



OPINION

Ethics & Euthanasia



The human–animal bond—not medicine—is the veterinary product. Without that bond, clients and patients would not visit practices. When clients request euthanasia, they are communicating that the bond is breaking but that they care enough not to abandon their dog or cat.

—Dani McVety, DVM

I learned one of the biggest lessons of my professional career a few months after I finished veterinary school from a case I never saw myself. A client requested euthanasia for a 12-year-old BAR (bright, alert, and responsive) cat from another veterinarian during my evening emergency shift. My colleague attended to the case, which our team was upset about before the history had been taken. The woman said she loved her diabetic cat but could not give him his injections anymore.

My colleague did what most of us would do. She talked to the client at length about the importance of the injections and about rewarding the cat. The client left the practice with her cat in the carrier but returned 5 minutes later, saying he had escaped somehow and she could not find him. However, the parking lot security camera showed that she had let her cat out and driven away.

I realized how badly we had let the woman and her cat down.

What if the client had told us that her husband had died last week or that she was in an abusive relationship and was concerned about her pet’s safety? Would that have made a difference? Perhaps—but we should not need to know our

clients’ personal information to decide whether a euthanasia is for convenience (see **Euthanasia Definitions**, page 42).

Knowing the patient’s options is most important. When a client says the current situation is unsustainable, the reason is no longer important.

Either the patient’s situation can be changed (eg, the patient is removed from the client’s care via adoption or euthanasia) or nothing can be done. The latter is professional suicide—any rapport with the client is ruined and societal trust and professional respect is lost.

How should uncomfortable euthanasia requests be handled? The veterinary team must take responsibility for the patient.

As a hospice veterinarian who makes house calls, if I do not feel comfortable about a euthanasia but the client feels he or she cannot continue care, I take the patient with me. How many times have I done this? Twice out of thousands of euthanasia appointments. A client who asks for my help gets exactly that—it is my duty to the patient and to society.

The human–animal bond—not medicine—is the veterinary product.

Discussion Topics for the Veterinary Team

- How a convenience or nonmedical euthanasia request affects team members
 - A veterinarian should begin this discussion by considering: *I realize that although my own emotions are under control and I feel I have appropriately helped our client through his grief, I must also support those who support me. My team deserves as much communication, nonjudgmental advice, and support as my clients do when facing such a euthanasia.*
- How a convenience or nonmedical euthanasia affects the public’s perception of the veterinary profession
- How a convenience or nonmedical euthanasia affects veterinarians and individual team members.



Without that bond, clients and patients would not visit practices. Clients who request euthanasia are communicating that the bond is breaking but that they care enough not to abandon their dog or cat. (See **Rules for Convenience & Nonmedical Euthanasia**.)

Have I euthanized patients that I may not have euthanized if they were my pet? Absolutely. Have I euthanized patients other veterinarians have refused to? Absolutely. Have I euthanized patients whose owners were completely at a loss and had tears in their eyes, knowing it was a difficult but good decision? Absolutely.

When those clients hug me, knowing they were not judged for their tough choice, that no altruistic or idealistic view was forced on them, and that we partnered to choose their pet's best option, a new level of respect is earned.

Alternatives to convenience and nonmedical euthanasia requests are available.

One of my first employers, Katy Meyer, DVM, taught me about selfless dedication to patients.¹ At her practice, clients with limited budgets were offered the option of giving their pet up for adoption. They signed their pet over to the practice, knowing that the veterinarian would find an adopter and provide the client no more information. Some of these patients were adopted and some were euthanized. Some clients were given the option to buy back the pet if their financial situation improved. Each patient was handled according to his or her individual alternatives under the ironclad rule: above all, we help. (See **Discussion Topics for the Veterinary Team**, page 41.)

I wonder what the woman who let her

Rules for Convenience & Nonmedical Euthanasia

- Do not euthanize a patient you do not feel comfortable euthanizing. Period. However, keep the following rule in mind:
 - Always help the client explore other options. Write them down and discuss them while also considering their effect on other family members. For example, if the client spends \$500 on this pet, will other household pets not receive veterinary care?
- If you are comfortable euthanizing the patient even though you do not completely agree with the client's reasoning, help the client understand that despite the difficult situation, you care greatly for the patient and the greater good.
- Do not get involved if you do not plan to help. Judging and berating clients harms the veterinary profession much more than suggesting they take the pet to the local shelter or rescue organization.

Euthanasia Definitions

Following are the author's definition for various types of euthanasia:

- **Convenience euthanasia**, although a subjective term, is a euthanasia requested by a client unwilling to explore other options for a patient most would deem adoptable (eg, a client requesting euthanasia because the pet did not match her home decor).
- **Nonmedical euthanasia** describes a euthanasia request that is unrelated to a patient's medical stability, such as behavior issues (eg, aggression, improper elimination), family lifestyle, or emotional changes that impact the patient's quality of life.
- **Non-imminent medical euthanasia** describes situations that may be manageable or curable under different circumstances (eg, a puppy with parvovirus that may survive with intensive care, a 5-year-old intact female with a pyometra, a young cat with a broken leg). These patients will suffer if they do not receive treatment, but the necessary conditions and resources are not available.
- **Medical euthanasia**, the most common, describes a euthanasia chosen because the client and the veterinarian deem the patient's quality of life unsustainable.

cat go thinks about the veterinary profession today. Does she trust her groomer's medical advice more than a veterinarian's? Does she take her pets to a veterinarian if they need medical attention?

I also wonder if the public's perception of the veterinary profession would change if practices put more animals up for adoption and people saw them as true animal advocates and client partners, always providing nonjudgmental, unconditional help for the patients they vowed to protect.

The veterinary profession has a huge opportunity, which I hope is embraced.

Editor's note: *Dr. Dani McVety found her calling while volunteering with human hospice patients in college. She wanted to bring the same passion for life and respect for death into the veterinary profession and co-founded Lap of Love Veterinary Hospice, the nation's largest network of veterinarians dedicated to end-of-life care. Lap of Love now includes more than 60 caring, compassionate veterinary partners around the U.S.*

Reference

1. Personal experience with Katy Meyer, DVM, Tampa Bay Veterinary Emergency Service, Tampa, FL. 2009-2010.