It is a common statement, "animals hide their pain." But do they really? And is pain the same as suffering? Do our animals not want us to see their pain or are they simply genetically programmed to not emotionally respond to it the same way we are? All veterinary professionals know that different species (and even different breeds within species) react differently to stress and physical discomfort. Understanding these differences and how to think about pain and death from a pet’s point of view helps us better communicate these nuances with clients. This results in a more comprehensive and understandable explanation to the owner of the patient’s perception of discomfort and the capacity for suffering during the end of life experience.

We all understand the broad concept of “pain” (i.e., nociception). Whether or not animals can feel pain is luckily not debated any more. (However, we don’t think insects feel pain since they do not ‘pain guard’ (Eisemann et al 1984), such as limping on a broken leg. The fruit fly is the only known exception to this, they have been shown to pain guard when injured (Tracey et al 2003)). So what is the difference between pain and suffering? After practicing emergency medicine followed by thousands of veterinary hospice cases, I have come to define suffering as the inability to think about anything else AND the inability to physically do anything else other than address the pain (be it mental or physical) that an individual is experiencing. This would hold true for both the cat in congestive heart failure that is struggling to breathe and the dog with severe thunderstorm anxiety; they are both suffering.

Think about how your dog reacts when you step on his toe and you realize that he has no problem communicating his discomfort to you. But then think about the female Labrador that was spayed a few hours ago and now must be restrained from roughhousing; is she really hiding her pain? Why are there differences in these outward signs of discomfort when we know both of these examples are painful (although much different types of pain)? The first step is coming to an agreement on the term “hide.” When clients tell us they are worried about properly identifying pain in Fluffy because she hides it, does that mean Fluffy doesn’t want her owner to see her pain and therefore displays these outward signs of discomfort in private? Or does it mean that Fluffy is biologically programmed to not show pain at all in order to protect her standing in the pack or to avoid predation (like prey animals)? Or perhaps Fluffy simply doesn’t care about her pain (although fully feels it) in the same way humans do? Does the difference between these concepts really matter? The answer is probably somewhere in the middle but without the ability to speak “dog,” we will never fully know for sure. But any veterinary professional will tell you that even when an animal is alone, they will usually (not always though), act as if their injury or illness does not hurt them as much as we believe it would hurt a person (research is still torn on this subject, however).

So do animals simply experience pain differently than humans? Again, we know there are species differences, but are there major anatomical differences that would help us conceptualize this? As humans, we are considered “higher beings” due to the more developed frontal lobes in our brains. This is what allows us to make music and contemplate our own existence, to name a few. Since animals do not have as much grey matter as we do (and theoretically less “consciousness”), is their experience of pain different than ours? We know that different species can use different parts of the brain for different functions. The connection between the frontal lobes and pain (mainly chronic pain) has been studied for years (Lorenz et al 2003) and was the idea between the controversial and strange practice of leucotomies in the 1940’s and 1950’s. Before antipsychotic medications or therapists this was how society began dealing with the mentally impaired. Basically, the procedure involved cutting the connections to and from the prefrontal cortex, the anterior part of the frontal lobes of the brain (Acharya et al 2004). Besides some pretty awful side effects, there were interesting post-surgical developments in those patients experiencing life-limiting and debilitating pain before the procedure. Patients that were completely nonfunctional due to extreme physical suffering (probably akin to fibromyalgia in modern day) were up and about, playing card games and conversing just days later. They appeared to be better. One patient, after being asked how he was doing, responded, “the pains are the same, but I feel fine now, thank you” (Demasio 1994). There are numerous accounts describing this phenomenon. After the procedure, it is said that the patients stopped caring about their pain; Dr. Demasio noted that they “kept their pain but lost their suffering.” These patients still asked for painkillers but were satisfied with aspirin, no longer needing morphine. It’s clear that they still felt pain because when poked with a pin they shrieked; in fact, they shrieked louder than a normal person, probably due to lower impulse control from the disconnected frontal lobes. These patients were most likely feeling what normal humans consider mild pain; that which still exists and causes discomfort but can be ignored and does not ruin your life by consuming your mental thoughts. (This procedure was all but extinct by the 1970’s due to a myriad of undesirable side effects such as loss of initiative, inhibition, and decreased cognition to name a few.)

Perhaps animals lie somewhere in the middle of a leucotomy patient and a normal human being. To me, there are many similarities, although certainly not the same, between the leucotomy patients and dogs in how they emotionally react to pain. I am not inferring that animals don’t physically feel as much pain as normal humans do, simply that they don’t emotionally interpret, respond, and react to it the same way a normal human with intact frontal lobes would. For example, a few years ago my rat terrier jumped out
of a friend’s arms, completely fracturing her radius (complete mid-diaphyseal fracture). She did not whine, cry out, or even hide (although other dogs might have done these things). She simply jumped on the couch and sat there looking at me with her bright eyes, holding up her mangled leg. I knew she was hurting just from the look on her face, but she honestly reacted the same as if I had stepped on her foot. Of course I was a mess; I knew this meant my little girl would have to go to the veterinary hospital (which she hated), put under anesthesia, surgery, recovery, cage rest, and so on. I took on the emotional component while she experienced the pure and unadulterated physicality of pain, seemingly void of interpretation to what that pain meant. And yet the benefit of my understanding was that I knew her pain would eventually end. Animals, on the other hand, cannot perceive an ending to their state of pain, making our job of pain identification and treatment incredibly important.

If it were me that broke my arm, I would be anxious about the impending surgery, recovery, loss of time with my children, and so on. I would generate negative emotions that lead to amplification of my physical pain. The bright side, however, is that I know that with some medical attention I will be out of pain in the future. Animals may not experience this in the same exact way that I would, but watch a fearful dog walk into a veterinary clinic, or a thunderstorm completely debilitate an animal and you will see a pure form of suffering. Temple Grandin, PhD. says in her book Animals in Translation, “the single worst thing you can do to an animal emotionally is to make it feel afraid… fear is so bad for animals I think it’s worse than pain.” Herein lies the most important part of managing end of life cases in our hospice practice; address physical pain but most importantly address any stress, anxiety, and fear that our pets are experiencing as a result of either their physical or mental discomfort. Many of our arthritic or immobile pets appear more agitated by their inability to stand up rather than the pain that standing up elicits. These dogs may not understand why they cannot ambulate, leading to excessive panting, whining, crying, and additional physical pain through their attempts to move. Much of the time these symptoms are alleviated simply by the owner’s presence, but this is not always possible. Many times, the mental battle is bigger than the physical one with our patients.

These are concepts I discuss with families on a daily basis. Veterinary hospice care, by striving to maintain quality of life versus quantity of life, is centered on addressing pain AND any other mental stressors that may be present. To this extent, the owner becomes our greatest source of early identification of new developments with their pet’s condition. They generally feel that their bond is so strong that they can sense the discomfort, and with a little retraining and education on how an animals may react and perceive pain AND anxiety differently than we do, we can become partners in the journey of making the end of life period as pain-free, anxiety-free, and fear-free for both the pet… and yes, for the owner as well. There needs to be a clear understanding of the differences between discomfort (something we will all have when we’re 95 years old!), pain (something that should always be addressed), and suffering (a mental state that should be avoided at all costs). Euthanasia is not just about ending suffering that is occurring at that moment, but rather about preventing it from occurring in the first place. And with a better understanding of mental and physical pain and/or suffering, clients feel better equipped to make that important decision with the guidance of their veterinarian.

Helping families identify pain in their pets
As veterinarians, we have many resources available to assist in pain identification in animals. The International Veterinary Academy of Pain Management is a wealth of information. Below are some additional helpful tips that we have found particularly useful when talking with clients during the hospice period.

1. Does your pet act overly concerned when you approach him? Does he seem to shy away from your caresses? This may indicate anticipatory pain. Your pet may be anticipating discomfort that is elicited when being touched or moved. Humans in hospice care show a similar phenomenon of not wanting to be touched when the body is nearing the end (usually days to a few weeks before death).
2. Is your pet appearing more hunched back or grumpy, especially after waking up?
3. Pay special attention to the way your dog lies down. Hiding a certain paw can indicate even mild pain in a related part of the body. Taking a few pictures of him throughout the day may illustrate mild changes.
4. Many dogs blink the moment they feel pain. If you see it, try to replicate the movement again or note how and why the increased blinking occurred. Along those same lines, follow your dog's eyes. Avoidance of eye contact or looking away can indicate pain.

Resources


