The term euthanasia is derived from its elements. “Eu” means good and “thanatos” means death. Euthanasia is the deliberate, affirmative intentional act of effecting a merciful death. Euthanasia is not an act to end a life. This is not the purpose and not the outcome we strive to achieve, Euthanasia is an act to end suffering. Death is the unavoidable, unfortunate and unintentional effect of achieving that goal. The term that originally meant a painless and peaceful death now means an act to end suffering with death an unwanted effect.

With the decreasing nuclear family, an outcome of the decline of agricultural community, the rise of industrialization, climbing divorce rates and prolonged life spans, comes the increase in isolation from family, neighbors and community. Yet people need love, companionship and emotional support. This has given rise to the redefinition of pets as family members. About 90% of respondents in one study of 100,000 US households rated a pet as important or extremely important to the family. For many complex reasons, the emotional attachments which many humans develop for their pets not only equals but frequently transcends the emotional attachment which they form with humans and can be a source of unconditional love, support, comfort, safety, security and stability.

When highly attached owners recognize that a moment has arisen in the clinical management of a life-limiting medical condition when a cure is not an attainable goal, it is normal for them to experience strong emotions, generally termed anticipatory grief. Anticipatory grief is the psyche’s way of preparing for impending loss. This is often the beginning of a period of powerful emotional states which can blur judgment at a time when clear thinking and planning may be key to resolution of grief and ending the suffering of a beloved pet.

Pet owners often trust veterinarians and/or see them as authority figures. During loss, clients may look to the veterinarian to provide strength, guidance, leadership. Given clients expectations and the impact of end-of-life conversations on pet owner and the veterinary team, compassionate communication should be considered both a core clinical skill and an ethical obligation for veterinarians.

One core belief that must be developed in clients is that preserving quality of life takes precedence over measures to prolong life. With the sophistication of veterinary medicine and technology comes the ability to prolong suffering by engaging in many more forms of therapy than were previously unavailable for beloved pets. Veterinarians now have to advocate for the animal interest to end a life when further intervention will cause or exacerbate suffering. This life-prolonging technology has rendered the term “natural death” progressively meaningless, giving rise to complex ethical struggles with medical futility and who decides when to pull the plug and why.

The owner becomes the animal’s proxy and will decide if and when euthanasia is a better option than life for an animal that is suffering despite receiving the best comfort care available. The strongest desire of highly attached pet owners facing the loss of a beloved pet is to do what is best for the animal. It is an elusive goal and one which requires the owner’s interpretation of the animal’s state.

A veterinarian can help by educating an owner in how to assess quality of life, attributing relative weight to specific experiences like the presence or absence of joy, pain, or frustration. In the general practitioners’ relationships with clients there is very often a long more intimate connection than there is with specialists to whom the animal may have been referred for care. Therefore, the generalist should stay involved after a referral and advocate for what is right for the pet. This is also important for the emotional state of the owner. Powerful emotions can ensue when decisions are second-guessed. Decisions made too early may cause profound guilt. A decision thought to be made too late may be interpreted as causing suffering for a beloved family member. The uncertainty that is a natural part of being a proxy for another’s best interest is always present.

In the best possible situation, before the anticipatory grief has begun, Quality of Life considerations are best made, once a trusting relationship is built between a client and the veterinarian. A journal kept from the time a potentially life-threatening condition has been recognized can be helpful in recognizing the balance between levels of happiness and distress based upon the behavior of the pet. Since there are no generally acceptable lines between what is acceptable and not acceptable Quality of Life, the individual observations can help reduce the burden on the client. We must build the client’s confidence that they can comprehend their pet’s condition and “walk in his shoes”. By trusting the ability of persons most closely bonded to feel in their gut what the animal is experiencing, we encourage good choices.

The skills of educating, supporting, guiding and facilitating are key to assisting the client. More importantly, the veterinarian must not try to solve the owner’s problems by making decisions for them, by giving them advice on what course they should take, rationalizing their choices or rescuing them. Presenting options gives families control over the process leading to inevitable loss by helping them find their own view of what constitutes the best way to care for their animal. A sense of control – even if limited – has
been shown to correlate with healthy grieving and emotional healing. The manner in which a veterinarian provides care for a client whose pet has died has the potential to alleviate or aggravate grief, influence client and veterinarian satisfaction and create or destroy long-lasting relationships.

It is essential to listen to what is most important to the family under the circumstances, what their concerns are, how they want to spend their time as options become limited and what kind of tradeoffs they are willing to make. The sense of control should extend to the physical and social environment surrounding a beloved pet during the last moments. Planning in advance, before powerful emotions hold sway over decisions, will allow the family to think clearly through their plan. As emotional states become more ascendant, remind the owners of their decisions. They may choose the form of death, natural or euthanasia, who should be present, the tenor of the ritual and whether children should be involved. If euthanasia is elected, the mechanics of the process should be discussed. If the client is comfortable with placement of an IV catheter or not, how to administer a sedative if one is needed and so on. The location may be of concern as well, whether outdoors, in the owner’s lap, at home, on the floor. Conventional rituals that support and comfort people at the time of the loss of a human loved one, funerals, calling hours, or celebrations of life, have not evolved around pet loss. This one event may be all the ritual possible for a highly attached client whose family may not perceive the death as a loss of a loved one.

During this session, specific examples of appropriate and inappropriate ways of communication will be provided. How to talk to clients about end of life decisions is a critical clinical skill. Body language, eye contact, gestures and words all come together to create a compassionate and effective dialogue with clients whose emotions may vary considerably through time. The veterinarian should avoid clichés. Nor should she try to talk the client out of his/her emotions. This is not a time to educate but a time to affirm the client’s decision and timing. At the same time, honesty is critical to the emotional health of the veterinarian and staff.

References
AVMA Guidelines for Euthanasia; 2013 Edition