PETS Referral Center to You

2026: Feb Issue

Why "Allow Natural Death" Matters:

Tiana Jarvis, DVM, Emergency Clinician

CPR. We all know what it is. We know the songs to keep the rhythm. But what do our clients really understand about it?

In human medicine, the language around code status has become an important part of palliative and hospice care. **It's time for veterinary medicine to have the same conversation.** One change many hospice providers — *and now PETS Referral Center* — have embraced is shifting from "Do Not Resuscitate (DNR)" to **"Allow Natural Death (AND)."**

It's a small shift, but **words matter**, especially when families are frightened, grieving, and trying to make loving decisions for their pets.

"*Do not resuscitate*" can **feel like a refusal or a failure** to act. "*Allow natural death*," by contrast, **feels gentler**. It reflects that something compassionate is being done — allowing a natural process to unfold without aggressive intervention.

It also **helps clarify** what resuscitation really is. CPR is invasive, often traumatic, and not always successful. Even when a heartbeat is restored, patients may suffer significant complications from hypoxia and other injuries. **Most clients have never seen CPR performed** and have learned about it through television, where outcomes are far more optimistic than reality.

Changing our language doesn't take away choices — it supports clearer, kinder conversations. "*Allow natural death*" helps families feel less like they are "giving up" and more **like they are choosing dignity**, comfort, and peace for their pet.

And in the end, that is what most of our clients want: to do the kindest thing they can, **in a moment that already feels impossibly hard.**

Side note: *If anyone is interested in learning **how to be present** with clients in grief and/or **developing tools** for these conversations, I highly recommend the work and teachings of **David Kessler**.*

Raise your words,
not your voice.
It is rain that grows flowers,
not thunder.
—Rumi

Sign up for emailed newsletter!

Special points of interest:

- *Allow Natural Death*
- *AAHA's Referral Doc*

Inside this issue:

Referral Logistics Like a Pro— Illness Uncertainty

Excerpts from: 2025 AAHA Referral Guidelines (https://www.aaha.org/resources/2025-aaha-referral-guidelines/)

Illness uncertainty can occur when a client receives a diagnosis or suspected diagnosis of serious illness in their pet. It is an **emotional and mental state** in which the client may feel unable to make sense of the illness or be able to anticipate what the outcome of the illness will be. This uncertainty **can come with a sense of loss of control, cognitive stress, and an ongoing state of doubt**.

Four factors feed into uncertainty:
1) ambiguity about the state of the illness;
2) unpredictability about prognosis and progression;
3) lack of information;
4) lack of clarity about what information exists.

(And from this uncertainty develops)**…coping strategies** such as information seeking (e.g., internet searches, online discussion groups, etc.), increased monitoring of the pet, social support, focusing on the positive, and living in the moment…. **(Or maladaptive behaviors)** "denial, avoidance, selective ignoring, minimizing, selective misinterpretation, and wishful thinking."[3]

Understanding, how and why these behaviors occur **because of illness uncertainty,** can help veterinary teams better communicate with and **support clients during the referral process**.

1. Provide quality and structure to the information given.
- **Too much and overly complex** information… information overload.
- Present **logically ordered, in digestible increments** according to preferred communication scheme (ie. Big picture, fine details, some now/some later, etc).
- "**Chunking and checking**",,,giving small amounts of information and then asking questions/ assessing understanding.

2. Support informed decision-making
- Provide information so clients can **weigh the risks/ benefits** of choices for care.
- Clients may need time to think about the initial session, so provide opportunities for **follow-up conversations.**

3. Prepare clients for **what to expect at the referral** service.

4. Support clients who are seeking information.
- Acknowledge desire to be **proactive in their pet's care**; direct them to resources that offer accurate and high-quality information.
- **Provide resources** such as social / peer support groups.
- Validate/**encourage information seeking / sharing**.

5. Provide ongoing support
- If possible, provide a **consistent care team**.
- **Reassure the client** that the Primary Care Team will continue to assist them with any questions or concerns that arise.

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More desk-side microCE with the PETS Surgery Department

Monthly we are on track to be distributing a surgery blog by email and on the website (under redesign). **Past topics** have included *Orthopedic Emergencies, Laryngeal Paralysis Trifecta, Superficial Digital Flexor Tendon Luxation, Stress Radiograph Use and Technique*, and more.

We are open to requests from the peanut gallery! And the QR code pictured here will get you to a form to send us your email for inclusion.

Hope to chat with you soon!

MicroCE from Team Ophtho: *Corneal Diagnoses by Color*

LaTisha Knight, DVM, MS, Diplomate, American College of Veterinary Ophthalmologists

White Lesions

Lipid/cholesterol infiltrate

Signalment: Primarily young dogs
Clinical appearance: refractile (tiny/shiny shards of glass) centralized, +/- bilateral; STT/Fluorescein/IOP normal; NO other corneal pathology; patients are asymptomatic
Prognosis: **usually self-limiting**, does not cause vision loss, and only very rarely ulcerate
IF peripheral and associated with blood vessels R/O systemic disease processes e.g. hypothyroidism, hyperlipidemia. Consider immune-mediated episclerokeratitis, and other concurrent eye diseases (KCS). Ideal to refer such cases.

Calcium

Signalment: geriatrics dogs > 12 yrs
Clinical appearance: dense, white, irregularly shaped plaque-like (think salt granules) lesions, +/-bilateral (tends to be asymmetrical), may be central, fluorescein (+)
Treatment: Ideally refer; mechanical and chemical debridement expedites healing in ulcerated eyes. Start EDTA eye ointment 1-2% BID-TID with frequent lubrication
Prognosis: **fair, but will require lifelong monitoring and treatment**. Unaddressed can result in descemetoceles and perforation.

Corneal edema

Signalment: nonspecific; corneal edema can occur as a primary or secondary disease process. If due to endothelial dysfunction think Bassett Hounds, Boston terriers and/or Chihuahuas
Cause**:** corneal ulcer, uveitis, glaucoma, endothelial dystrophy/degeneration
Treatment: **Ideal to refer for diagnostics toward underlying cause**. Corneal edema can result in corneal ulcers and chronic eye pain. Rarely, cats can develop a similar condition 'bullous keratopathy' that warrants immediate referral
Prognosis: fair depending on the cause

Haab's striae

Definition: break in the Descemet's membrane
Cause: secondary to glaucoma (pathognomonic finding)
Clinical appearance: dense white, linear or curvilinear bands deep in the corneal layer
Treatment: **Ideal to refer to address the underlying cause**
Prognosis: Dependent upon the stage of glaucoma

Scar/fibrosis

Definition: Disorganization and disruption of corneal fibers due to injury
Clinical appearance: increased opacity to the cornea; may be associated with a corneal vessel, concurrent eye disease
Treatment: address the underlying cause if still active. **May cause significant vision impairment**. Ideal to refer if underlying disease is not responding to therapy
Prognosis: Good to excellent depending on the severity and underlying cause

Cellular infiltrate

Clinical appearance: increased white/opaque or yellowish haze to the corneal tissue. May be associated with corneal edema and corneal vessels. +/- Fluorescein positive
Causes: infection, immune mediated or inflammatory, neoplasia
Treatment: **Corneal cytology +/- culture and sensitivity warranted.** Address the underlying cause. With any stromal loss, referral warranted
Prognosis: Better outcome with early referral

Eosinophilic keratitis

Signalment: young to middle aged cats, males overrepresented
Clinical appearance: raised white/yellow plaques, prominent blood vessels, +/- ulceration, +/- blepharospasm
Prognosis: **Better outcome with early referral**

Red Lesions

Corneal vessels

Clinical appearance: **may be deep (dense, brush border) or superficial (thin, branching or arborizing pattern)**
Causes: wound remodeling from a previous ulcer, chronic irritation (identify underlying cause i.e. ectopic cilia, exposure, dry eye), uveitis, immune mediated, neoplasia i.e. squamous cell carcinoma, hemangioma

Treatment: Address the underlying cause
Prognosis: Depends on the underlying cause

Corneal stromal hemorrhage (CSH)

Signalment: **tends to occur in older dogs for no reason** (or in approximately 50% of patients a systemic disorder such as: coagulopathy/thrombocytopenia, diabetes, Cushing's disease, tick-borne disease, hypothyroidism, hypertension)
Treatment: Address any underlying systemic disease processes and start 0.2% cyclosporine.
Prognosis: Good to excellent as most resolve; tends to recur if there is an underlying cause

Brown Lesions

Brown: Dog

Causes: pigmentary keratitis (breed specific), pannus, chronic keratitis from other diseases i.e. KCS, entropion
Signalment: brachycephalic breeds especially pugs, German Shepherds (pannus)
Treatment: **Ideal to refer; start cyclosporine**
Other causes: Ideally warrant referral: Dermoids, Foreign bodies, prolapsed iris, limbal melanoma
Prognosis: Better outcome with sooner referral

Brown: Cats

Cause: Corneal sequestrum
Clinical appearance: amber haze to dark coffee colored, plaque like lesion, +/- corneal vessel
Causes: multifactorial; R/O entropion, herpes virus, chlamydia/mycoplasma, brachycephalic exposure
Prognosis: **Please refer feline non-healing ulcers and corneal sequestrum** as soon as identified.

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DVM Comms on the Web!

www.petsreferralcenter.com

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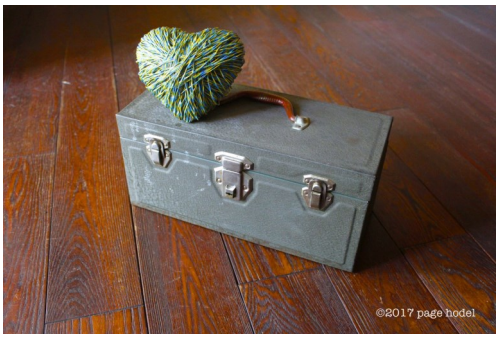

(Referral Pros, con't.) **A readable, useful article with practical tools for immediate use!**
Stoewen DL, Coe JB, MacMartin C, et al. Identification *of illness uncertainty in veterinary oncology: implications for service* Front Vet Sci. 2019;6:147.

(Excerpts)
Information quality and structure are both important.

> ***Quality** relates to the "sufficiency" (clarity, completeness and volume) and the "reliability and validity" (accuracy, source ethos, ambiguity, applicability, and consistency) of the information.*
>
> ***Structure** relates to the order in which the particulars are presented…appropriately measured increments of applicable information, structured in a logical format.*

Determining clients' needs for information, information preferences, and perceptions of uncertainty:

"What would you prefer — the big picture or all the details?"

"For some clients, information can be empowering, and for others it can be overwhelming. Where do you stand?"

"We know much more today, however there is still a lot that we do not know."

"How do you feel about the 'not knowing' part of things?

"What questions do you have?"

"What additional information may I provide?"

"What needs further clarification?

Primary Care — Surgery Specialty Communications:

Optimizing Collaboration without Onerous Workload

Following on the last 7 months of recommendations from the ACVS (**ACVS Collaborative Relationship Communication Tool**), I'll add my final commentary about the concept of a collaborative relationship between you and me.

Our roles are strikingly different and ironically similar. I have found myself through the years—decades :| — seeking out discussion, problem solving, "ideating" with my fellow professionals. Kicking things around with other brains spurs good ideas, boots out bad ones, and motivates me to top up my memory palace.

If you ever find yourself wanting to chat about a case that may need **my** blade, **your** blade or **no** blade at all, please give me a buzz or drop an email or stop by!

—Razz

Surgeon provides the **P**rimary **C**are **V**eterinarian access to the surgeon/surgery practice prior to referral **to discuss case**.
Surgery staff communicates to PCV on behalf of surgeon.
Surgeon confirms with PCV that the client booked the appointment with surgery department.
Surgeon sends results of the consultation to PCV.
Surgeon sends the plan for the patient to the PCV.
Share with PCV the ongoing communication being sent to the client.
Surgeon provides timely records and updates to PCV.
Surgeon provides the PCV access to surgeon/surgery practice for follow-up questions after referral appointment.
Follow-up plan, expectations of involvement, and mapping of continued care.

Please feel free to use our direct email surgery@petsreferralcenter.com or the main desk phone (and ask for Surgery Team) **510 548-6684** when you or your staff need to chat (Meltzer M-Th, Rasmussen W-F)

— See ya on the flipside, *Meltzer and Razz*