Veterinarians' role for pet owners facing pet loss



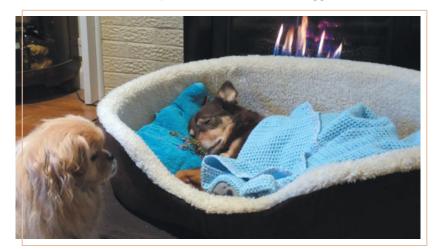
is a qualified and registered Melbourne Veterinarian. She graduated with Honours from the University of Melbourne in 1993 and subsequently commenced general Small Animal practice. Her special interests are geriatric medicine, palliative care, end of life and hospice care, home euthanasia, the human-animal bond and pet loss and grief. In 2004, she established My Best Friend, Australiaís first dedicated pet service. Whiston is a member of the Pet Loss Professionals the International Association of Palliative Care, and in November 2012,

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Due to a production error, a truncated version of this article appeared in last month's issue of The Veterinarian. Much has been researched and discussed about the human-animal bond and the grief experienced when pet owners and their beloved companion animals approach the end of their lives together. Less has been learned, however about the role that veterinary professionals play in their clients' grief processes. Our level of care and responsibility in this area has not been clearly defined and training in this area is often lacking. In the 15th century, the goal of medicine was to cure sometimes, to relieve often, and to comfort always. This is still a valid goal. The first rule remains always do no harm. Generally modern veterinarians possess a wealth of scientific knowledge regarding the cure of patients, but less knowledge regarding the care of patients and their owners. Always remember that, metaphorically, there is an owner at the end of the leash who may require more care than the pet. While veterinarians firstly must ensure that the pain and suffering of their animal patients is relieved, they must also understand and support the needs and emotions of the human beings involved. Often, this is a very delicate

ions is profoundly significant and deep, and is usually characterised by a unique, loving and everlasting bond. It is helpful to remember that death ends a life, not the bond. The grief suffered by those who lose an animal member of their family is often disenfranchised or not recognised by others in our society. Strong and painful emotions, including guilt, frequently arise, especially if the difficult decision to euthanase had to be made. About 30 per cent of owners experience severe levels of grief that they are willing to equate with losing a mother, father or spouse. It is important to acknowledge and validate these feelings so that clients are not left feeling isolated and helpless. Most people get through this period of bereavement given time and support from family and friends, however management by the veterinary professionals involved before, during and after the death or euthanasia, also plays an essential role.

A pet can represent many things to a pet owner. Some owners view their pets as best friends or children. They can be bridges to the past, they can remind us of happier times or of sad



and challenging balance to achieve. A professional and multimodal team approach should be utilised or at least offered to clients. As well as the veterinary team, this may include medical healthcare professionals such as doctors and counsellors.

The discipline of veterinary end-oflife care is a relatively new concept for many, and it is gaining momentum due to modern medical and surgical developments extending the lives of companion animals. Veterinary professionals need to be equipped with the necessary knowledge, time, staff and commitment to this special area to ensure best care, however if this is not possible, then referral should be considered. End-of-life care, which includes palliative care, hospice and euthanasia, done poorly has the potential to result in animal neglect and abuse. Veterinarians must care. support, guide and educate to prevent this. The veterinary profession needs to embrace an organised system and philosophy, and develop high standards to make recommendations for optimal care for everyone involved at this emotional time, regardless of their species.

For most clients, the relationship they share with their animal companevents. A pet can accompany a person through childhood into adulthood. A pet can be a source of support during divorce or other loss. In some cases, the presence of a pet can be a lifeline. For people living with terminal illnesses, pets are not only sources of comfort and support, they are reasons to continue living. Sadly, one of the leading causes of client dissatisfaction with their veterinarian is a perceived 'indifference' to the death of a family pet, however there are many practical ways that veterinary professionals can help make this heartbreaking time more bearable and positive for those involved. If they are well supported, clients are more likely to be loyal and return to their veterinary clinic despite experiencing the loss of a loved pet at this location. Apart from the essential foundation of providing warm and compassionate care, how else can we help clients in a practical way during this difficult and emotional time?

1. Help pet owners to plan ahead

At the time of diagnosis of a chronic and/or terminal illness, we must ensure that we begin to educate clients, not just about the causes, symptoms and management of the disease but also about the most likely trajectory it is likely to take. This will help with monitoring, preparation and decisions. It helps families to understand the disease process, to make decisions and provides emotional support.

Disease trajectory is a generalised pattern or progression that a disease may follow. It is important to educate owners about what to expect, but it should also be made clear that this is an educated prediction only and that unexpected events may occur. Death, like birth, can be unexpected for any one of us at any time.

The term *palliate* comes from the Latin word *palliare*, which means to cloak or conceal. Palliate refers to alleviating symptoms without curing the underlying medical condition. Palliative care is usually commenced when the treating veterinarian determines that the conventional medical treatment of a disease process is no longer effective (for example, unsuccessful chemotherapy for cancer). Veterinary palliative care addresses the treatment of pain and other symptoms to achieve the best quality of life regardless of disease outcome. A personalised care plan needs to be made for the patient, and level of pain and quality of life must be monitored on a daily basis. Remember that pain management is the cornerstone of every palliative care plan.

Most devoted pet owners with a terminally ill pet want to do as much as they can at home to ensure comfort and limit the suffering of their beloved member of the family. There is a lot of nurturing nursing care that owners can provide their pets with on a daily basis, even if it seems very simplified, to keep the pet comfortable up until the time that the pet dies naturally or until the time for euthanasia is determined with the help and support of the veterinary team and the family.

If a client is willing and it will aid the animal, veterinary professionals should be prepared to educate and train with regard to emptying bowels and bladders as well as administering medications (oral, subcutaneous injections ie. fluids), and wound management. This will optimise compliance and best care.

Other care suggestions may include:

• Use of equipment such as heat pads, incontinence pads, slings & wheelchairs.

• Hand feeding and keeping the oral cavity clean and moist (especially if vomiting/dehydrated)

• Cleaning and lubricating eyes and nose

• Cleaning urine, faeces and other discharges off fur and bedding

• Turning to prevent pressure sores

Massage, brushing and combingAssistance with mobility

• Facilitating time spent outdoors in fresh air, sniffing at smells

• Providing environmental enrichment for mental stimulation eg. bones, kongs, pheromone diffusers and classical music (eg. Through a Dog's Ear)

• Modifications to the home to assist the pet and ensure safety

• Âttention to heating and cooling requirements

While many clients want to and are able to devote 24 hour care to their pet in the last phase of life, it is equally important to remember that others may find the requirements of providing end-of-life care overwhelming or impossible in their particular circumstances, and should not be judged for this. Likewise, it is important that clients receive the clear message that at any point along the journey, humane euthanasia is available for their pet. At no time should clients be left feeling that they are 'bad' pet owners if they cannot provide palliative or hospice care for their pets. Neither should they worry that they cannot change their minds once palliative care has begun. Communication & flexibility without judgement is the key.

Keep in mind that regardless of the circumstances surrounding a pet's illness or injury, pet owners never feel truly ready for the death of their animal especially if euthanasia is necessary. Talk naturally. Listen actively. Assess your clients' situation to determine their emotional needs. As well as being legal and humane, *veterinary euthanasia is a valid treatment choice*. In modern veterinary medicine, all owners should be presented with all treatment options. Rather than view euthanasia as a failure, a disloyalty or 'giving up on the animal', it should be offered as a nurturing and valid treatment choice made out of love and courage.

2. Before the Euthanasia

Whenever possible, assist the client to make decisions surrounding euthanasia ahead of time. Explain and discuss the euthanasia procedure. Provide a written list of the choices that clients will need to make and encourage them to discuss any concerns and questions they may have. Remember that up to 15 percent of former pet owners refrain from adopting other companion animals because their experiences with the deaths of their previous beloved pets were too painful to repeat.

Points to consider prior to euthanasia:

• Where should the euthanasia take place? ie. at home or at the clinic? If it is in home, ensure that you have the necessary professional and procedural skills to ensure that it will proceed smoothly. Double check that you have all equipment and resources that may be required off site.

When is it the right time for the euthanasia to occur? Setting a day and a time is very, very difficult for most clients as they often say that they do not want to 'play god or executioner'.
Ensure that plenty of time is allowed so that

Insure that picity of time is anowed so that the procedure is not rushed or stressful.Who will be present at the time? Family,

friends, staff members? What about children? Should other family pets be present?

Are there any specific wishes or rituals that are important for the veterinary team to be mindful of during the euthanasia procedure? eg. Buddhist chanting, altars and Christian prayers.
Ask clients whether they would like to have

any of the animal's special toys, blankets, music, photographs or candles present.

• What arrangements are required for the body afterwards? Give honest and open information about cremation and burial options.

• Provide an accurate quotation for the cost of the procedure and body after care, arrange payment and complete essential paperwork such as a consent form prior to the euthanasia.

3. Tell clients what to expect

If family members and friends are present at the euthanasia, it is essential to spend time preparing them before, during and after the procedure. Take time to listen and check that you have answered everyone's questions. Clients may be reluctant to speak up if they feel that their query is weird or morbid, but usually it is will be something that is frequently asked and you can reassure them that other people ask these questions as well. It is critical that there are no surprises. A euthanasia can turn into a traumatic event when something occurs that the family doesn't expect.

Some topics to explore:

• explain which drugs you are giving during the procedure. Frequently used drugs may include tiletamine/zolazepam (Zoletil), acetylpromazine, opioids, medetomidine, thiopentone and pentobarbitone (Lethabarb). These are often better used in compatible combinations rather than on their own in order to ensure a smooth procedure

explain where and why you are giving them eg. sub-cutaneous premedication, intravenous catheter.
what physiological and/or side-effects they may have.

• that the bowel and/or bladder may be voided after death.

there may be muscle movements after death.
there may be some agonal gasping or increased respiratory rate and effort, before breathing ceases.⁺

that eyes often remain open despite best efforts to close them, which can be disconcerting for some.
Acknowledge that this can be a very surreal and shocking experience for many, even if it is made as pleasant as possible.



4. A Smooth Protocol

Euthanasia should be a special and soothing experience for every animal and their family. Veterinary professionals should avoid the tendency to downplay the experience of grief for clients just because their own experience is to navigate through loss and death on a daily basis.

It is essential to remember that that is not the clients' reality.

• If possible, euthanasia appointments should be scheduled at a time that is quiet at the clinic. It should not be rushed. Extended appointments should be offered and utilised.

• Consider offering the option of euthanasia at home or refer to a dedicated and experienced service that can provide this service if you are unable to.

• Consider creating a comfort room in the clinic rather than using a conventional consultation room for euthanasia. Comfort rooms have soft furnishings, non slip floors, lowered lighting and should be in a low traffic area of your clinic.

There are many flexible and creative ways that you can enhance a comfort room to suit the needs and wishes of individual clients.

• Position yourself at eye level with your client (even if this involves sitting on the floor) and use a slow soft speaking voice.

• Fully inform the client as to what is about to occur and if the owner wishes to stay with their pet throughout the entire procedure (including IV catheterisation), this should be acknowledged and respected.

• No matter how well behaved or how sick and weak the animal is, consider using premedication to ensure a calm and peaceful induction, using no restraint. Traditionally, veterinarians have been reluctant to use premedications due to the risk of stinging, vomiting and decreasing blood pressure. There are now protocols that largely avoid these events occurring so that animals are not distressed, venipuncture is successful and the client has a better experience as the animal falls asleep gently.

• Use an IV catheter with an extension set and conceal it and syringes discreetly under the patient or bedding. Try to use the cranial branch of the lateral saphenous vein in the uppermost hindlimb so that the family can remain at the front of the animal. From this position you can concurrently manage the loss of bowel and/or bladder contents, again in a discreet manner. If it is not possible to catheterise the cranial lateral saphenous vein, another good option is to access the medial aspect of the cephalic vein of the lowermost forelimb (while the animal is in sternal recumbency), as then you are still located away from the head where most clients prefer to be when they say goodbye.

• Handle the animal's body with care and gentleness at all times, even after death has occurred.

• If a muzzle is used for aggressive or unpredictable dogs, remove this after the premedication has been administered and the animal is heavily sedated, prior to the final lethal injection. No owner wants to see their dog deceased and muzzled. Clients will appreciate your thoughtfulness.

• After death, use a stethoscope to auscultate the chest and inform the client that the heart has stopped and death has occurred. Try to avoid euphemisms such as 'gone to sleep' especially if there are children present.

• After death remove any catheters, bandages and any other veterinary material from the patient Clean away any blood, discharge, urine or faeces in an effort to retain the dignity of the animal.

• Do use the pet's correct name and gender and create opportunities for clients to talk and reminisce.

5. After the Euthanasia

After euthanasia has been performed, offer the option to owners of spending plenty of time with the deceased. This time is essential for many people. Some may need to take the body home and require 24 hours or overnight. This is perfectly normal and should not be judged as weird or macabre. Everyone grieves in their own unique way - some often and openly, and others privately. There is no right or wrong way to grieve.

Some other points to consider at this time include: • Don't impose your own religious or spiritual beliefs on the client.

• If clients wish to take their deceased pet home, do not use a body bag to send them home in. Most pet owners are horrified by this. Ask if they have a special shroud, sheet, blanket etc that can be used.

• Offer a cup of tea or coffee, glass of water, some quiet time and tissues.

• Encourage clients to keep a linking object, for example, a clipping of fur.

• Help clients with ideas to memorialise their pet. Memorialisation is the process by which griever acknowledges and honours the life that was lived.

• Consider offering transport home, or offer to contact a support person.

• If your client is driving, assign one staff member to stay with the deceased pet in the consult room while another escorts the family from the clinic to the car. This is the last image that clients will have of their pet in your care and they don't want to see their pet left alone.

• If the body is staying at the clinic for after care, do not utilise a body bag immediately. Some clients and/or their family members may need to return to the clinic to spend more time while the pet 'lies in state'

• It is very important to reassure clients that you will take very good care of their pet's body, even although they are deceased. Dignity and respect at all times is very important to most.

• Telephone within 48-72 hours of the euthanasia to check how your client is doing.

• Most veterinary clinics now send a hand written sympathy card.

• In some cases, consider sending flowers.

• Make a contribution to a memorial fund in memory of the pets that you have euthanased.

• Display and keep up to date a memorial photo album in the practice.

• Establish a lending library of books and other resources for grieving owners.

• Offer access and referral to a grief counsellor, or pet loss support group.

• Consider organising an annual memorial service for your clients who have lost loved pets.

6. Veterinary Professionals and Self Care

A veterinarian's job is challenging and busy. It usually involves changing emotional gears several times throughout the day. Taking care of oneself physically, mentally, emotionally and spiritually is essential to prevent stress, illness and burnout. After all, the more you take care of yourself, the better you are able to care for others. It is important to slow down several times a day, breathe deeply and utilise stress management strategies. It is essential to find activities that personally nurture or energise you.

Unfortunately, compassion fatigue and burnout for veterinary professionals is an all too frequent reality. Compassion fatigue is a condition characterised by a gradual lessening of compassion over time. Symptoms may include hopelessness, decrease in pleasure, constant stress and anxiety and a pervasive negative attitude. Detrimental effects include a decrease in productivity, inability to focus, feelings of incompetence and self doubt.

A middle ground needs to be found between empathy and detachment. This is known as compassionate detachment. Know your limitations and boundaries, and remember that you cannot 'save the world'. The key to maintaining professional health and a healthy staff with low turnover rates is to learn to care enough but not so much that you destroy yourself. Debriefing frequently within or external to the practice is vital.

CONCLUSION

As veterinary professionals, we frequently welcome our patients into the world, and we often facilitate their departure from it. Our unique birth to death involvement with the animals in our care means that our actions, support and skills at the end of a pet's life are



just as, if not more, important as the care we give them during any other time.

Learning to see the loss of a companion animal through the clients' eyes is challenging. Veterinary professionals may be tempted to downplay the experience of grief for clients because they are generally accustomed to navigating through loss and death on a daily basis, but this is not normally the clients' reality. A balance must be found between the science and the art of veterinary end-of-life care.

References

Adams, C. L PhD MSW, Bonnett, B. N PhD DVM

& Meek, A. H PhD DVM (2000) 'Predictors of owner response to companion animal death', *JAVMA* November, Vol 217,No 9.

Barton, R. MA & Baron-Sorensen, J. RN, MA,MFCC (1998) Pet Loss & Human Emotion – Guiding Clients through Grief Accelerated Development Carmack, B J (2003) Grieving the Death of a Pet, Augsburg Books

Colorado State University Veterinary Teaching Hospital, 'Making Decisions When Your Companion Animal is Sick', Argus Institute Pet Hospice

DeNayer, S. (2007) 'Reach out to Grieving Pet Owners' *Firstline*.

DeNayer, S. & Downing R, DVM (2001) 'Ease Client's Pain', *Veterinary Economics*.

Downing, R. Pain Management: Caring beyond a Cure Gerwolls, M. K, & Labott, S M (1994) Adjustment to the Death of a Companion Animal. Anthrozoos: A Multidisciplinary Journal of the Interactions of People and Animals. Volume 7, No 3 Berg Publishers

International Association of Animal Hospice and Palliative Care (IAAHPC) (November 2012) 2nd Annual conference proceedings Lagoni L, M.S (2008) *Family-Present Euthanasia*

Lagoni L, M.S (2008) Family-Present Euthanasia Protocols, www.veterinarywisdom.com, World by the Tail Inc, Fort Collins CO

Lagoni, Butler & Hetts (1994) The Human-Animal Bond and Grief, WB Saunders

Lofflin, J. (2006) 'Life, Love, Loss', Veterinary Economics.

Petcare Information & Advisory Service (2012) Success' Pets and Community Health - How do Companion Animals help improve the Lives of People? Shearer (2011) Veterinary Clinics of North America, Small Animal Practice, Palliative Medicine and Hospice Care WB Saunders.

Sife, W. Ph D (1998) The Loss of a Pet – A Guide to Coping with the Grieving Process when a Pet Dies, Howell Book House

Wolfelt, A. Ph D (2004) When Your Pet Dies – Remembering and Healing, Companion Press.

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