

Lap of Love: Providing In-Home Euthanasia and Counseling

A Special Interview With Dr. Dani McVety

By Dr. Karen Shaw Becker

Dr. Karen Becker:

Hi, I'm Dr. Karen Becker and joining me today, I'm so thankful, is Dr. Dani McVety. She is the founder and CEO of Lap of Love: Veterinary Hospice and In-Home Euthanasia, and she's here to answer some of the most important questions we have pertaining to pet loss, euthanasia, hospice, and she's here in person via Skype to help us work through some of those important questions. So thank you, Dr. Dani, so much for joining us. We appreciate everything you do. And we're really looking forward to this discussion.

Dr. Dani McVety:

Thank you, Dr. Karen. So happy to be here.

Dr. Karen Becker:

So I have a question for you because I have referred so many people to use your services and they have been so incredibly thankful. They were unaware of the amazing platform that you started. And they were so incredibly thankful to have learned about it. So for our listeners and readers that don't know the amazing work that you're doing, if you could walk us through a little bit about how and why you became a veterinarian, and then how you went from veterinarian to starting this unbelievable platform of serving people in a much-needed way that wasn't previously available.

Dr. Dani McVety:

Yeah, you know, it's funny, I think probably all of us, we started our career thinking we're going to be going one way and then it kind of takes us, you know, a different way. So I never thought this is where my career would go ever. I want to be a veterinarian, kind of since, you know, since I imagined what I would be doing with my life, it was the only job I could think of that I could bring my dog to work. So that's how I picked it.

Dr. Karen Becker:

Smart.

Dr. Dani McVety:

Yeah, right? And you know, it, it just kind of stuck it never, it never went away. So you know, I kind of worked my butt off through high school and college and vet school, you know, and kind of, it got to that point of actually crossing the that line and becoming a veterinarian, which was amazing. And then I think like a lot of us, I looked around and I'm like, "Now what? I've worked my whole life to be here. Now what am I going to do?" And I started doing emergency medicine at first because I love the fast pace of emergency medicine. I thought I was going to do equine. But a lot of us ended up in small animal. So I was doing emergency medicine. And there's one lady that called one night and it was about 10 o'clock at night. And she said, "You know what, I have 120-pound German Shepherd, I can't get them in my car, what do I do? Can you please send someone out to me?"

Dr. Dani McVety:

And I literally looked at my nursing staff, and I'm like, what do we do? I think it was a week out of school at this point, you know? And a little bit what are we doing? And they said, they're like, "There's nobody that does this, nobody comes to the home." So we literally would, you know, you just coach them and put a sheet under your dog, roll them onto the sheet, you know, hammock come into the car, that type of thing.

Dr. Dani McVety:

So she did that she showed up at the clinic about an hour and a half later, and we had to euthanize her dog he was he was in bad shape, and elderly, and her hand was cut open. He had bit her you know, and he's not an aggressive dog. But when these large dogs are, you know, in pain. And so he bit her and she had to go from our emergency room to the human emergency room to get stitched up. And to me that was a little bit of a start of like, "You know, no one else is doing this." And this is a big, big service." And then as I grew as an emergency clinician, I would tell people, "You know, we they come in on Friday, and we all know that this is the end of life of their pet, right? Like we all know that this is what's going to end up happening but we don't to euthanize that day." We can utilize tomorrow, we can euthanize Sunday or Monday or maybe next week even. And as a veterinarian, I'm trained to keep your pet out of pain. And to keep them calm and sedated.

Dr. Dani McVety:

And, you know, uncomfortable that's my training, is to keep your pet out of pain. I can do that. And even if it's for a day or two or five, I can do that. So I would call that hospice care, and just

literally just kind of evolved. That was a, “Hey, you know what, I’ll come tomorrow morning. I’ll come on Sunday. I’ll come next week when your wife, when your husband, when your kids are back in town.” And you know, I think the most amazing thing of it all, Dr. Karen, is that I loved it.

Dr. Karen Becker:

Yeah.

Dr. Dani McVety:

It wasn't something – you know, you get it, veterinarians-

Dr. Karen Becker:

Yes.

Dr. Dani MacVety:

-get it right? Right. Because people look at us and they say, “How could you do this? This must be the worst day that would what a depressing way to, you know, spend your time and,” and I always said, I’m like, “No, this is so fulfilling to me.”

Dr. Karen Becker:

And it's the most important aspect of our jobs is, you know, our clients have had done an amazing job of having these animals live amazing lives. We have to hold up our end of the deal of helping them have an amazing transition. And that can be really hard if you can't lift your 200-pound Mastiff in the back of your car or if you are waiting for your kids to get home from college to be able to have the family together for this really important time. So there wasn't this service out there. So then, how did you – how were you able, then, to get colleagues in different states and because you have – how many different Lap of Love – I don't know if you call them locations? Or locations or mobile services? How many do you have now?

Dr. Dani McVety:

We have close to 250 [inaudible 00:05:16] with us now-

Dr. Karen Becker:

So amazing.

Dr. Dani McVety:

Yeah, and a team of almost 500. We'll be over 500, you know, total. And we have about, gosh, about 200 team members that answer the phones for families as well. And many of those are doctors that just physically aren't able to do the physical parts of veterinary medicine anymore, and many of them are veterinary nurses. And, yeah, and, you know, it was just me, right, it was literally just me doing this on the side, and I thought I was going to have a great, little part-time job, you know, between emergency evening shifts, and, and what happened was, it just kind of developed. I volunteered for human hospice when I was in college, just kind of on a whim. And I took a lot of those philosophies that human hospice does, and brought them into what I was doing, meaning you're treating the patient, you're treating this relationship that they have with their family member, and that's more important than the disease.

And I would do things, like use certain medications, you know, at a super-high dose, and other veterinarians will say, like, why are you doing that, "You know, you're going to cause serotonin syndrome, and I'm like, I haven't seen it yet. And this dog is screaming and pain, and I'd rather him not screaming in pain, and we're euthanizing tomorrow. So I'm going to get him through the night," you know, just these little things that like to me and my young mind pushing the boundaries with and I didn't really know, I just knew that this pet, this, this patient needed it. Yeah.

And I think that philosophy really kept caught on with people in the Tampa Bay area, and it just kind of kept growing. And then probably it was maybe six, eight months after I'd started. And mind you, I'm still doing ER, work at the same time. And I started getting calls from veterinarians around the country asking me, "How do you do this? What do you do? How do you handle these patients? How do you handle, you know, how did you start up?" And I was raised by two entrepreneurs that didn't go to college, my parents just started business. And they're just these brilliant, very personable, emotionally intelligent people.

And so the business side of it has always come relatively easy to me, because I just did like it, and I just like doing more of it. So when I would talk to other veterinarians in different states, they would say things like, "Well, how do you start up on it? Well, you have to go and you have to read your state statutes. And then you have to make sure that it's you're abiding by blah, blah, blah," and they're like, "Whoa, I don't want to do that", you know.

So that's when I saw this opportunity of like, "Oh my gosh, this is something that I can take the foundation that I've already laid," you know, I wrote every word in the brochure, every word in the, on the website, I wrote everything still, to this day, almost everything that's on there, you know, I wrote, and I enjoyed that part of it, too. So I can take that foundation and have other doctors join on. And so that was the beginning of it. And I partnered with a classmate of mine in vet school, her and I shared a microscope freshman year in vet school. And she was a second-

career veterinarian, her first career was software design. So I called Dr. Mary and I was like, Mary, I need a software to help me do this. And, you know, she kind of just got it instantly. And, yeah, from there, we were able to kind of scale that up and bring other doctors and to your point, you know, the thing that has surprised me the most about this work is that other doctors love it too.

Dr. Karen Becker:

Oh, well, and you're, well, it's such it's such a monumental gift to veterinary medicine, first of all, to our profession. So pet parents out there listening, euthanasia is something that obviously can be done very well or can be done terribly. And we need to avoid any missteps, mishaps. Anything that could go poorly, we need to do everything we can to minimize that. And yet, veterinarians, we are taught euthanasia in veterinary school. But that isn't necessarily, up until now, anyone's full-time focus.

Dr. Karen Becker:

What you have done in essence, Dani is you have you have brought the art of hospice done well to veterinary medicine in a way that allows veterinarians who maybe didn't have the experience or the time to be able to do it. You're offering them an opportunity for all of their patients to die well, because it's your sole focus and someone needed to do it and you did it. And it's the best gift to veterinary medicine, I think, this century.

Dr. Karen Becker:

I'm so thankful for your very hard work and your passion in helping animals die beautifully. It's such an important piece of medicine that up until now hasn't been really done well across the board in a platform that allows veterinarians to say, "Hey, I can see that I'm not doing to be this part of my practice. Well, where can I go to get tips or suggestions or who can I refer to that whose focus is this? I am unable to drive into in-home hospice care. Who can I refer to?"

Dr. Karen Becker:

You're answering all the questions and the needs of veterinarians while also simultaneously supporting our pet parent community in a way that has not been offered previously. So what you're doing is tremendously important, maybe one of the most important things in veterinary medicine, so I cannot – I have profound gratitude for everything that you're doing. I have to then assume that because you've made this your sole focus, and your passion as a career, that you are leading the way in helping veterinarians recognize that we can't do everything. There's not enough hours in the day to be available for everything that we need. And you're actually filling this niche of in-home euthanasia for many people. Are you in all 50 states right now?

Dr. Dani McVety:

We are in 36 states at the moment.

Dr. Karen Becker:

Okay. And I'm sure it is your goal to not just be in every state, but to have a multitude of different availabilities in every state. And I think that that's totally coming. For the people who are blessed to be able to have your services available in their state, it is something that I can tell you having personally referred people to your service. It's a godsend. And part of it is your doctors, nurses, the entire organization is trained to focus on this last chapter of life. And it's such an important thing.

Dr. Karen Becker:

Because even as pet parents, if our clients are in denial or haven't thought about this, or pushed it off, your people are ready and trained and willing and competent, to be able to step up when there's crisis happening, intervene in a loving, thoughtful, compassionate way, and help pet parents through this unbelievable, difficult time. So that is a piece of veterinary medicine that also hasn't necessarily been fleshed out and reworked and retooled to be revamped to be the best quality medicine until now. So you're bringing to light a lot of things that have not been done well necessarily across the board in veterinary medicine and your fixing those things. And that's such a gift.

Dr. Dani McVety:

Thank you.

Dr. Karen Becker:

For people that not only both have your services available, and how about international, just as a second? I mean, are you in other countries or not quite yet?

Dr. Dani McVety:

Not yet. Not yet. And we wanted to and we want to and that will be in the plan sometime soon. You know, honestly, right now, there's so much that we need to do in the United States still, that it's hard for us to focus outside. But I hope that in the next few years, we'll be moving probably

Canada first, because there's so many, you know, contiguous right there. Yeah. And over, you know, across the pond at some points.

Dr. Karen Becker:

Wonderful, wonderful. I have to assume that the vast majority of the calls coming in, or if people call to set up an appointment, the number one burning question for all of us is how do we know?

Dr. Dani McVety:

Yeah.

Dr. Karen Becker:

How do we know it's time? And not only have you had to rework that question? And the answer to that question over and over and over, you have trained everyone in your organization. I mean, this is a topic that you have reworked and retooled and thought about and you really, I think, potentially, are in the best position to answer this question, maybe worldwide, in that you are collecting bodies of empathetic competent doctors who do this for a living. And so there they see case after case of being able to authentically counsel people through this really tough question. So for people, listeners, readers, yeah, just you, maybe you can touch on that. And then and we'll talk about, like, how you got to this point.

Dr. Dani McVety:

Yeah, I mean, it is what we do. "How will I know it's time" is what we do. And that's why it's called Lap of Love Veterinary Hospice. And in euthanasia, it's not just euthanasia. We don't just come and euthanize when you're ready. We come in when you don't know what else to do, and you need some guidance. And that's what we do.

Dr. Dani McVety:

You know, unfortunately, in COVID, we had to stop in-home hospice care for a little bit, but we rolled out our tele-advice line so that we could answer that question over the phone. Now, we're finally restarting hospice here coming up. But, you know, just to your point, it's probably the most important question that we answer as veterinarians is, "How do I know when it's time to say goodbye?" And the number one thing that is important when taking into account that conversation is the disease process that your pet has?

Dr. Dani McVety:

Because you and I have both seen families that have a Mastiff that has arthritis, and that's very, very different than managing a Chihuahua that has arthritis, which does happen. I remember there was a little tiny Chihuahua that this gentleman had and his dog probably didn't walk for two years. He had him in his little pouch, in his little the front, and it was adorable, but you know, you can't do that with a Mastiff, right?

Dr. Dani McVety:

So how do I know when it's time is going to be different for that Mastiff that has advanced arthritis that maybe has come to the end of what can medically be managed, you know, versus a Chihuahua that can be held 24/7. It's very, very different. And the same thing goes with different disease processes. You know, if you have a disease process that affects maybe the heart or the lungs of the brain, you know, those organs work until the second that they don't, it's a cliff. And once they start going downhill, it's fast, and you may not have time to then get an in-home doctor to come to your home and have this peaceful death experience.

Dr. Dani McVety:

You know, so the type of quality of death, which is really what we talk about a lot in Lap of Love is you know, quality of life is something that happens in the general practice when you're managing cases and you're managing disease processes. But when it comes to the end, we're managing the quality of death that you want. And do you want to get in into the car at 2am and rush the emergency room? Because you waited to the last minute.

Dr. Dani McVety:

And you know, we don't always have that ability to know when the last minute is. But that's how I talk to the families that we help, which is, "What do you want?" Do you want to eke out every last moment that you possibly can, knowing that you're risking an emergency trip, you know, to the emergency room at two o'clock in the morning, which is why I started Lap of Love in the first place so that you don't have to do that? Or do you want an experience where your entire family is on the beach at sunset, and your dog is in a beautiful towel surrounded by family and candles. And everyone says a prayer and we deliver this medication and they peacefully drift off to sleep, like that's possible, right? Like that's a possible thing that can happen is better than any of us are going to get.

Dr. Karen Becker:

Yep.

Dr. Dani McVety:

And I can guarantee you that will happen. But we can't wait to the last moment. You know. So there's that conversation. And the way that I explained it to people is that there's a subjective period of time when euthanasia is a good decision. It may not be your only decision, but is a good decision. And after this period of time, it's an emergency room trip. And that's not a very peaceful decision, right?

Dr. Dani McVety:

And before this time, there's a quality of life that exists that most veterinarians are going to say no to, right? But that's not where we have the conversation, we have the conversation here, which is between these two boundaries, it's an appropriate decision. And some people like to push every last minute that they can, again, risking that. And some people have done this multiple times. And they don't want to go down that road again. And they want to make the decision at the beginning, which is very fascinating. I don't know if you've seen that Dr. Karen, but-

Dr. Karen Becker:

Yep.

Dr. Dani McVety:

-very fascinating. The people that have been through it, a very, very long emotional roller coaster in the past. They, a lot of times, don't want to do it again.

Dr. Karen Becker:

Yeah.

Dr. Dani McVety:

And they say goodbye sooner.

Dr. Karen Becker:

Sooner. And it's interesting. I absolutely have seen that. And what I also find interesting is that when you see enough death, as you and I have, you have clues. We are tipped on to how the body is going to die. And even though we can tell the families, "I'm seeing this and this is lining up to my best professional recommendation would be: You may have 48 hours left. And those 48 hours could be rocky, it's going to get progressively worse, you could see symptoms that are very concerning to you and are incredibly uncomfortable for your beloved, do we want to go down this dark path?" There is no light at the end of the tunnel.

Dr. Karen Becker:

So we're asking these animals to keep giving of their bodies which are already weak, debilitated and they're in the active dying process? How far are we? How much are we going to ask the thing we love most? Are we going to ask everything? Are we going to ask them to go to the bitter end, having no fiber of who they are left? Or are we going to stop short of that, and give them this space to not have to get to the bottom of their bodies. And people who have been through euthanasia or an animal death before will oftentimes say, "I'm going to choose to euthanize my animal on a good day, knowing that they're terminal, I'm going to choose a good day." And that tells me that there they have been down this path before.

Dr. Dani McVety:

You're exactly right. That means that they understand and some people, you know, what will show up to their home and they'll say, "It's a good day, maybe I shouldn't do it today." And I have to sit on my foot, "You might be right. And I would never ask you to do something you don't want to do. So let's just start with that." But second of all, let's look at this. And if you want to wait until he's suffering, I promise you the people that do that actually regret their pet suffering in the first place.

Dr. Karen Becker:

Yes.

Dr. Dani McVety:

And then the conversation comes — usually what they do is they get out of that bad headspace and they go, "But I just want to do what's right. I just want to do what's natural". And then I have to have the conversation. "Look, your 21-year old cat isn't natural. Period." Right? "Your Bulldog isn't natural, period." Right? So we have to may have these conversations about what's that and then they'll say "Well, I just wanted to go to sleep and not wake back up" and I said, "That's what actually what euthanasia is, is they go to sleep and not wake back up."

Dr. Dani McVety:

But if we want to look at what Mother Nature has intended, then my gosh, turn on National Geographic, and, you know, lions are eating the zebras and they're alive still, like, Mother Nature is not going to be quick. She's not going to be painless. She did not intend for things to happen. But I will tell you that I do believe Mother Nature did not intend for animals, maybe lie there for weeks and months, because sometimes we can get into those conversations when maybe the decision is extremely hard.

Dr. Dani McVety:

You know, and when a dog is down and not able to get back up, typically, in a natural environment, sickness or predator would come get them and would stop that suffering, right? When we're able to medicate through that and make sure that our pets are comfortable, you know. So it's not obviously, it's not the same exact experience for them. But to your point, it is, I think, a big, it is a big, I use the word with as much gravity as needed, but not judgment, it is a "duty" for us to help that end-of-life experience for the pet be as peaceful as it can be.

Dr. Dani McVety:

Now, that being said, the alternative side of that is that sometimes when, when I say that some people can maybe feel like it's a judgement, when they weren't able to make that decision soon enough for their pet, or maybe their pets did suffer. And they didn't know about it. I remember I was a sophomore in undergrad, when my childhood dog, my parents came home and found her dead in the crate, you know, we were all like, "Oh my gosh, I didn't see it. I didn't know." She, you know, she gave us like 18 years, and we just left her in the crate, and she died. It was hard. There was a lot of self-judgment for that. But when that happens to people, I want them to understand that there still is a natural process of life.

Dr. Dani McVety:

And it is not a requirement of us to euthanize our animals, we sometimes believe that it is right, we almost think that we are we have to euthanize animals, but we don't there, there will be – Mother Nature will take care of this, whether or not you make a decision or not. And I have that. And I say that to people, they're having a really hard time with the decision that, like you're in a position of assuming that you have to make this decision, it might get made without you. And there is a blessing in that, you know, blessing that you don't have to that decision.

Dr. Karen Becker:

And do you provide services – I have had some clients that for usually religious reasons, they just don't believe in euthanasia. And what I say to them is, “Then we have to partner together to work exceptionally hard at making sure that your animal’s physical body is in the least amount of writhing, overwhelming excruciating discomfort, pain as an a natural death,” which, of course being heavily medicated. There's already questions there. But we need to do — what we can't do is say we're just going to let nature take its course because it's inhumane. And do your hospice people, if people decide to not choose euthanasia, are you able to provide ongoing hospice care at a level that you feel comfortable with? Is that a service you provide?

Dr. Dani McVety:

It is, and it is a main core philosophy of who we are, which is, “We're going to give this family time to make that decision.” And sometimes either decision gets made for you, or you're not in a position that you want to make that decision. And it's a very big deal for me just personally that we don't judge people that want to go through that. I've been in many situations over the years where people were either against euthanasia or wanting to hold out until somebody else gets home. And we're trying to manage pain and discomfort and suffering so that this pet is as comfortable as possible. But I can tell you that the common thread with all that is that these people love their animals-

Dr. Karen Becker:

Of course, of course.

Dr. Dani McVety:

They love their pet. And if they're making that decision, then they are not the type of person that just dumps their dog on the side.

Dr. Karen Becker:

Exactly. And I asked that question because for people that say, “I don't want to pick euthanasia”, that are reading this article or listening to this interview, you have a veterinary hospice team, in Lap of Love that is not going to judge you for doing that. And most importantly, is also not going to let your animal suffer unnecessarily. So it is important to know that if you decide that you're not going to choose euthanasia, that you are working with a veterinarian that will support you and be there for you. But most importantly manage your animal through the dying process. It's really important that you not go alone through this process and that your animal is not alone through this process.

Dr. Dani McVety:

Yeah, no, you are exactly right. And you know, the other way that I describe euthanasia, which sometimes helps people understand where euthanasia fits in this whole process is that euthanasia is like an epidural for death. Right? An epidural coming from – I've had four babies, three of which were born in home. The other one was a C-section. So I've had an epidural, but I have a lot of I have a lot of respect for the natural process of coming into this world and going out of this world as well. And an epidural is there to make a process that is otherwise going to happen on its own.

Dr. Dani McVety:

Ask anyone who's had a baby. That baby's going to come out in some way, shape or form. That epidural just makes the process a little bit more peaceful. The same way with euthanasia, is that euthanasia is going to make the process, it's going to happen anyway, just a little bit more peaceful. So it's not the and-all be-all, it's not the only way to do it. It's just something that just makes it peaceful.

Dr. Dani McVety:

If you're somebody that doesn't want euthanasia, again that's completely fine. Again, that's completely fine. We need to make sure that we've got really good medication on board, just like in human hospice. Part of that medication may be sedation and just like in human hospice, sometimes when you have that sedation on board, the body, then, is relaxed enough to actually die-

Dr. Karen Becker:

Die. Yup.

Dr. Dani McVety:

-in that weird way. And that's what people say, once you start morphine it's the beginning of the end. But what happens is that it calms the body so much that you don't have adrenaline pumping. You don't have these hormones just keeping this body going and going and going, which also can cause suffering. You relax the body and the body and the soul gets to a place where it's able to pass on. It can be tough for people to think that way and they can even – I've given [inaudible 00:26:05] for human hospice groups and people come to me and say like, "When we start morphine I always feel like I'm making them die." But you're not. You're resting the body. You're resting the body, which is what we want.

Dr. Karen Becker:

As proactive wellness doctor, my entire philosophy, my focus, who I am as a human, is to do everything we can to prevent the body from breaking. So my clients have found it exceptionally difficult when the queen of wellness medicine says we're going to stop all supplements. We're going to stop all of the proactive things we were doing to try-

Dr. Dani McVety:

Antibiotics.

Dr. Karen Becker:

Yeah. Antibiotics. That's right. Or they're making free-range grass-fed homemade meals and we're going to switch to feeding peanut butter and bacon-

Dr. Dani McVety:

Sausage.

Dr. Karen Becker:

-because that's what they – and sausage, right? Or an Egg McMuffin. They're like, "You're recommending an Egg McMuffin?" I'm like "Your animal is in hospice. And when they tell me, "All he'll eat is Egg McMuffins," guess what my recommendations for food is? It's going to be a whole lot of Egg McMuffins. If you just say "I can't believe you Dr. Becker saying that!" Your animal's dying and all of those rules go out the window when you're dying.

Dr. Dani McVety:

And that's what I love about hospice. That is the philosophy is how hospice, is I'm going to care more about the happiness and the mental state of you and your pet. Both of them, together. Because it's not just your pet. It's you, also, right? It's you being able to be there for your pet and draining you and how much of this can you take. People don't like to talk about that. That's the ugly side of it, you know. But after we talk about their pet, I always dig into them.

Dr. Karen Becker:

Yeah. And it's so important and the reason that I think is so important is that you are in the process of training hundreds and hundreds of professionals to be there for people in a way that

they didn't even know that they needed. They call the veterinarian and they assume that this is going to be focused on their animal, and yet the relationship is critical and you, as the pet parent, you're an integral piece of that in protecting and preserving how you're doing, supporting you. Supporting the human is an important facet as well as supporting the animal. Doing both simultaneously is one of the most important aspects of how you are doing euthanasia differently than other veterinarians. And so important.

Dr. Dani McVety:

I'll give you a quick, little thing on how we support the families, too. Again, I cannot tell you how many times I have gone into a home and it's a hospice appointment and I get in there – again, salt-of-the-Earth people, right? The people that call a service, like me, like you, are just the best people. So I get in and they're talking about their pet and everything that they've done and usually there's a stack of paper that is a representation of how much they care right about their animal, right? All these things that they're trying to show me and they'll start talking and they're talking as if we're going to be doing long-term hospice care.

Dr. Dani McVety:

But I'm always listening to what they're saying in between and how they're saying it, and obviously I've done this many, many years so I can read different things. And at one point in the conversation, you usually get to this topic of, "Do you just want permission to say goodbye?" And you are tapped out, emotionally, all that stuff. And obviously, I say it much nicer than that. But usually, I'll probe a little bit to see where they're at on these things. And so many times those appointments will turn into euthanasias at that appointment because they are so drained and they don't want to be. They don't want to be. But as soon as I give them permission to think that it's okay, then all of a sudden a gate opens and we get to have a conversation that goes somewhere else than where they think it's going to go.

Dr. Karen Becker:

Yeah.

Dr. Dani McVety:

The four things I would do – there's four budgets that people have. There's a financial budget, which is obvious, right? There's only so much you can afford. And yes, we can do in home hospice care every single day, but that is going to be financially limiting to most people. So there's financial budget, there's the emotional budget, which is probably the most important.

It's the fact that this dog belonged to my father that died and or belonged to my spouse that died or belonged to my kid that's committed suicide, and now losing my pet is losing that person again, or insert any other story, I have 1,000 of them that, that what that animal means to them. So there's an emotional component of that decision.

Dr. Dani McVety:

And then there's also a physical component to it, you know, hospicing a Mastiff is different than hospicing a Chihuahua, right? And then the fourth thing is, actually, time as well. So maybe you're a single mom working two jobs, and you can financially afford the medication, but I just don't have time to give medication to my pet every six hours, I just can't. So there's all these different components about how we make the decision to euthanize and whether or not we decide to say goodbye sooner rather than later, or we decide to continue to push on for a little bit. So there's all these all these different, you know, facets of it that that you don't always think about until you kind of get in the weeds.

Dr. Karen Becker:

Well, and I think these are great conversations to have for people that have either been through euthanasia that they would have looking back, they would have done things differently. The nice thing about Lap of Love is that you are creating an environment where diversity is okay, and you're open to working with whatever that pet parent has in their heart, you are going to make it to the best of your ability.

Dr. Karen Becker:

You're going to work with them and meet their needs, along with their animal's needs, to whatever their expectations are. And in some situations, they don't know. And then you can step in and offer, "You know, these are all of your options." I think that both scenarios are really important. What do you say, Dani, when you have clients that say, "I just believe that my animal will tell me when they're ready to go."

Dr. Dani McVety:

Then if they have that confidence, I think that that's wonderful. The problem is that they're usually told that from someone else.

Dr. Karen Becker:

Right.

Dr. Dani McVet:

Because you will know. And they're looking at me and like, "I've been told I will know, I don't know, what do I do? How will I know? What's the look? Is this the look? Is that the look? What's the look?" You know? So that's the bigger problem. But if somebody says to me, "I will know" or "I've been through this five times, I will know I just want you to have my information so that when I call you I'm ready," 99% of the time, that person has that confidence, because they have been through that. But again, I worry more about the people that don't know what they're looking for.

Dr. Karen Becker:

Yeah, exactly. And I would say for the people that don't know, assuming that your pet is going to give you some sign, and then they don't, they maybe just start agonal breathing, or they start actively dying. And you're like, "Well, heck, did I miss it? Did my pet not do it?" Then you get a little frustrated. So I would just say from my vast experience with people that said, "No, I'm waiting for a sign." My big concern is that some animals don't give you a sign. Some animals wait for you to go pee or go to the mailbox or leave the room. If you're hovering over them. You leave that room for 30 seconds. They're like, "I'm taking this opportunity and I'm out of here." And they check out when it happens all the time.

Dr. Dani McVety:

It happens in human hospice, too.

Dr. Karen Becker:

Yeah, yeah.

Dr. Dani McVety:

That is a very, very typical thing in human hospice, where everyone's been in the room, everyone's there, you know, mom's supposed to die anytime soon. And then somebody leaves, for a little bit and all of a sudden, like, they pass and that's why like a human hospice nurse gave me that phrase, "You have to give the soul space to die." And that has always resonated, I get goosebumps when I say it, you know, but that has always resonated with me. But now I understand a bit more about what specifically you're asking.

And I think one of my pet peeves is when people call me or a friend will say, "Hey, Dani, I gave your name and number to so and so. They're going to call you when they're ready, or they're

going to call you when their dog starts suffering” or “I’ve got your number, I’ll call you when he starts going downhill.” And I’m like, “No, you got to call me now.”

Dr. Karen Becker:

Yeah.

Dr. Dani McVety:

So that I can help you through that process. Because if your Yorkie has congestive heart failure, I promise you, it's not going to go the way you think it's going to go. And if you let your pet get to that cliff, it's going to go downhill really fast. And that dying process is going to be very, very, very difficult for you to emotionally get through.” And that's very different than, you know, a splenic, you know, cancer or bone cancer, like these things.

Dr. Dani McVety:

The disease process is the most important component to how you will know when it's time. And that means you need to get your veterinarian or us or somebody that does this, get in a conversation with them and specifically say, “Tell me how an animal dies from this disease. What happens?”

Dr. Dani McVety:

In the wild, there's no medical care what happens and you need to have that frank conversation so that you know what you're dealing with because again, some of these diseases, we call them imminent, they're going to be going downhill very fast, and some are non-imminent like the general myelopathy, right? The German Shepherds get it all the time. That can be months, you might be dealing with a situation for months and months and months and years.

Dr. Dani McVety:

Kidney failure in cats, years they can live with that. And it depends on what your expectations are for your pet, what you've been through before, what your pet can emotionally handle. Great Danes handle pain differently than a little Chihuahua does. And a little rat terrier, she couldn't take any type of pain, you know, but my, my other little Lab mix, you could take everything. So you just never know. Yeah. So that's why it's important to put this whole picture together. And then from there, you make an educated decision based on what you want.

Dr. Karen Becker:

When do you suggest that people contact if they have available? So two questions. If they have hospice care available to them? And if they're interested, when do you contact that veterinarian?

Dr. Dani McVety:

That veterinarian? You know, I, what I typically say is it's best to reach out when your general practitioner has basically said, "We're in hospice care now," and they might not even know to use that word, because that word has not been used a lot in veterinary medicine, but they may say something like, "There's nothing more we can do." Right? That's typically what they say.

Dr. Dani McVety:

Or when you go back into the veterinarian and it's like, "Well, we're no, we're just going to do CBC, chem radiology, we're going to do all the things again," and you're like, "Well, what's it going to mean to my pet?" And they maybe they can answer that question. You know, that's at that point, when you say, "I don't want to continue bringing my dog or my cat in for just more tests, I want something else, I want a philosophy of care to be a little bit different." That's when it's time to reach out. And there are many, many veterinarians out there. I don't want to under or I don't want to forget to say this.

Dr. Dani McVety:

There are many veterinarians out there, their general practitioners that love hospice care. And they love it and they'll walk you through everything. They may not be able to do an in-home euthanasia because to do that, you have to exit your practice, which is very expensive for people to exit their practice. But they may do an amazing job helping you through this.

Dr. Dani McVety:

There are some doctors like there's a doctor down the road from me who lives here in Tampa, Florida, who – and I treat everybody's clients. So I know all the doctors that people love and all the doctors that people are going to be not going back to, you know, and this guy's clients love him. I mean, they rave about him. He hates euthanasia. He hates it.

Dr. Dani McVety:

And he told me, he's like, "I just don't like it. I don't even have euthanasia in my practice. I don't do it." Which is crazy, right? Like, we think that that's nuts. But he his clients are so well set up

for that conversation once they get to me. And I know what they need. I know what they want. I know he hasn't talked about euthanasia yet. But he has talked about, you know, a little bit more of end care. So every veterinarian has their own comfort level with that. So if you're not happy with the conversation you've had with your general practitioner, maybe go online and find another doctor that is skilled in this conversation, and you'll find that, but if not, I think I think you'll find that most doctors are very good at, at least, beginning the conversation.

Dr. Karen Becker:

And that's perfect. You basically answered my second question was because there are not Lap of Loves available everywhere, what do we do? But I couldn't agree more. Not every veterinarian handles euthanasia at the same way. Some veterinarians that you just mentioned are – not all of our skillsets can't be amazing at everything. So if you have a doctor that you feel like is hesitant about discussing euthanasia, you ask about the protocols and you would like to know more and your veterinarian isn't giving you the answers that's resonating well with you, it's A-OK to have a general practitioner that you love and decide to go elsewhere for end of life care. It's A-OK to blend different doctors, different people that have passions in different areas. It's okay to add people to your health care team at the end of your animal's life without any guilt. And that's important. Because deciding that you're going to commit to only staying with one doctor and if your doctor doesn't do euthanasia or death well, that's going to damage your relationship with that doctor. Yeah, yeah.

Dr. Dani McVety:

Look at I'm not good at dermatology. I just don't like it. It's not exciting. So you know, so I'm not going to handle that well. And I was an emergency room doctor like, I don't know, dermatology, you know?

Dr. Karen Becker:

Yes.

Dr. Dani McVety:

But so it's just important to respect that and everybody and if you see that, if you need something more, you know, there's lots of us out there that you can call for some advice.

Dr. Karen Becker:

So pertaining to that. If people are listening to this and they think, “Okay, that makes total sense. That I’m going to begin – I have a senior animal, I know at some point things are going to go down. I want to proactively get things lined up now so that if I get up, you know, when I panic or when I’m stressed or when I get a bad diagnosis or when something hits me, I am ready.” Where do you recommend they go to start investigating end-of-life care? And along with that, what resources are on your website for people to learn more about beginning to think about this process?

Dr. Dani McVety:

Yeah, and that’s why we built our website in a specific way that we have with a lot of content. There’s so much content that we have on our website. And again, we’ve done that on purpose because I put myself in the family’s shoes, and you’re up at two o’clock in the morning worrying about your dog, and you want to get online and find information.

Dr. Dani McVety:

So we wrote information on the top 25 diseases that we’ve seen in 300,000 families that we’ve helped. So we know those most common diseases that are seen. We know the questions that you’re going to ask. So we have videos, and we have articles that myself and Dr. Mary Gardner have written as well. So these are all veterinary – this is all veterinary content. And there’s a lot of that content on our website.

Dr. Dani McVety:

So that’s where I would recommend you start first, is dive into that stuff, watch some videos, watch some things. Now you might be looking at this, you know, too soon, or I’m sorry, you know, you might not have that much time, in which case, certainly give us a call. And that’s when we have either our awesome team on the phone to help answer those preliminary questions. But we also have doctors on our tele-advice line that you can actually get on the phone with a doctor and talk to you specifically about quality of life. And we get in-depth quality of life conversation that takes into account all those things we talked about. The disease process, your pet’s personality, your wishes for the end of life care and kind of put that into a package that’s a little bit more digestible for everyone.

Dr. Karen Becker:

Gosh, what a beautiful gift. Really, I’m so incredibly thankful and full of gratitude that you have made this your life’s work and your passion because in turn, the number of animals you’re helping astronomical, but the number of human hearts – this entire conversation is overwhelmingly painful. There’s no way you’re going to escape the pain, you’re losing a blessed

best friend, what you're doing with Lap of Love is you are providing a soft support network to get through this God-awful process with the least amount of pain and damage and it has been so necessary in our profession, and you're doing it, and for that I'm so incredibly thankful.

Dr. Karen Becker:

I'm also very thankful that you have taken time out of your incredibly busy schedule, to walk us through why you're so passionate what you do and what all of us can – the resources that all of us have available to us now to begin planning emotionally, for this time. It's invaluable.

Dr. Dani McVety:

Thank you. Thank you, Dr. Karen. It's such an honor to be here with you. Thank you.