



VETERINARY EUTHANASIA

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Euthanasia

- A humane death
- A privilege to be able to carry out for our animal companions
- Relieves suffering

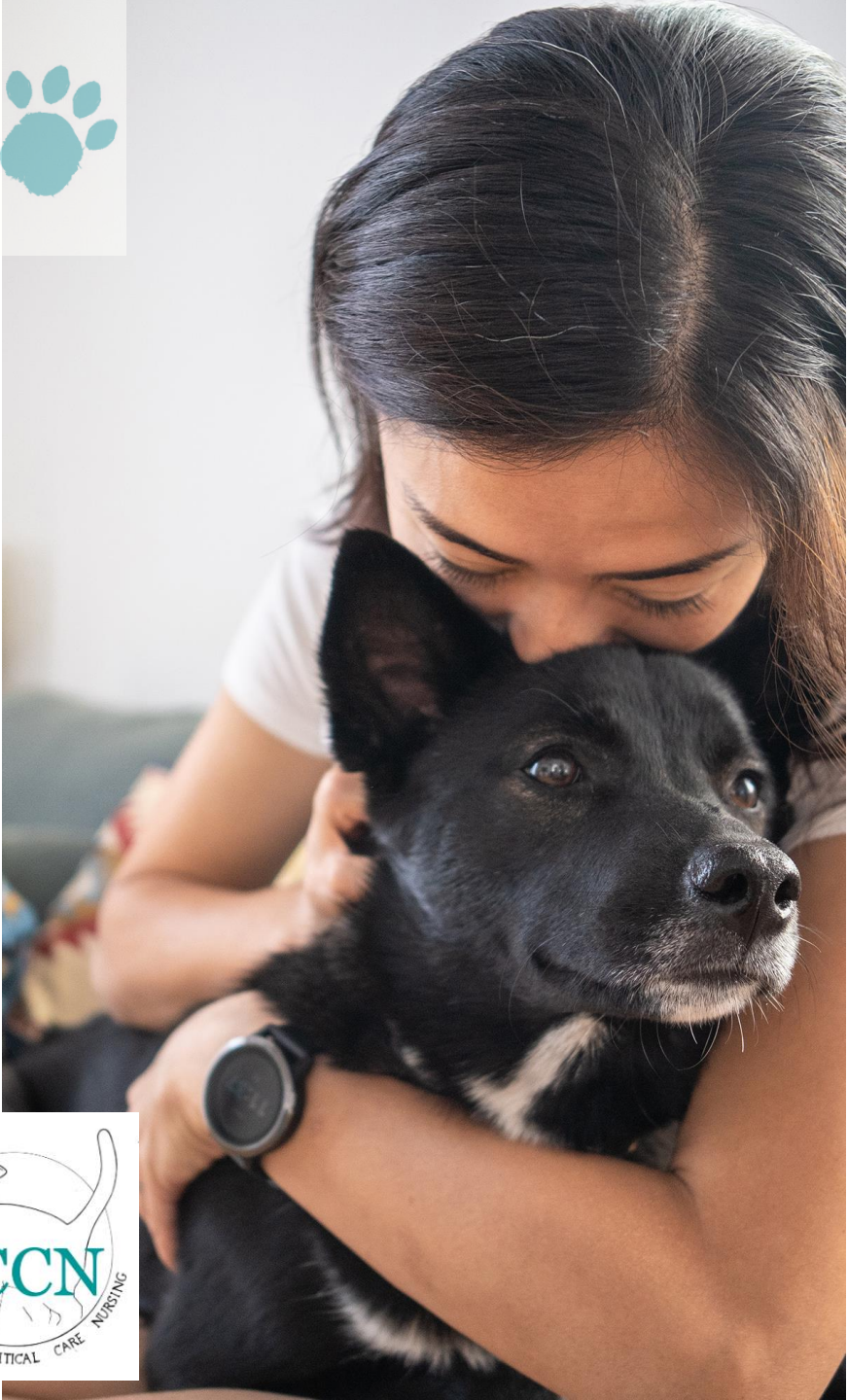


R Why?

Decisions based on number of factors

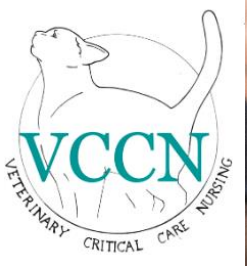
- Diagnosis
- Level of suffering
- Prognosis
- Ability to provide level of care
 - 3rd world country?
 - Finances?
- People's own beliefs
 - Religion
 - Background
 - Previous Experiences





Poor prognosis

- Vetmed has made huge progress in recent years
- Dogs and cats with cancers are more able to receive chemo and prolong QOL longer than ever before
- With these advancements also comes problems
- Not an NHS for pets!
 - Insurance
 - Increasing costs
- Increasing client expectations
 - Do they compare to human treatment available?





Quality of life



QOL IS A DIFFICULT SUBJECT

- Subjective
- Differing values and expectations within families

• CONSIDER QOL SCORING?

- Some hospitals use scoring systems to help clients see QOL of their pets
- Difficult to see when living in your home and so loved





QOL...

- Scoring QOL is based on the following:
 - Eating and drinking
 - Toileting habits
 - Exercise and play
 - Pain
 - Mobility to do everyday things (climb stairs, jump into bed, grooming)
 - Cognitive function/ability





QOL...

- Asking these questions at intermittent intervals to clients helps build a picture
- Diary?
- Sometimes difficult to get objective answers
- ‘A day early is better than a day too late?’ – is it? For whom?
- Our responsibility to guide clients at this difficult time
- Be the expert, but *let them be the expert of their pets*



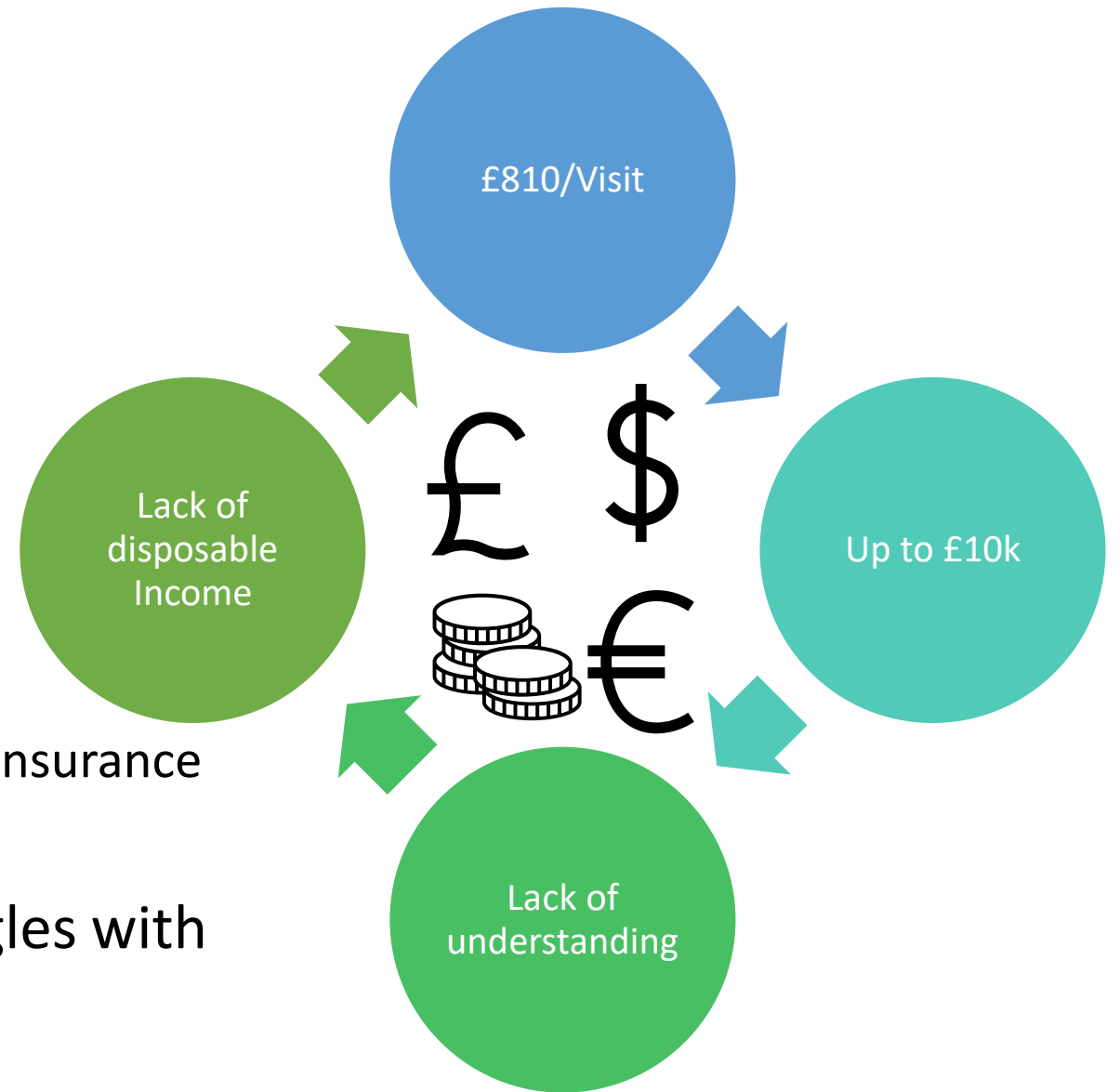
R Finances

- Difficult subject
- Tied up in a lot of shame and guilt for a lot of people
- Are people defensive? angry?
- Finances may seem like a 'non-reason' for euthanasia, but very valid
- 'Just because we can, doesn't mean we should' ?



R Finances

- In Europe:
 - > 100million cats
 - > 80million dogs (as of 2018)
- Insurance:
 - 24% dogs insured (UK)
 - <10% cats insured (UK)
 - In US <1% of whole pet population have insurance
- Many people will have financial struggles with their pets





Religion

- So many religions have their views on euthanasia
- **Not for us to make judgements**
- Some do not believe in euthanasia at all, this is the hardest time for us as veterinary professionals who do

HOWEVER

- By seeing the situation from the client's perspective, we can stay on their side and guide them to making choices about palliative care
- Analgesia





Palliative Care

- What is palliative care?
 - Optimising QOL whilst mitigating suffering
- Analgesia
- Nursing care
 - Nutrition
 - Urination and defecation
 - Soft bedding
 - Turning
 - Oral and eye care



- Clients' involvement in these is important
- Know when time to go home
- Know when time to say goodbye if appropriate



Saying goodbye



- When the patient is euthanized or dies after palliative care, we have responsibility to help the clients through the process
- Preparing carers of terminally ill patients is in everyone's best interests
- Discussions around
 - What the process is and why
 - What to expect
 - What will happen afterwards



Saying goodbye



- It is useful to discuss options for the body before the patient has gone, this gives people time to consider what they would like, ie individual cremation etc
- Give them time with their loved pet afterwards
- Encourage them to talk
- Follow up – is there someone in the practice that is trained to deal with grieving clients that could call them in a few days to see how they are?
 - Consider the Blue Cross Pet Bereavement Certificate
- A card from the practice is popular and often very appreciated by clients





Grief

- The well known '5 stages – Kubler Ross'
- DABDA
 - Denial
 - Anger
 - Bargaining
 - Depression
 - Acceptance
- **Is it that simple?**





Types of Grief

Common

- What we 'expect'
- Widely known about
- Tolerated

Anticipatory

- Old pets
- Pets with pre-existing conditions
- Recent loss of another pet

Inhibited

- No outward sign of grief
- Prolonged
- Leading to somatic complaints and physical manifestations of the grief

Complicated

- 7% of mourners
- Debilitating
- Complex Bereavement Disorder
- Inability to function

Disenfranchised

- loss of animals 'just a pet'
- no recognition
- even in vet practice - expected to be fine to work
- shame experienced

Absent

- Shock/denial
- No signs of grief
- No acceptance of the death
- Acts completely normally
- Worrying if prolonged

Exaggerated

- Overwhelming
- Worsen over time
- Nightmares
- Social dysfunction
- Onset of psychiatric disorders



Client Grief

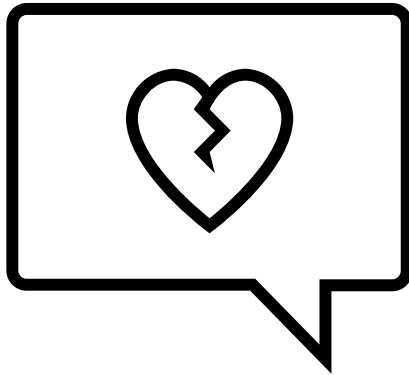
- Anticipatory
 - Clients may be difficult/rude whilst their pet is in hospital
 - May already be grieving
 - Everyone reacts differently
- Disenfranchised
 - Just a pet
 - Family or friends may not understand
 - Workplaces do not understand





Models of Grief – DABDA

Kubler-Ross



Denial/Shock

Anger

Bargaining

Depression

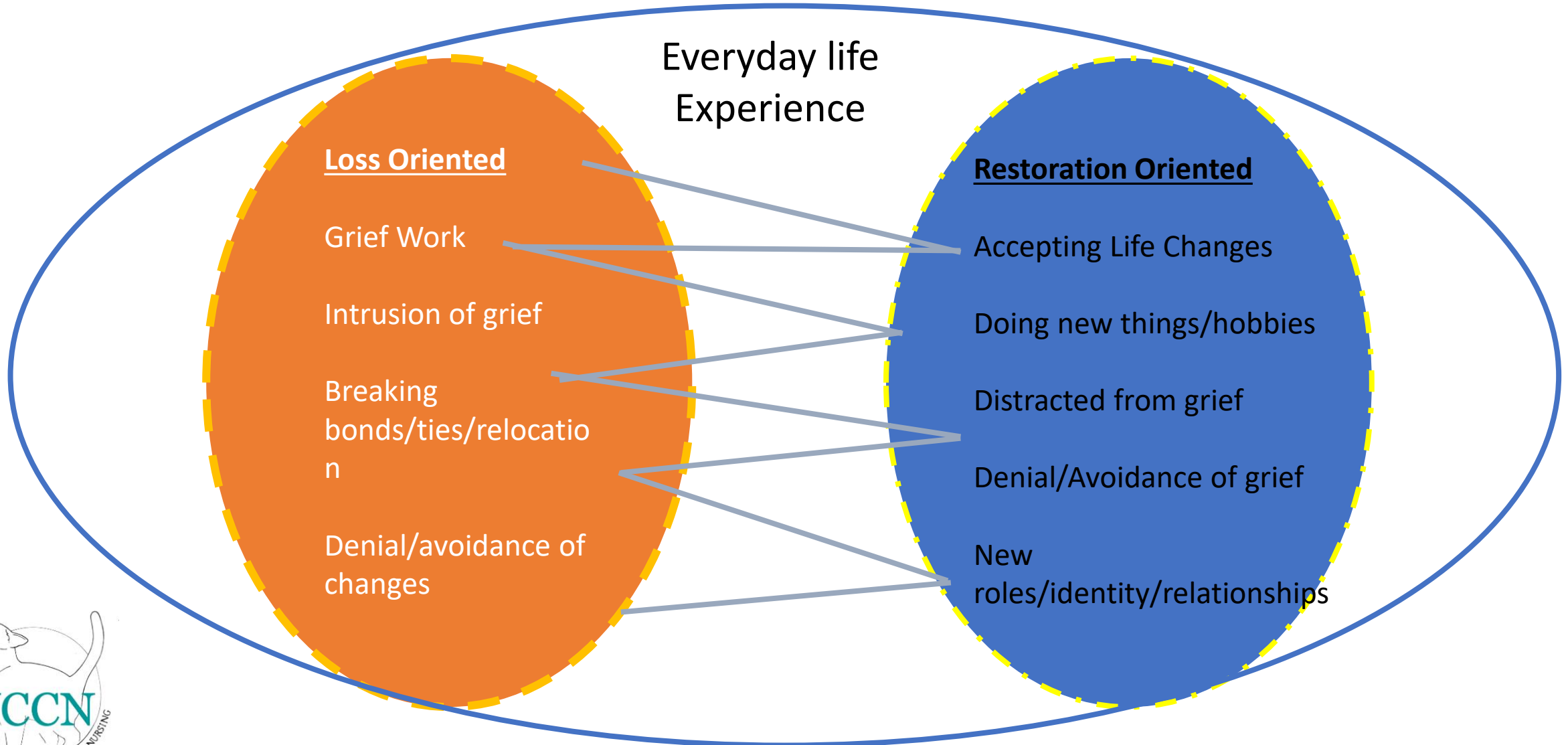
Acceptance





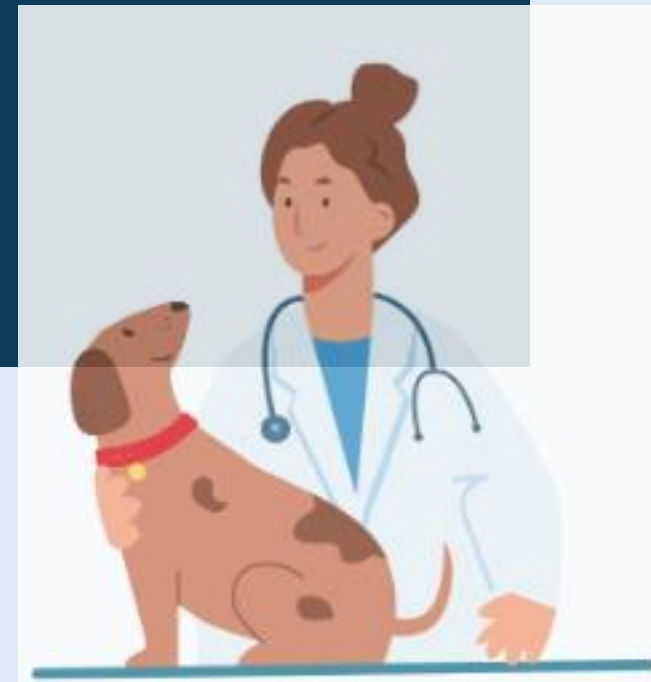
Dual process model

Stroebe and Schut





VETERINARY MENTAL HEALTH





Let's talk veterinary mental health

- Grief – how does this affect us in practice?
- Do you think it does?
- Crying with clients, is this acceptable?
- Disenfranchised grief
- Taking it home at the end of the day
- Who do you talk to?





Self care, and caring for others

- Must make yourself a priority
- Cannot provide good care of others if you are not well cared for
 - Nutrition, sleep, exercise, 'mindfulness', screen breaks, stay hydrated!
- Take regular breaks
 - Push for these in practice
 - Encourage others to take their breaks
 - Factor breaks into the working day
- Group activities
- TALK!





THANK YOU

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