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Mourned Pets. About Coping with Animal Death in Veterinary Practice and Caregiver's Experience

Животные, о которых горюют.
О том, как пережить смерть животного –
опыт ветеринаров и владельцев

Абстракт

Статья написана от первого лица в рамках автоэтнографической попытки описать опыт потери животного-компаньона, кошки, когда решение об эвтаназии было оспорено и подорвано, что вызвало угрызения совести и сложные чувства по этому поводу. Автор пытается объяснить свои чувства и поведение ветеринара, в то же время представляя новый вид ветеринарных услуг на дому для паллиативной помощи и эвтаназии.

Ключевые слова: смерть животных, эвтаназия, паллиативная помощь

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Abstract

The article is written from the first-person perspective as an autoethnographical attempt to describe the experience of loss of a pet companion, a cat, when the decision about euthanasia was challenged and undermined, causing regret and complex feelings about the situation. The author tries to provide explanation for her feelings and for veterinarian behavior, at the same time introducing new kind of veterinarian in-home services for palliative care and euthanasia.

Keywords: animal death, euthanasia, palliative care

Introduction

When I started writing this article, I was sure how it should go. I imagined that I would focus on good and bad veterinary practices in the animals' end-of-life span, and I would recommend some solutions—to spare caretakers' pain, animals' suffering, as well as additional stress, and eventually advise to get some psychological support to those who euthanize our beloved pets. As it became common knowledge due to social campaigns like *Not One More Vet*¹ that many of veterinary practitioners suffer from severe compassion fatigue and tend to commit suicides as well,² it was crucial for me to include that aspect too. Additionally, the research show that the death of an animal who is important for a human is a traumatic event.³ But grieving after death of animal companions still seems to be a problem in most of the cultures.⁴ Animals still do not have the status of being important enough and valued as persons who can be mourned openly, hence the term “disenfranchised grief” is used mostly in such cases.⁵ So, the problem grows—how to mourn pets? How to cope with their death, whilst taking the caretakers' and veterinarians' perspectives?

I know what the whole process looks like in Poland. In aspects of palliative care or euthanasia, caregivers are responsible for visiting the veterinary clinic to help the animal. I have suffered through numerous losses of animal companions over the years, I really am aware of the whole process. But while I was writing and planning this article, something changed drastically and rapidly. Firstly, I saw a documentary film entitled *The Hardest Day* by Ross Taylor and Luke

¹ *NOMV: Not One More Vet*, accessed July 25, 2022, <https://www.nomv.org/>. See also: Lauren S. Grider, “Compassion Fatigue: A Hidden Danger to Veterinary Professionals,” *NOMV: Not One More Vet*, 2022, accessed December 27, 2022, <https://www.nomv.org/2022/10/18/compassion-fatigue-a-hidden-danger-to-veterinary-professionals/>.

² Melissa Chan, “Veterinarians Face Unique Issues That Make Suicide One of the Profession's Big Worries,” *Time*, September 19, 2019, accessed July 25, 2022, <https://time.com/5670965/veterinarian-suicide-help/>.

³ Allison M. J. Reisbig, McArthur Jr. Hafen, Drake Adryanna A. Siqueira, Destiny Girard, and Zachary B. Breuning, “Companion Animal Death: A Qualitative Analysis of Relationship Quality, Loss, and Coping,” *OMEGA—Journal of Death and Dying* vol. 75, no. 2 (2017): 125.

⁴ Millie Cordaro, “Pet Loss and Disenfranchised Grief: Implications for Mental Health Counseling Practice,” *Journal of Mental Health Counseling* vol. 34, no. 4 (2012): 284.

⁵ Breeanna Spain, Lisel O'Dwyer, and Stephen Moston, “Pet Loss: Understanding Disenfranchised Grief, Memorial Use, and Posttraumatic Growth,” *Anthrozoös: A Multidisciplinary Journal of the Interactions Between People and Other Animals* vol. 32, no. 4 (2019): 555–568, accessed July 25, 2022, <https://doi.org/10.1080/08927936.2019.1621545>; Julie Mullins, “Disenfranchised Grief: Why Pet Owners Aren't Allowed to Mourn,” *Firstline*, vol. 18, no. 4 (2021), accessed July 25, 2022, <https://www.dvm360.com/view/disenfranchised-grief-why-pet-owners-aren-t-allowed-to-mourn>.

Rafferty,⁶ and started searching whether it is possible in Poland to euthanize an animal companion at home. The film is about loss, the human bond with pets and the end-of-life veterinary community that provides in-home services in situation of palliative care. There is no such service in Poland, but as I started asking around—there can be found some veterinary practitioners who offer in-home visits also for the purpose of euthanasia. Secondly, one of my cat residents, the oldest and the sickest one, got another infection, which within few weeks became lethal and I was facing the same decision as always—keep trying and let the cat suffer even more, or let go and decide to euthanize her? I made my decision, but it was undermined and challenged unnecessarily. The whole situation reminded me of many things I wanted to forget about previous experiences with my dying animals and veterinary clinics. And that is how the article became very personal for me—immersed in my experience, autoethnographical. It became a kind of last will for my cat, and a call to all veterinary practitioners to help us—the caretakes—and to help themselves. There is a growing need for personal approach to caregivers and our expectations, as well as for individual treatment plan that will allow the patients to stay at home and be euthanized at home, while being part of the family, surrounded by people who spent all the time with them.

Palliative Care for Pets—Liliana's Case

My cat, Liliana, started losing weight some years ago. There were many veterinarians, whom we visited, but none of them really helped. Eventually, they just left me with cat who was starving to death. I came back to one of the clinics that I left many years ago because there was one practitioner, whom I did not like. He was not there anymore so as it was the nearest and quite a good veterinary clinic, I decided to give them one more chance. And I got results of the first Liliana's blood panel with information about FIV—feline immunodeficiency virus. The diagnosis was terrifying. I knew much about HIV and that FIV is treated as a model for the human virus,⁷ but still it was a lot to swallow. The one veterinary practitioner resident that day at the clinic told me that I should euthanize the cat, as she had no chances, her weight being below two kilograms (her normal weight was around seven). The sec-

⁶ *The Hardest Day* (2019), directed by Ross Tylor and Luke Rafferty, accessed July 25, 2022, <https://www.thehardestdayfilm.com/>.

⁷ Dorothee Bienzle, "FIV in Cats – A Useful Model of HIV in People?" *Veterinary Immunology and Immunopathology* vol. 159, no. 3–4 (June 2014): 171–179, accessed July 25, 2022, <https://www.sciencedirect.com/science/article/abs/pii/S0165242714000506>.

ond veterinarian, the co-owner of the clinic, said that we could try to help her (he was including me), but I needed to be aware that this was palliative treatment for an old cat with terminal illness (she was ten years old at that time). We could help her only by making her life easier, there was no need to introduce any procedures that could cause her pain. He also told me that in case of worse results, I would need to be prepared for the decision to euthanize her. It was not optimistic, but, at least, I knew something. And within a few days, she started eating—as the problem with starvation was temporal, which I have already noticed. She gained some kilos, and everything seemed to be well until autumn, when the problem started again, and she was once again losing weight. I came back to the clinic and asked for some additional examination and blood tests, and we learned that the FIV diagnosis was probably wrong as it can have similar symptoms⁸ to the thyroid disease which is also not so easy to diagnose.⁹ From that time, she was constantly on medication, periodic blood tests, and we managed somehow to give her few more years. It was stressful but we both got used to it. Until the beginning of April 2022, when I got sinus inflammation, and she got it too.

For the first time I saw a cat who had sinus problems. She eventually also got pneumonia. If an animal is diagnosed with disease that not possible to be cured, most veterinary specialists I have met advised to put them to sleep (euthanize). When I came with her for the first time in April 2022, she was already in the process of losing weight. We decided that she would get some antibiotics and supplements, and we would perform the blood tests later, as she got better. I was informed that there was no pneumonia, and in her condition pneumonia would be lethal. I was too ill to go to the clinic every day to check if everything was ok. Therefore, I decided she must be hospitalized for at least two nights at the clinic. She came back home feeling a bit better. I got her back from a new veterinarian who was taking care of the hospitalized animals. She was very nice and provided me with a lot of information about the treatment and Liliana's behavior.

Within the next two days she got worse and by the end of next week she could not breathe. She was suffering. Making the decision about the euthanasia was not easy. I struggled a lot all Sunday. I came with her to the clinic on Monday, 25th April, as I moved my appointment from Tuesday, due to the condition Liliana

⁸ Amy Flowers, "Cats and FIV: Symptoms, Causes, and Treatment," *Pets WebMD*, February 13, 2021, accessed July 25, 2022, <https://pets.webmd.com/cats/cat-fiv-feline-immunodeficiency-virus>.

⁹ Mark E. Peterson, "Diagnostic Testing for Feline Thyroid Disease: Hyperthyroidism," *Compendium: Continuing Education for Veterinarians*, Vetlearn.com (2013), accessed July 25, 2022, http://assets.prod.vetlearn.com.s3.amazonaws.com/02/576c80bce611e28e71005056ad4736/file/PV2013_Peterson1_FF.pdf. See also: Shea Cox and Mary Ellen Goldberg, "Nursing Care for Seriously Ill Animals—Art and Techniques," in *Hospice and Palliative Care for Companion Animals. Principles and Practice*, ed. Amir Shanan, Jessica Pierce, and Tamara Shearer (Hoboken: Wiley Blackwell, 2017), 217.

was in. Bursting in tears, I pronounced my decision that I could not make her suffer longer only because I loved her. And I was almost certain that even though the information about the lack of threat of pneumonia in her case was given by the co-owner of this clinic, I would be supported in my decision. But I was not. There was a twenty-minute lecture about the chances and the advantages of hospitalization, advanced examination, another set of meds, and what kind of tests could be performed to help her, to be sure what was the cause of all that. The cat was sitting in the container, but while the veterinarian went to let me think—she just looked at me and lay on her side, breathing with difficulty. I managed to force myself to agree to hospitalization—for one night, to see if there would be any improvement. It was even more difficult a decision, seeing Liliana that skinny and weak. I wanted to feel relief, but I did not. I was torn between the feeling of relief due to not losing her at that moment, of being selfish for letting her suffer more—especially when I knew how much she disliked the vet clinic and blood tests, and of being selfish for not wanting to fight for her more. Was I just another caregiver who was fed up with taking care of a problematic pet, not willing to pay more to give her and the vets a chance? The veterinarian came back. I told her my new decision. She was still not happy—in her opinion one day was not sufficient to see any changes—but she started preparing documents for the hospitalization. While she was filling in my details in the forms, she looked at Liliana and in one instance the look of her face changed. She told me that she was uncertain. She saw “the real condition” of my cat and suddenly supported my decision. But which one? I was confused. I really did not need to go through this. Was I still a bad caregiver, who just acted selfishly and wanted to make the cat suffer more, but at the same time was I stingy, because I did not want to pay for more days at the hospital? I came knowing what must be done, and I was convinced by her that I was rushing with unnecessary killing of my cat, as “an owner bored and tired with an old and sick cat,” who I was not. Making me feel more guilty,¹⁰ was the second worst thing that day. Losing my beloved black cat was painful enough.

In some cases, the palliative treatment for pain is introduced to sustain the wellbeing of an animal till the moment that the suffering becomes too much and the decision about euthanasia must be made. Liliana was suffering without any pain medication. She was stressed by the visits in veterinary clinic. She was terrified of the blood testing. I did not want to do the blood tests as she was so skinny, and I imagined that it might be painful for her (it would be for me). I was trying to ease her stress, but I knew that the visits themselves were too much. She was

¹⁰ Jessica Pierce and Amir Shanan, “Ethical Decision Making in Animal Hospice and Palliative Care,” in *Hospice and Palliative Care for Companion Animals. Principles and Practice*, ed. Amir Shanan, Jessica Pierce, and Tamara Shearer (Hoboken: Wiley Blackwell, 2017), 64.

breathing heavily lying on her side. The supported decision appeared to be the one about euthanasia.

I informed the lady who euthanized my cat that I needed to be with Liliana during the procedure. She took her for a moment to another room to put a cannula in her leg. She came back and asked me if I knew what the procedure looks like. Although I knew, she decided to tell me—first she would get something to make her sleepy so she would not feel any pain. Secondly, the final dose of the anesthetic would be given and death would occur in a couple of minutes. The bladder might empty and there could be some twitching or grasping for air noticed, as a sign of muscles relaxing. She asked me if I was ready. I was ready for an hour or so. I was trying to stop crying but it was impossible. I saw blood coming from the back leg in the place of the cannula—it was not nicely done. I was angry, that she suffered unnecessarily. Liliana was lying on her side on the table, I was petting her and whether I was calming her or myself—I do not know. I told her I loved her, and I would miss her forever. And that I was sorry that I gave up the fight. I put one hand over her heart and with the second I was stroking her nose and head, kissing her forehead. She was gone within no more than fifteen seconds. Fifteen seconds and her life was gone. Her condition was that bad. The veterinarian did not finish applying the anesthetic when the heart stopped beating. No twitching, no air grasping. Nothing. Just silence and my weeping. No more hard breathing. When I said she is gone, the practitioner checked for reflexes. She really was gone. Her bladder emptied within a minute, but the urine was light and without a smell. I took her body and put it in a shroud which I prepared for her, and I placed her back in the container, still crying. Still feeling guilty. The lady said that we did good by her, and that this kind of death is a privilege.¹¹ I was not sure why was she telling me this. She was not convinced that it was the only thing that could have been done for Liliana. She was undermining my decision, and at the same moment condoling me. I was hurting a lot. The lady by the counter gave me some tissues which I did not take, and took money for the procedure, saying “I’m sorry for your loss.” Some strangers were sitting in the waiting room, observing me crying and caring the container with my dead cat’s body.

As many pet caregivers say on this kind of an occasion—my heart broke into a million pieces. But I had to get back home and face the rest of my cats and my also sick grandmother, who went into shock and started shouting, crying, lamenting when I entered the house. My heart stopped, and I had to take care of everything else. Without support in this crucial and difficult moment. Without time to grieve,

¹¹ Rebecca E. Deacon and Paula Brough, “Companion Animal Death and Client Bereavement: A Qualitative Investigation of Veterinary Nurses’ Caregiving Experiences,” *Death Studies*, vol. 45, no. 10 (2019): 810, accessed July 25, 2022, <https://doi.org/10.1080/07481187.2019.1696424>.

to mourn, to properly be by myself to get a perspective. I wish it happened differently. I wish I could have asked my vet to come visit Liliana and give her the “last shot” while she was with me at home. Not stressed, not in pain. I wish my other cats could see this and be part of this event. They had only the chance to see her dead body, but not assist her in her last moments. I could have been better prepared. Maybe I would not have such a guilty conscience? I will never know. Those last moments were full of pain for her and for me. Unnecessarily.

Veterinary Medicine and Pets' Death

I was angry at the veterinarian. She made me angry. I was angry at myself. I was angry at the whole clinic and the whole world. But I knew that this was also hard moment for her. For them all. I did not want to make it all about me and my needs. I was focused on my beautiful black cat, who was suffering. I (we) gave her almost four more years. It was not enough. It was hard also for all of those who were treating Liliana over almost four years at this clinic. They knew her. They knew her case. She was staying there in the hospital, sometimes for treatment and further diagnostics. Maybe she did not like them much, as they were pricking her, giving injections, and medications, but she was their patient. My hurt was also their hurt. According to research, the euthanasia procedure, as well as assistance in the procedure, is emotionally stressful for the veterinarians and their assistants, nurses, and the rest of the clinic's personnel. In the research from 2019, there is a quote by one of the participants of the study, that illustrates how the situation of euthanasia is hard for everyone. The biggest challenge appears in the moment when caregivers say their last words to the animals. The other challenges relate to frustration and anger towards vets.¹²

In Poland, there is a common opinion which is disputed by vets,¹³ that many veterinarians are there just for the money, not for the love of animals. It is harmful and unfair and circulates mostly because the prices of veterinary services are high, and people tend to forget that if they take an animal, they are responsible for him or her also in their health aspects. It means that the caregiver must be aware of all costs connected with caring for a living creature, before taking an animal home. But this is the negative thinking perspective, and we like to see only positive sides of having/owning/taking care of an animal. In a situation of any health issues, spending

¹² Deacon and Brough, “Companion Animal Death and Client Bereavement,” 812.

¹³ Facebook Fanpage, *Egzoovet*, accessed July 25, 2022, <https://www.facebook.com/egzoovet>.

money on a pet is a problem. I know those opinions and attitudes, but I tend to be a responsible caregiver. If my cats are unwell, we go to the vet and the animal is diagnosed, treated without any comments concerning money and high prices. I sometimes ask how much it will cost me, as it is end of the month and I am not sure if I can afford it at that moment. The treatment of Liliana with the diagnosing part was very expensive and, at the beginning, unexpected. The results may not seem sufficient, but almost four more years is still an impressive achievement. And I am grateful for that. Sometimes I think it was a bit egoistic to fight for her life, but as an animal psychologist I could recognize the moments when she was suffering and when she was well, so I should not feel any regrets. But I do.¹⁴

The terminal illness or the long-term illness of an animal is hard on both the caregivers and the animals—the former feel the responsibility, the need to save the pet, the latter endure suffering. Veterinary medicine cannot help palliative patients in situations of suffering and constant pain. The chance to help a dying pet is to provide the best services possible and notice the moment when treatment is no longer fulfilling its function. Sometimes, the caregiver does not want to let go, and keeps on fighting, changing clinics only to stay longer with the beloved animal. This triggers some moral issues concerning the egoistic need to stay with suffering animal, not taking into consideration what would be best for him/her. Liliana could have died more than four years ago. It would be similarly painful for me. I would feel my failure in providing care and wellbeing for her. But I have found someone who helped her, and she had almost four more years. It is apparent that for me, as well as for the veterinarians, her needs and her welfare were the most poignant. But where do we place our need for comfort, for companionship if a loss occurs?

Veterinary (as well as human) medicine in Poland does not focus much on those who provide services and on their mental condition. Eric Richman who “is a clinical social worker at Cummings Veterinary Medical Center at Tufts University, provides counseling and support services to clients and staff at both the small and large animal hospitals.”¹⁵ He counsels clients who care for terminally ill animals, when they must make a decision that is difficult, and those who grieve over the animals they lost. In Poland, all those things are the responsibility of vets. They are to advise, to explain and to support the decisions that are made by the caregivers. Nobody is concerned about their emotions.

¹⁴ Janet Hoy-Gerlach and Scott Wehman, “Companion Animal Loss,” in *Human–Animal Interactions. Social Work Guide*, ed. Janet Hoy-Gerlach and Scott Wehman (Washington: National Association of Social Workers Press, 2017), 110.

¹⁵ Eric Richman, “A Social Worker’s Experience at a Veterinary School and Teaching Hospital,” in *Career Paths in Human–Animal Interaction for Social and Behavioral Scientists*, ed. Lori R. Kogan and Phyllis Erdman (New York: Routledge, 2021), 74.

But Richman mentions that he works also at veterinary teaching hospitals to “help students begin to explore their own grief history and how they view loss and death in their own lives.”¹⁶ He also states that “In better understanding their own history and reaction to loss, they will be more equipped at helping clients faced with end-of-life care and decisions about their companion animals.”¹⁷ Gareth Steel wrote: “In the immediate aftermath of an animal’s death, it is the vet’s job to step into the role of priest, counsellor and confidant. Something for which many young vets are woefully ill prepared; I know I was.”¹⁸ Consequently, the lack of such education in Polish veterinary teaching hospitals and universities can cause problems for veterinarians and clients/caregivers. In Polish veterinary studies, we can find only lectures and workshops on the profession and on how to start a business, but not how to deal with clients and patients.¹⁹ If we take this into consideration, we can see that the common opinions about the veterinary clinics and veterinary practitioners stem also from the way we are treated. Jessica Pierce and Amir Shanan stated that “how an animal’s end-of-life care is handled strongly influences whether a client will continue to use a veterinary practice or not.”²⁰ A few months after Liliana’s death I am still not sure whether I will come back there or find another clinic—so, something went wrong.

Compassion Fatigue and the Suicidal Span

While going to “kill my cat,” I was aware that the veterinary practitioners are one of the professional groups most exposed to depression and suicides. I was trying to be cautious not to add to their plates. I call it as it is for me—killing, but I know that there are many attitudes and opinions among veterinarians.²¹ For example, Natalia Strokowska, a Polish veterinarian, in an interview said that “killing is a very damaging term” and that she is euthanizing animals, not killing

¹⁶ Richman, “A Social Worker’s Experience,” 75.

¹⁷ Richman, “A Social Worker’s Experience,” 75.

¹⁸ Gareth Steel, *Never Work With Animals. The Unfiltered Truth About Life as a Vet* (London: Harper Element, 2022), 266.

¹⁹ Nicolaus Copernicus University, *Veterinary Medicine Program of Studies*, accessed December 27, 2022, <https://www.vet.umk.pl/panel/wp-content/uploads/program-weterynaria.pdf>; Wrocław University of Environmental and Life Science, *Faculty of Veterinary Medicine*, accessed December 27, 2022, <https://wmmw.upwr.edu.pl/en/students/studies/msc-degree-program>.

²⁰ Pierce and Shanan, “Ethical Decision Making in Animal Hospice and Palliative Care,” 58.

²¹ Patricia Morris, *Blue Juice: Euthanasia in Veterinary Medicine* (Philadelphia: Temple University Press, 2012), 47–48.

them.²² I have mentioned that the vet who euthanized my cat told me that this kind of death was a privilege, so it is possible she was feeling a kind of a mission. The veterinarians from the documentary *The Hardest Day* said that ending pain is not only a mission but a rescue from further suffering.²³ In this film, one of the practitioners is Jessica Pierce. She explains in detail what she also wrote in her chapter with Amir Shanan, that “animal death can be one of the most emotionally exhausting aspects of a veterinarian’s work, yet has the potential to be profoundly fulfilling, too.”²⁴

Working with people with different empathy levels and attitudes towards animal’s welfare is challenging. If a veterinarian is also empathic towards the clients and their pets, the empathy can become, as Steel called it, “an enormous burden.”²⁵ The constant tension in this work and all the situations that cause stress, including the death of a patient, can lead to compassion fatigue and lack of willingness to work as veterinarian. Undermining the knowledge and experience, all decisions made in difficult situations may lead to depression and other mental disorders. And the fact that as a veterinarian, a person is being taught to help patients, not to let go and put them to sleep, brings the feelings of failure, betrayal, and disappointment. Some authors say that bringing the subject of euthanasia is “very uncomfortable” for veterinarians,²⁶ others are aware of the stress. For example, Vanessa Rohlf and Pauleen Bennett focused their research on people who euthanize animals in different circumstances, and they noticed that there is something that can be called traumatic stress which is caused by the thought of euthanasia that needs to be performed.²⁷ Some of the participants of their research mentioned this kind of stress, which can relate to the empathy and taking care of animal welfare.

In a book by Charles R. Figley and Robert G. Roop, there is a chapter on compassion fatigue in veterinary medicine practitioners in which the authors pointed out the main sources of dissatisfaction and burnout.²⁸ The main sources of negative emotions

²² Magdalena Rigamonti, “Natalia Strokowska, lekarz weterynarii: Dokonuję eutanazji. Zabijanie to bardzo krzywdzące określenie,” *Dziennik.pl* (June 07, 2018), accessed July 25, 2022, <https://wiadomosci.dziennik.pl/opinie/artykuly/575848,natalia-strokowska-weterynarz-eutanazja-zwierzeta-wywiad.html>.

²³ Lucja Lange, “Najtrudniejszy dzień: Film o eutanazji zwierząt,” *Instytut Dobrej Śmierci: Blog*, (March 4, 2022), accessed July 25, 2022, <https://instytutdobrejsmierci.pl/2022/03/04/najtrudniejszy-dzien-film-o-eutanazji-zwierzat/>.

²⁴ Pierce and Shanan, “Ethical Decision Making,” 57–58.

²⁵ Steel, *Never Work With Animals*, 273.

²⁶ Darleen Arden, *The Angell Memorial Animal Hospital. Book of Wellness and Preventive Care for Dogs* (McGraw-Hill, 2003), 215.

²⁷ Vanessa Rohlf and Pauleen Bennett “Perpetration-Induced Traumatic Stress in Persons Who Euthanize Nonhuman Animals in Surgeries, Animal Shelters, and Laboratories,” *Society & Animals* vol. 13, no. 3 (2005): 214–216.

²⁸ Charles R. Figley and Robert G. Roop, *Compassion Fatigue in the Animal-Care Community* (Washington: The Humane Society University, 2006), 51–61.

for vets are “difficult clients,” next are mentioned “not enough time,” “disputing fees,” “problems with staff performance,” and “concern about skills/accuracy.” Technicians and assistants also mention “difficult clients” but also “problems with co-workers,” “not enough time,” performing euthanasia.” Those factors can lead to the feeling of compassion fatigue, and in consequence depression and suicide or suicide ideation if a person does not proactively deal with the tensions. This was also mentioned by Melanie Bowden in her TEDx Talk about the veterinary work.²⁹ She mentioned what her day looks like and how frustrating and overwhelming it is to do more and work more than she should for people who are just cruel and mindless, who do not listen to her advice, as they cannot afford the treatment or just do not care.

Palliative Care at Home—a New Approach to Veterinary Services

In Poland some of the veterinarians provide in-home euthanasia on demand and can visit pets at home to help in some mild situations concerning health. But it is not common practice, and many veterinarians deny this kind of help since the home surroundings are less controllable than at the clinic. This subject appeared in conversation with my veterinarian, when I mentioned that some of my cats respond badly to the visits in the clinic, they are more stressed, which affects the blood test results and this stress is potentially risky for their welfare. I was advised to give them some pills that would calm them down, and to bring them anyway. If we investigate the regulations about the veterinary practice, there is only a requirement that it should have headquarters, there is no regulation that veterinary services cannot be provided at home of the patient. On the contrary, there is a regulation according to which “on the basis of a notification by the animal owner, the animal health center may provide veterinary services outside its premises.”³⁰

The film I mentioned in the Introduction—*The Hardest Day*—was sponsored by two companies that provide services for people whose animal companions are terminally ill or of an advanced age and it is impossible for them to let the animal stay at veterinary clinic or to come every time the animal feels worse. The services are to provide help with care for the animals and for humans, who also are stressed and need to talk with someone, need advice, need someone to share their fears and

²⁹ YouTube. TEDx Talk, Melanie Bowden: What being a veterinarian really takes, (January 11, 2020), accessed July 25, 2022, <https://www.youtube.com/watch?v=objP3E625Xo>.

³⁰ *Act on Animal Health Facilities* (2014), 12, accessed December 27, 2022, <https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20040110095>.

comfort them. The vets from the organization called *The Lap of Love*³¹ are visiting their patients at home—all the old pets and palliative care pets can expect treatment, testing and, in the final moments, euthanasia in familiar surroundings with their caregivers and other animal companions. The veterinarians give support to caregivers and, depending on their decision, can take care of the pets' bodies. They offer paw prints, nose prints, tufts of hair and a pamphlet on the value of human-animal bond and the role of grief.³² The space given for the last goodbyes is precious. The nonjudgmental atmosphere gives comfort.

One of the veterinarians in the film said that she never imagined that she will be euthanizing animals, but now it is her mission and blessing. She was happy to be of service for those creatures that needed her help.³³ This was giving her comfort and satisfaction—therefore she did not feel the burnout, the compassion fatigue. The people who provided those services were gentle with caregivers and pets, they were tender and warm during the visits. But they also were given support, to be able to work in this kind of job.

The key to this in-home euthanasia is appropriate decision-making framework. As Jessica Pierce mentioned, there are four areas: clinical considerations, quality of life, contextual features, and patient preferences.³⁴ The first area is all about diagnosis, prognosis, conditions, and evaluation—is it critical or maybe reversible? What are the chances? The quality of life focuses on the presence of pain, suffering and possibility to any pleasurable moments. In the area of contextual features, the caregivers appear as the main persons who provide care—and questions arise: are they able to financially manage? Will they be emotionally prepared for palliative care? What other responsibilities do they have? The last area of evaluation concerns what the animal wants and needs. This knowledge is based on what caregivers say about the individual features of the pet. If the veterinarian knows the animal and how it behaves in the “natural” (home) environment, he or she can see the changes in behavior, so it seems that it is important to provide palliative care at home.

This does not mean that in-home euthanasia is devoid of guilt and regrets for the caregivers. The “responsibility grief,” as Susan Dawson calls it, appears due to the lack of evaluation that would be “one-sided,” not giving too many possibilities.³⁵ Pierce and Shanan noticed that

³¹ *Lap of Love. Veterinary Hospice & In-home Euthanasia*, accessed July 25, 2022, <https://www.lapoflove.com/>.

³² *Getaway Services Inc.*, accessed July 25, 2022, <https://www.gateway-services-inc.com/>.

³³ *The Hardest Day* (2019).

³⁴ Pierce and Shanan, “Ethical Decision Making,” 59.

³⁵ Susan Elisabeth Dawson, “Compassionate Communication: Working With Grief,” in *Handbook of Veterinary Communication Skills*, ed. Carol Gray and Jenny Moffett (Oxford: Wiley Blackwell, 2010), 62–99.

Many caregivers/pet owners report feeling tremendous guilt and anguish over the choices they made for an ill or aged animal companion. Often they feel that they rushed into or dragged their feet about a decision to euthanize, or gave consent to futile treatment—and in all cases are left feeling that they have failed their beloved companion. These feelings can plague people for years and cause immense suffering.³⁶

In their opinion the goal of an animal hospice and animal palliative care is to give the best conditions to make hard decisions without remorse.³⁷ Jackie Campbell, a palliative care veterinarian, explained in her TEDx Talk how to implement the palliative care ideals.³⁸ In her opinion the veterinarians should be more comprehensive in preparing for the death of a pet. It means that it is up to the practitioners to provide knowledge, ideas and help to families that are at the beginning of the bereavement process. The other thing is to be more personable, to get the information about the patients. It is more time-consuming but gives great results. She also advised to be brave and offer more mobile services if possible. She stressed that “the benefits of homecare are extensive” and, in addition, that those visits make the last moments are little easier.³⁹

Conclusions: Veterinary Services for Dying Pets and Their Caregivers

The death of an animal is a very harsh experience. Even though euthanasia is considered a blessing, it causes in caregivers the constant feeling of disappointment, failure and uncertainty concerning the decision. I felt remorse since I was not sure if there was anything more, I could do or if I was myself too ill to take care of my old, cat who required it. If the vet practitioner had not challenged my decision, I might have felt better. Instead, I felt like a traitor. Creating good conditions for making decisions is very important and can influence the future feelings of the animal caregivers, as well as their willingness to come back to the same clinic. Good services, compassionate services can really make the difference in cases like mine.

³⁶ Pierce and Shanana, “Ethical Decision Making,” 64.

³⁷ Pierce and Shanana, “Ethical Decision Making,” 64.

³⁸ YouTube. TEDx Talk, Jackie Campbell: *Our Pets: Rethinking the Way We Say Goodbye*, (26.02.2016), accessed July 25, 2022. https://www.youtube.com/watch?v=z5aAJGN_RHs.

³⁹ Campbell, *Our Pets*.

If my veterinarian had helped in the last farewell, provided information, and euthanized Liliana at home, took her body or helped me with the burial—if I wanted to bury my cat in the garden—I would probably feel much better. I would know that I was not alone in this. It really seems that it would be a much better solution for all, if we could have home veterinary services for palliative care and dying animals. But we do not. We are all alone in this. We only hear: “sorry for your loss” in the moment of paying for the services while standing at the reception desk. This is not what this should look like.

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