To assist with this discourse, and place this issue in context, the following definitions are provided:

**Palliative care**, which may be provided to patients of any age, at any time over the course of an illness, is a growing medical specialty that attends to suffering resulting from both serious illness and its treatment. It provides relief from the symptoms, pain, and stress of serious illness as well as emotional support and help in navigating the health care system for patients and families. While palliative care is commonly associated with hospice, these terms are not synonymous.

**Hospice** is the philosophy of care that regards death as a natural process, prioritizes comfort and quality of life over quantity of life as death draws near, and supports the cultural and spiritual aspects of dying.

While veterinarians have historically provided many of the defining elements of hospice and palliative care, their evolution as distinct areas of veterinary practice is a relatively recent phenomenon. Palliative care as a discipline within veterinary medicine is still emerging. However, principles and philosophy of care are identical to those in human medicine; several of these principles are outlined in the pages that follow. Many veterinarians are already providing palliative care on a regular basis for their patients and clients and may choose to further develop this area of their practice. Others are cultivating independent practices or services within larger hospital systems dedicated solely to palliative medicine.

Reminiscent of its trajectory within human medicine, this work is embraced by some in the established veterinary profession as a necessary and legitimate area of care and rejected by others. It is my belief that this is in large part due to confusion and misperceptions around what palliative medicine is, as well as a lack of academic rigor in
some end-of-life care practices within the “animal hospice” movement. It is with the goals of mitigating these misperceptions and building the literature in meaningful ways that this issue has come to be. I am grateful to Tami Shearer, guest editor of the 2011 *Veterinary Clinics of North America: Small Animal Practice*, Palliative Medicine and Hospice Care, for sharing her perspective and historical context. Her contribution to this issue reflects our shared values of collaboration, integrity, and advancement of the field, as she bridges the 2011 issue with this one.

The focus and framework of the current issue are the following: (1) Data from established programs, past and present; (2) Fundamental concepts not previously explored in the veterinary literature; and (3) Advances and information to guide clinicians. Of note, and unique among veterinary publications in this area, it draws upon the experience of veterinary specialists as well as concepts and collaborations from palliative care in human medicine. Importantly, it is written by an interprofessional, interdisciplinary team. Veterinarians, social workers, ethicists, and others have contributed their expertise. In this way, the team of authors reflects the interdisciplinary nature of palliative care teams themselves.

The insights, perspectives, and tools described by each author are too numerous to mention individually here, but their impacts are tremendous. My hope is that readers will be informed, inspired, and challenged by this issue, and patients, clients, and clinicians will reap the benefits. To each and every contributing author: thank you endlessly for your hard work and dedication to this project, for building knowledge, and for contributing to the field. You have not only created an essential publication but also pushed the edge of forward momentum toward new ways of supporting human-animal relationships. I am forever grateful.

*Do not go where the path may lead, go instead where there is no path and leave a trail.*

—Ralph Waldo Emerson

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