Encounters with “Death Work” in Veterinary Medicine: 
An Ethnographic Exploration of the Medical Practice of Euthanasia

A Dissertation

By
Patricia Morris

Submitted To
The Department of Sociology and Anthropology
in partial fulfillment of the
requirements for the degree of
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ABSTRACT

This dissertation details the work of veterinarians in the context of euthanasia situations. Data consists of interviews with over 40 veterinarians and fieldnotes from 18 months of observation in veterinary hospitals. Participants include skilled, experienced veterinary specialists as well as novice interns fresh out of veterinary school. Unlike most veterinary procedures typically done outside the public eye, owner-witnessed euthanasia requires both technical as well as social skills. In the beginning of their careers, veterinarians felt unprepared to negotiate the decision to euthanize, discuss financial issues, manage the impression of a “good” death for owners, and deal with subsequent client emotions. This dissertation project details the ways in which veterinarians either overcome or learn to cope with these challenges, including how they negotiate with owners over what constitutes “legitimate” reasons for euthanasia. It also examines how veterinarians create “good” deaths for animal patients and handle the emotions of their clients. Veterinarians themselves tend to have ambiguous feelings about this aspect of their work. On one hand, they readily discuss situations fraught with dilemmas and frustrations while itemizing the strategies they develop to respond to this “dirty” aspect of their job. Yet, on the other hand, they also describe euthanasia experiences as professionally rewarding and personally gratifying. In fact, for many, being “good” at euthanasia and helping pet owners through the grieving process is an important part of their identity as veterinarians.
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Chapter One: Introduction

Why Study Veterinarians?

The study of veterinary euthanasia provide a unique lens through which to study a variety of topics including professional socialization, end of life decision-making, professional work roles, emotions at work, death related work, as well as practitioner-patient/client relationships in a medical care system that is ethically complex. The “death work” of veterinarians differs considerably from that of medical physicians. Veterinarians are simply more frequently involved in their patient's death as “dispensing death” is a common part of their job activities (Kahler 1992; Roth 1994; Sanders 1995). Often, veterinarians must consider death or the option of euthanasia in many situations even when it is not seen as medically appropriate because the cost of treatment may outweigh the financial ability of the owner (Roth 1994; Sanders 1995). Unlike most doctor-patient interactions, the frank and open discussions of life and death issues are common to veterinarian-client relationships (Stanford and Keto 1991). According to their professional oath, physicians primary concern must always be to serve the welfare and interests of the patient, however, because a veterinarian’s patients are animals, the informed opinion of the patient in question is never available. Veterinarians serve both the animal and the client, who pays the fee and who, in the eyes of the law at least, may determine much of the course of treatment. Sometimes the interests’ of the pet owner (client) and the animal (patient) conflict and the veterinarian is caught in the middle. Moreover, because a veterinarian’s patients are animals, the informed opinion of the patient in question is never available so the veterinarian must decide for themselves what they believe are the “best” interests of the animal. The veterinarian must steer a course...
between their professional opinion, their own financial interests, the interests and wishes of the owner, as well as the interests of the animal.

Like other professional groups whose work involves animals, the work of veterinarians is characterized by ambiguity and paradox. In fact, researchers in the field of human-animal relationships argue that as a society our relationships with animals are filled with ambiguity, ambivalence, contradiction, and conflict (Arluke and Sanders 1996; Burghardt and Herzog 1989; Franklin 1999; Irvine 2004; Manning and Serpell 1994; Swabe 1996). For example, we treat some species of animals as friends or family members (e.g., dogs and cats) gratifying them with lavish accommodation, celebrating their birthdays, and grieving when they die, while others we treat as commodities (e.g., cows, pigs, and chickens) to be fattened, slaughtered and transformed into food and clothing. The many ways we use animals produce ambivalent and contradictory attitudes toward them such that within a single species (e.g., dogs) people may train them to fight to their death, chain them to fences in their backyard, race them for gambling purposes, breed them for shows, care for them when they are ill, leave them inheritances or spend thousands of dollars on risky life-saving veterinary procedures.

For veterinarians nowhere is the complexity of human-animal relations more salient than in the decision-making involved in euthanasia. Given the wide range of attitudes toward animals in our society, it is often difficult for a veterinarian to reach agreement about whether a client’s request for their animal is a “reasonable” one. Veterinarians sometimes encounter pet owners willing to go into debt to save the lives of their dying companions such that ethical dilemmas occur for veterinarians who would prefer euthanasia to end an animal’s suffering while the owner insists treatment continue.
In fact, some veterinarians report that the most difficult part of their job is to have to tell someone it’s time to let go of a sick pet. Other times, vets encounter owners who wish to euthanize animals because they bark too loudly, scratch the furniture, dig holes in the yard, or urinate outside the litterbox. Some may choose euthanasia merely for “convenience” because they are moving, they no longer wish to care for the animal or because they are unwilling to spend even minimal resources on an animal they see as easily replaceable. Thus, on one extreme, a veterinarian may be asked to euthanize a relatively healthy, well-behaved animal, but they may also encounter a pet owner who wants them to carry out potentially painful surgery on a dying animal. This research seeks to captures the drama, paradoxes and often times complicated interactions between small animal veterinarians and pet owners contemplating life and death decisions for animals.

For several decades, medical professionals, theologians, and academics in many disciplines have engaged in heated debate regarding euthanasia yet these discussions do not mention veterinary professionals or the euthanasia of veterinary patients. In fact, veterinarians have extensive *practical* experience with the medical practice of euthanasia. Every year a new cohort of young veterinarians entering the workforce after graduation have to consider when euthanasia is justified and how best to achieve a “good” death for their patients. They must also grapple with how performing euthanasia procedures influences their identity as veterinary doctors charged with healing and extending the lives of animals. Despite the potential to learn valuable lessons from this profession, prominent scholars involved in euthanasia debates rarely consider the work of veterinarians. Providing an initial baseline by which comparisons might later be made,
this research is an important beginning to an exploration of euthanasia as it is practiced and experienced by veterinarians—detailing everything from telling owners bad news about their pet’s condition, through negotiating the decision to euthanize, to the actual death of the animal. Finally, this research documents the ways in which veterinarians learn to manage uncomfortable emotions and ethical uncertainty they experience as a result of their role in the euthanasia of animal patients.

Despite its significance to many areas of sociological study, there are surprisingly few scholarly works on the veterinary profession and even fewer that concern issues of death and dying within the profession. Ethnographers interested in the study of work have intensely observed the work worlds of doctors, lawyers, police, nurses, prostitutes, morticians, counselors, and corporate leaders, among countless others (e.g., Arluke 1980; Beker et al 1961; Bosk 1979; Fox 1988; Friedman and McDaniel 1998; Granfield and Koenig 2003; Merton et al 1957; Smith 2001). Researchers interested in the study of people whose work involves animals have examined the labor of animal trainers, animal police, slaughterhouse workers, laboratory scientists, and shelter workers (e.g., Arluke 1994: 2004; Carbone 2004; Robins, Sanders, and Cahill 1991). Literature on professional work regarding death and dying typically focuses on doctors, nurses, hospice workers, pathologists, police, coroners, funeral directors, and even obituary writers (e.g. Anspach 1993; Cahill 1999; Charmaz 1980; Glaser and Strauss 1965; Hafferty 1991; Henry 2004; Kearl 1989; Seale 1990; Seymour 2001; Smith and Kleinman 1989; Timmermans 2002), but the role of veterinarians in the death of their patients has received little empirical study. Over the last several decades, many biographical accounts or personal memoirs of a “day in the life of a veterinarian” have been written by or about
practitioners (e.g., Brown 2006; Cameron 1990; Foster 1985; Gage 1994; Haddock 1985; Herriot 1972; Lose 1979; Sharp 2005; Witiak 2004; Younker and Fried 1976). Although these accounts provide interesting anecdotes about veterinary practice, their authors do not systematically collect data or provide scholarly analysis. While interest in the scientific study of veterinarians has increased among social scientists in recent years (Arluke 2004; Atwood-Harvey 2004; Bryant and Snizek 1976; Gauthier 2001; Herzog 1989; Roberts 2004; Roth 1994; and Sanders 1994/5; Stanford and Keto 1991), veterinary medicine remains seriously understudied.

The Changing World of Veterinary Medicine

Changes in the Gender of Practitioners. This dissertation research captures the educational dynamics of a profession undergoing rapid change. A generation ago, veterinarians were overwhelmingly males who focused on the treatment of economically valuable farm animals. Today, the great majority of veterinary students are females who will treat companion animals. Until recently, this was a male dominated profession in which women were thought not to have the necessary strength or stamina to practice (Drum and Whiteley 1991; Lawrence 1997). In the 1960s women were just 5 percent of veterinary students and it wasn’t until the 1970s and 1980s that they began entering veterinary medicine in significant numbers (Phillips-Miller 2001; Zeglen 1980). Since 1983, however, female applicants to U.S. veterinary schools have outnumbered male applicants (Slater and Slater 2000; Smith 2002; Whiteley and Drum 1991). Veterinary medicine has certainly undergone a radical shift in the gender of its practitioners. Today, women make up 79 percent of America’s 28 veterinary schools and the number of
practicing female veterinarians nationwide has recently surpassed the number of practicing males. The proportion of female graduates of veterinary medical colleges is so large it exceeds that of most other health professions (with the exception of pharmacy and nursing) as well as other professional groups such as engineers and lawyers where men continue to outnumber women in both degree programs and as practicing professionals (Slater and Slater 2000; NCVEI 2000). In spite of these changes, however, it is worthy to note, the representation of female veterinarians among policy-making officials and academic staff is still quite low.

Despite gains in the number of women entering veterinary medicine, women receive fewer employment offers, smaller salaries, and less attractive benefits and bonuses (Slater and Slater 2000; Smith 2002). According to the 2008 AVMA report on Veterinary Compensation, male veterinarians continue to earn less than their male counterparts with females earning 66% of what males earn controlling for hours worked, years of experience, and type of practice. However, the gender wage gap found among veterinarians is lower than gender gaps found among dentists and physicians (Bird 1996). Moreover, as recently as the 1970s, veterinary income was close to that of other medical professionals including physicians, however, veterinarians’ salaries have not kept up with the salaries of medical professionals. In fact, today physicians’ average annual incomes are nearly double the average full time veterinary salaries, according to the 2008 AVMA Report on Veterinary Compensation. Both professions require demanding preliminary courses, four years of doctoral studies, and increasingly veterinary graduates work as interns and residents, just as physicians do. In 2002, graduating veterinary students faced a mean educational debt of $82,719, yet their median starting salaries for 2008 is only
$51,000. Of course, veterinarians aren’t the only medical professionals hit with high tuition costs and student loan debt, but veterinarians are using a larger percentage of their starting salaries to pay off their debt than any other medical professionals (Slater and Slater 2000). Vets spend over 10% of their monthly wages to pay off debt while physicians spend only 5% (AVMA 2003). Engineering, medicine, law, computer science and a host of other careers that require equal or less time and money to learn also offer greater financial security. Thus, some practitioners believe that it is low or relatively stagnant incomes that discourage men interested in science and medicine to choose veterinary work over the work of physicians.

Because there is little research explaining this relatively recent trend in veterinary medicine, the reasons for the relative decline in male applicants and the dramatic increases in female applicants to veterinary schools are purely speculative. Explanations for the feminization of the veterinary profession include: (1) elimination of discrimination at admission based on gender by legislation such as the Civil Rights act of 1964 and the Women’s Educational Act of 1974; (2) improvement in physical and chemical restraint such as anesthetics, sedatives, and tranquilizers for large animals making strength of practitioners less important; (3) an increase in the number of female role models as well as the caring image of veterinarians portrayed in books and on television, namely James Harriot’s 1972 book All Things Great and Small; and (4) veterinary medicine is considered more flexible and less time-intensive than some other professional fields, making it attractive to women who expect to be primary care providers to children. The decreased interest of men in veterinary medicine has been attributed to: (1) the reluctance of men to enter careers with low or stagnant incomes; (2)
loss of autonomy in the profession (associated with the proliferation of corporate practices in the United States and a general decrease in the number of practice owners relative to employed veterinarians); and (3) a “trend effect” meaning as more women enter the veterinary profession, it decreases the profession’s prestige and having so many women in the field could discourage talented men from entering a “woman’s profession.” Another theory is that women have been drawn to the field and men have left it as it has transformed from one focused on large farm animals, valued for their practical use, to one that predominantly cares for pets as well as the feelings and attachments of pet owners (Drum and Whitely 1991; Slater and Slater 2000; Smith 2002).

Changes in Practice Modes: Treating Pets. Aside from a radial shift in the gender of its practitioners, another important change in the practice of veterinary medicine has been the increased number of veterinarians going exclusively into small animal practice (care for pet animals) as opposed to farm animal practices. This trend is illustrated by the fact that 65 to 70 percent of U.S. veterinarians' earnings in 2008 came from treating pets (AVMA 2008). Until the middle of the twentieth century, farm animals were the major recipients of veterinary medical treatment, yet, today small pet animals are the majority of veterinary patients (Bryant and Snizek 1985; Jones 2003). In the last century, veterinary medicine has certainly undergone a radical shift in practice modes, however, at the turn of the twentieth century, veterinarians were ironically reluctant to adopt the care of pet animals:

The increasing sentimentality towards animals, particularly amongst the urban middle classes, seems to have been quite alien to most veterinary practitioners who only saw profit, both in monetary and societal terms, in treating creatures of clear economic value...The veterinary profession has after all striven hard throughout the nineteenth century to be taken seriously as a scientifically enlightened and socially useful
profession...[thus they were reluctant] to lower themselves by tending to, what they essentially regarded as, ‘useless’ animals. (Swabe 1999; 178)

Throughout the twentieth century, the increasing popularity of pet-keeping opened up new avenues and markets for the veterinary profession (Pritchard 1993) and today’s veterinarians are capitalizing on the prevalence of pet keeping. Every five years, the American Veterinary Medical Association (AVMA) surveys a large sample of households in the U.S. to determine prevalence of pet ownership, demographics of pet owners, and expenditures for veterinary services. According to the AVMA’s 2006 survey, 59.5% of all American households have at least one pet and the average veterinary expenditure per household for all pets was 336 dollars in 2006. In total, U.S. households have more than 72 million dogs and nearly 82 million cats and spend about 24.5 billion on veterinary care. Although cats overtook dogs in popularity more than 25 years ago, veterinary visits and spending are highest for dogs in dog-only households. All pet owners, however, are demanding more high-tech care for diseases such as diabetes, heart disease, and cancer. Increasingly animals receive advanced medical, dental, and surgical care including insulin injections, root canals, hip replacements, chemotherapy, cataract extractions, and pacemakers.

The place of pets in American families is changing and pet owners report increasingly strong bonds between themselves and their companion animals. Scholars interested in the role of the pet in the modern American family report that many people view animals as unique, emotional, reciprocating, and thoughtful “friends” or “family members” and that they would be willing to devote a significant amount of resources to the care and wellbeing of their companion (Albert and Bulcroft 1988; Cain 1983). However, it remains unclear exactly how further changes in the social or legal status of
companion animals might influence the veterinary profession. Some evidence suggests the status of the animal within the family has a close association with mean number of veterinary visits and total spending on veterinary care. In the AVMA survey, nearly half of pet owners considered their pets to be family members and these households averaged the highest veterinary visits in 2006 with a total of over three visits. Households that consider their dogs and cats to be “pets” or “companions” averaged 2.2 annual visits, while those that consider pets to be property averaged only one visit per year. Thus, the intensity of the human-animal bond may play a central role in a pet owner’s decision to seek veterinary care.

Legally, animals are defined as property, thus it is difficult to prosecute acts of malfeasance towards them. Potential punitive damages awarded to owners are limited to the animal’s market value (Lofflin 2004). Although many veterinarians argue “market value” does not properly estimate the worth of companion animals, some worry that increased “rights” for animals might mean higher insurance rates and “frivolous” lawsuits. Other veterinarians speculate that increased legal status for the animal, may lead to increased status and reward for the veterinarian. They surmise that animal welfare legislation such as mandatory spay and neuter laws could also translate into additional business for the veterinarian. Thus, veterinarians may disagree on exactly how increased “rights” for animals might influence the profession.

The entry of women into veterinary medicine coupled with changes in the predominate type of practice mode have certainly generated new interests and challenges for the profession, however, without additional research, it is difficult to estimate exactly why these changes have occurred or how they might influence the future of the profession.
profession. Some veterinarians, for example, insist that the profession is concerning itself more with animal welfare and “human-animal bond” issues as a direct result of the gender changes in the profession. Others argue that the characteristics and attitudes of men entering veterinary school in the last several decades have changed as well, suggesting that gender may not be as important a factor explaining the increased interest in animal welfare and “bond-centered” practices. However, limited research on differences between the attitudes of male and female veterinarians is inconsistent and often doesn’t yield statistically significant results. Moreover, without additional research, it is not possible to establish causality. For instance, certainly today's veterinary students often disagree with many of the profession's stances on animal welfare topics such as ear cropping and tail docking (seen as unnecessary, cosmetic procedures that cause pain) but this evidence alone does not demonstrate how gender might have influenced this change. Along the same lines, as the number of females in the veterinary profession has increased, the salaries of veterinarians have stagnated or decreased relative to other professions, but this evidence alone does not mean that the increase in the number of women has caused this change. In order to answer these interesting questions, a great deal of research is needed, however, speculations abound regarding the influence of gender on the future of the veterinary profession. For example, because women are the majority of students in veterinary schools and they demonstrate less interest in choosing farm practices, some vets fear an evolving shortage of veterinarians to care for cattle, hogs and poultry.
Euthanasia Highlights New Morals, New Expectations, and New Identities

*The Practice of Euthanasia Highlights New Morals.* Amidst these changes, veterinarians are rethinking the nature of professional ethics, the business of professional service, and their identities as veterinary professionals. No aspect of veterinary medicine better reveals or captures the nuances of the changes in morals, services, client expectations, and what it means to be a “good” veterinarian than the practice of euthanasia in veterinary medicine. The principles of veterinary ethics make only one statement regarding euthanasia, stating that “humane euthanasia of animals is an ethical veterinary procedure,” however it fails to specify under which conditions it is considered ethical (AVMA 2008). Some vets argue that the American Veterinary Medical Association’s conceptualization of ethical principles is too vague when it comes to euthanasia and does not encapsulate the many dilemmas small animal practitioners face, including the euthanasia of animals at their owners’ request regardless of rationale or medical necessity. Many of the ethical dilemmas faced by veterinarians regarding euthanasia relate to the task of balancing the interests of animals with those of humans. Conflicts between these interests are not easily solved as a substantial portion of society disagrees about how to define animals’ interests and how to weigh those interests against the interests of humans. In cases where the interests of animals and humans conflict, the AVMA prioritizes human interests: “The AVMA does not endorse the philosophical views and personal values of animal rights advocates when they are incompatible with the responsible use of animals for human purposes, such as food, fiber, companionship, recreation and research conducted for the benefit of both humans and animals” (Tannenbaum 1995). There is often a great deal of debate among veterinarians around
the definition of terms such as “responsible use” and many are calling for the leading veterinary organization to rethink the nature of professional ethics, becoming stronger advocates for animals.

The fact that euthanasia has no explicit requirement mandating that it be in the recipient’s best interest or serve primarily to alleviate suffering is quite problematic for some veterinarians. Forgoing the pay and prestige of medical school, both male and female veterinary students report to enter the profession because they “love” animals and wish to dedicate their careers to maintaining their health and comfort (Lawrence 1997). In surveys, when asked about the most important reason they entered the profession, students most often mention the “desire to work with and care for animals” (NCVEI 2000). For some of these veterinary students, their first experience with euthanasia takes place in veterinary school in a class known as “terminal surgery” in which shelter animals are used to practice surgery techniques after which the animal is euthanized. Arluke (2004) suggests the practice of using live dogs in veterinary training highlights the ambiguous social status of veterinary patients and causes conflict for many students of veterinary medicine:

On the one hand, [veterinary] schools may be seen as profiting from and promoting the human-animal bond in general, encouraging students to be empathic and sensitive to clients’ animals and to value individual animals. On the other hand, students are then expected to jump easily from categorizing animals as beloved, client companion animals to a different category where they are not concerned about, or empathic toward, animals just because they are in the status of lab animal or teaching tool. Practices such as doing ’heroics’ on clients’ dogs when they are terminal may seem particularly contradictory, if not unsavory, to students and make it very difficult to draw the line between clients’ animals and teaching tools. (200).
For many of these veterinarians, treating pets as disposable commodities contradicts their values and challenges their identity as veterinarians who work in the interests of animals. Increasingly, young veterinarians have voiced disagreement with this controversial educational technique and, in some cases, have won policy changes. In response to student protest, several veterinary schools have made this traditional surgery class optional to “conscientious objectors,” and a few schools have even banned the practice, instead, providing alternatives often used in medical training such as the use of computer models and simulations (Dodge 1989; Hart and Wood 2004; McGreevy and Dixon 2005; Pritchard 1993; Scalese and Issenberg 2005; Schwartz 1990). Still, some veterinary educators argue strongly in support of the practice, maintaining, as long as the animals would otherwise be killed in a shelter, the practice is ethical because students learn valuable skills that will later be used to help save many animal’s lives. Regardless of the outcome, these controversies are manifestations of the growing conflict between traditional ethics and newly emerging attitudes and values.

The kinds of situations that provoke ethical or moral stress in veterinarians will be different for each individual depending on their personal values and attitudes. However, despite their unique attitudes, in the course of their training and later in their careers, veterinarians are likely to encounter situations they find ethically challenging. Few issues in veterinary medicine present more sources of ethical uncertainty or moral stress for novice veterinarians than the practice of euthanasia. Veterinarians are frequently called upon to euthanize or “put to sleep” animals for a variety of reasons, but the precise circumstances and justification for the euthanasia procedure can influence the level of stress experienced by the veterinarian. Even when an animal is suffering considerably
and euthanasia seems clearly in its best interest, killing the animal can place tremendous
burden and stress on its owner as well as on the veterinarian. The veterinarian’s
experience can be complicated substantially when they disagree with a client’s decision
or reasons for choosing euthanasia.

Given the wide range of attitudes toward animals in our society, it sometimes will
be difficult to reach agreement about whether a client’s decision to euthanize their animal
is a “reasonable” one. Decisions about euthanasia often have to be made in light of an
owner's ability to pay for a lengthy course of life extending treatment. When an
alternative to euthanasia will cost clients more than they are willing or able to pay,
veterinarians must decide for themselves if they are comfortable performing the
euthanasia. One particularly controversial practice is the so-called “convenience
euthanasia” named as such because an owner’s rationale for requesting euthanasia is
thought to be merely for “convenience” rather than for medical or behavioral reasons.
The typical example of a convenience euthanasia is that of a healthy animal presented for
euthanasia because the owners were moving and their new residence did not allow pets.
The term alone is controversial as some consider it a slur against veterinarians who
euthanize healthy animals and others believe that it might make veterinarians who
refused to do so appear excessively sanctimonious or self-righteous. In response to the
controversy, many veterinary practices have implemented policies regarding what should
be done when an owner seeks euthanasia for reasons of convenience or when the
veterinarian does not agree with the rationale for the killing. Some veterinarians fear that
the owner will simply go to another veterinarian or, worse yet, attempt to euthanize the
animal at home or abandon the animal. As such, they believe that going along with the
owner’s wishes to be better for the animal rather than risking the potential alternatives, which are viewed as far less humane. Those veterinarians who refuse to go along with the owner’s wishes want to be careful not to insult the owners or imply that they are inhumane, unethical, insensitive, or cruel, however, despite their best intentions, communication between veterinarians and clients can become seriously strained.

The ethical struggles and dilemmas that veterinarians experience over euthanasia in their daily practice demonstrate a re-thinking of professional ethics and morality. While veterinarians have increasingly become advocates for animals that they see as having a moral status rivaling that of humans, the general public often does not share this same moral perspective. In fact, vets encounter owners with widely disparate views on the moral status of animals ranging from animals having significantly less moral value to equal (or even greater) moral status to that of humans. These potential contradictions present themselves on a daily basis to veterinarians. Nowhere is this collision of varying moral perspective more evident than when it comes to life and death decisions. Veterinarians must negotiate this nexus of multiple moral standpoints while balancing their own moral views about animals. The traditional role of the veterinarian is to provide a list of options for the pet owner that range in cost, quality, and sophistication and the leave the decision entirely up to the owner, but the role of the modern companion-animal veterinarian is changing. Increasingly veterinarians feel obligated to be advocates for the best interests of animals just as pediatricians are expected to be advocates for the best interest of children. Veterinarians are beginning to question their allegiances, wondering to whom do we owe more- the client or the patient?
The Practice of Euthanasia Highlights New Expectations. Aside from reconsidering the nature of professional ethics, euthanasia demonstrates the ways in which small animal veterinarians are also reassessing the business of professional service in response to changes in client demand regarding the death of their animals. Coinciding with changes in the status of pet animals is the new expectation that clients be allowed to be with their animals during their deaths. Moreover, surveys also suggest the majority of clients and veterinarians alike believe that clients should have a private place to stay with their animal’s body after the euthanasia (Martin et al 2004). In fact, veterinarians are providing such spaces and are orchestrating rituals for pet owners in which they are present at the death of their pets.

The practice of owners being present to witness the euthanasia of their animals (known at the hospitals in this study as a “witness euthanasia”) is something relatively new to veterinary medicine. It was not until well into the twentieth century, that veterinarians themselves were involved in the death of their patients. Prior to the turn of the century, pet owners diagnosed and nursed their own sick animals at home, falling back on techniques they used for themselves when treating their pets (Grier 2006). Typically pet animals were left to die on their own or were killed by their owners.

Calling in a veterinarian to euthanize the animal was rarely considered. For example, one of the most memorable scenes in cinema depicts a popular method of euthanizing farm pets as a young man is forced to shoot his potentially rabid dog, *Old Yeller*. Over time, anticruelty organizations began to encourage people to euthanize animals for the purpose of alleviating suffering as well as for population control. In fact, in 1904, the American Humane Education Association began including instructions with diagrams for shooting
horses and dogs inside the front cover of its famous paperback edition of *Black Beauty* (Grier 2006). Anticruelty propaganda suggested to children and adults that the euthanasia of sick, old, or unwanted animals was a duty of good, humane citizens. However, the euthanasia of such animals presented people with awkward and uncomfortable choices. Some pet owners, especially those in large cities, did not own a gun and, for many, the thought of drowning animals was distasteful. These pet owners began to overdose their animals with the anesthetic chloroform, an expensive but more aesthetic method of killing (Grier 2006). Owners, unsure of which methods were both practical and would minimize suffering, eventually began to turn to veterinarians for assistance.

As veterinarians gradually became more and more involved in the death of companion animals, they typically did so in the backroom of their clinics, away from the owners. Even as late as 1981, articles in veterinary journals discouraged veterinarians from allowing owners to witness the euthanasia of their pets (Bustad et al 1981). They argued that seeing the death of their animals might be disturbing to owners and time-consuming for the veterinarian (Bustad et al 1981). Time and time again, veterinarians explained to me that euthanasia is different for today’s vets. In the old way of doing things, the client was not involved in the process at all. A veterinary instructor describes the recent changes with regard to witness euthanasia in veterinary medicine as, in part, due to a shift in the expectations of pet owners:

> Today people have varying relationships with their pets, but very often they will see their pets as members of their family. They may relate to euthanizing their pets as killing their child. Today’s veterinarian provides information and choices regarding euthanasiam, letting the owners decide when, why and where. This is kind of a new paradigm with regard to euthanasia. The old way of doing things was when a person wanted to euthanize their dog, you would take it in the back and it gets euthanized. They would not even mention having children there or doing it at home. The client was really not involved in the process at all. We are really getting away from that, but there are still
veterinarians that do that. There are still some veterinarians where it is a business thing. You go up front and pay the money and the dog goes in the back and gets euthanized. It is not warm at all. Most people now, however, want to be more intimately involved with the euthanasia. They want it to be a nice experience.

Today’s pet owners expect to be given that option to witness or be present at the euthanasia of their pet. In fact, a survey of clients whose cat or dog was recently euthanized found that 77% percent of respondents strongly agree with the statement “it is important that clients have the option to be present when euthanasia is performed” (Martin et al 2004) while another found 70% of respondents believe a veterinarian should provide the option to be present during euthanasia (Adams et al 2000). Yet, as the quote above suggests, despite demand for the option to be with a pet during euthanasia, several veterinarians reported to know a few old-line veterinarians who still refuse to offer it as an option to their clients.

In light of the increased expectation of involvement of clients in the euthanasia of animals, many small animal veterinarians are rethinking the business of professional veterinary service to include both maintaining the health and wellbeing of animals and attending to their death. Even though some vets continue to maintain that this role is outside their responsibility as veterinarians, most respect owners’ expectations and consider a well-performed euthanasia one of the most difficult tasks they do. These veterinarians also argue that helping owners through the death of their animals is the biggest practice builders in terms of satisfying clients who are more likely to return with future pets. One veterinarian shares her feelings: “Most of what we do in euthanasia with owners is not technically a part of our job as veterinarians. I know this stuff is above and beyond, but I feel like that is my job. It’s like that is our part as part funeral director. It's not like we're just doctors. We're part grief counselor, part funeral director so, of course
we have that feeling that is our responsibility to make euthanasia go well.” Similarly, other vets today often compare their role in euthanasia to that of a funeral director performing “funerals” for pet animals. This isn’t particularly surprising as companion animals are increasingly included in the rituals of everyday family life such as having professional portraits made, celebrating holidays, writing a letter in a pet’s voice, dressing them in a Halloween costume, as well as commemorating their birth date and mourning their death.

American rituals around the death of certain animals are beginning to mirror those previously reserved for family members. Though rare, pet funerals appear in historical records as early as 1800 (Grier 2006). More and more, “pet cemeteries” exclusively entomb the remains of companion animals. Throughout my time as a researcher, I was invited to attend several memorial services including one complete with a prayer service and a casket with pallbearers. Anecdotal evidence also confirms these findings. The deaths of favored animals in zoos have been reported in local as well as national press in a manner similar to human obituaries including the name given to the animal, the cause of death, notable characteristics of the animal, and special events during the animal's life. Personalized acts of remembrance such as pet coffins, keeping locks of fur or ashes of pets in memorial urns, and memorial gardens have increased in recent years to the extent that several companies now exist for the sole purpose of providing items intended to memorialize pet animals. Pet owners in certain areas of the country are even able to contact animal chaplains who specialize in pet memorial and funeral services. Although these acts of remembrance have becomes more common, rituals for pet death have not
yet been conventionalized in society. Thus, families may need help developing rituals that have meaning and utility for them.

For many pet owners, being present at the euthanasia of their pet may function as a type of ritual in which veterinarians are placed in the role of funeral director. Throughout my research, I became captivated by euthanasia encounters that resemble human funerals in which veterinarians invite clients to bring friends and family members to be present during the euthanasia and to spend some time “saying goodbye” to the animal both before and after the euthanasia. Veterinarians actually take on the role of a mortician when they discuss with pet owners the pros and cons of burial versus cremation and even help them choose an urn or casket for their animal’s remains. Many clients made special requests to hold their companion animals during the euthanasia and spend time with their bodies after they die (and not just for the death of dogs and cats-- but of birds, mice, rabbits, ferrets, hamsters, and even an iguana). Clients who are not involved in the euthanasia process or whose animals died during treatment are invited to post-death viewings of their animal’s bodies in private rooms and are told to take as long as they need. Veterinarians take care of the animal’s remains after they die by either contracting with crematoriums or, far less common, by having a cremation facility on site. For clients who wished to bury their animal’s remains, veterinarians carefully arranged animals in boxes, often covering their bodies in a disposable blanket and one hospital even provided “coffin” shaped specialty boxes for the transportation of remains.

Inviting witnesses to the death process certainly poses new challenges for the veterinarian as they must now stage and ritualize the death of animals. Because the owners are present, the veterinarians must now be concerned with managing clients’
overall impressions of a “good” death for their animals. The goal of a “good” euthanasia for the veterinarian involves a gentle slipping into death, which looks like an animal is quietly and painlessly falling asleep. The first part of creating a “good” death for owners involves changing the sterile medical environment into a personalized and intimate one. Many veterinary clinics have converted exam rooms or created special spaces designed specifically for euthanasia that resemble rooms one might see in funeral homes with couches, wall decorations, and even fresh flowers. Aside from creating new spaces in the hospital specifically to deal with clients attending the death of animals, veterinarians manage the owner’s impressions of a “good” death by tightly controlling the technical aspects of euthanasia. In order to make certain that their performance is as perfect as possible, they employ the use of backstage preparation, props, tailored spaces, and specific rhetoric. Veterinarians typically manage the euthanasia process well through pre-medication of patients and pre-placement of catheters to facilitate noncomplicated euthanasia experiences. For those animals whose health condition the vet fears will not accommodate a peaceful looking death, they ask the owners not to be present with their animals but encourage them instead to have a post-euthanasia viewing in a private room. Despite the best efforts of veterinarians, sometimes the ideal appearance of death is not possible and the veterinarian must work to counter the owner’s potential negative impression because, no matter how standardized or ritualized euthanasia becomes, each drama must still be brought off on its own with all the opportunities for error.

*The Practice of Euthanasia Highlights New Professional Identities.* Because today’s pet owners want to be involved in the death of their companions, small animal veterinarians must also deal with emotionally distraught owners. Certainly veterinarians
come across a spectrum of emotional attachment to nonhuman animals. While this was certainly not true of all pet owners, many were visibly emotionally distraught over the death of their animal. Given the emotional significance of modern pets, research also suggests the death of a pet has increasingly become a significant stressor in the lives of pet owners (Adams, Bonnett, and Meek 2000, Carmack 1985; Fogle and Abrahamson 1990; Gosse and Barnes 1994, Planchon and Templer 1996; Stern 1996). One, dedicated to the impact of pet loss on humans whose pet had died during the three years prior to the study, found that half of the wives and more than a quarter of the husbands reported they were “quite” or “extremely” disturbed by the death of a family pet (Gage and Holcomb 2001). For husbands, pet loss was rated about as stressful as the loss of a close friendship, for wives about as stressful as losing touch with their married children. Thus, given the intensified bonds between pet owners and their companion animals and grief over the death of companion animals and the fact that clients are present during the death of their animals, veterinarians must now deal with emotionally distraught clients. In fact, the very private, emotional moments that often unfold between clients, animals, and veterinarians during euthanasia tell an important story about veterinary-client relationships and provide a rich context for an examination of how emotionality is dealt with in professional-client interactions.

For the veterinarian, helping clients manage or change their emotional state and being good at dealing with owners’ emotions has little to do with his or her competence as a professional, yet many veterinarians consider it an important part of their job. Veterinarians recommend books and resources to owners when their pet dies and many send cards to clients after euthanasia procedures. Several veterinary hospitals offer a
referral to local grief counselors specializing in pet loss and a few even employ a full-
time grief counselor to assist grieving pet owners. These acts show a growing
commitment by the veterinary profession to recognize the intense feelings of grief, pain,
and sorrow resulting from the death of a pet. While some vets consider this role to be
outside their domain of knowledge, experience, and responsibility as veterinarians,
novice veterinarians quickly recognize that veterinary medicine often involves offering
comfort and counsel to clients whose animals they euthanize. Euthanasia demonstrates a
re-thinking of professional identity for many veterinarians such that having empathy and,
more importantly, the ability to convey empathy to clients during the stressful time of pet
loss is considered not just an important skill, but a key part of many veterinarians’
definition of what it means to be a “good” veterinarian. For some vets the comfort they
offer owners feels natural because part of what attracted them to the profession in the first
place is that they are extremely empathetic to animals and bonds to animal. Many vets
believe that veterinarians who are more caring and sensitive to the anxieties and
emotional needs of clients are better veterinarians.

This “counseling” aspect of veterinary medicine has, until very recently, been
neglected in the training process, yet surveys of recent veterinary college graduates reveal
students are anxious about euthanasia and do not feel competent or comfortable
delivering bad news or dealing with emotional clients (Tinga et al 2001). Those who
support the incorporation of grief management into the veterinary curriculum argue that,
because dealing with grieving clients is unavoidable, it should be done skillfully and
compassionately. This is so that the clients will remember this thoughtfulness when it
comes time to seek veterinary care for another animal in the future (Mills 1997). In fact,
a common sentiment among vets suggests that the two most important interactions with clients are the first visit, where the client forms a first impression, and the last visit, meaning euthanasia. Moreover, clients are beginning to expect emotional support. In a survey of client and veterinary satisfaction regarding the euthanasia experience, both veterinarians and clients believe that veterinarians should be trained to attend to the emotional needs of the client (Martin 2004). In fact, some veterinary educators are calling for courses devoted solely to grief management as well as to the study of the Human-Animal Bond (HAB) to become a standard part of the veterinary curriculum. For these veterinarians, the ideal social role of the vet is to maximize the potentials of this mutually beneficial relationship between people and other animals. Although veterinary educators are becoming increasingly sensitive to the need for formal training focused around human-animal bond issues as well as ethical decision-making, only a few schools have included such training into the formal curriculum.

**Asserting a Claim to Full Professional Status**

Within the world of work and occupations, the “professions,” given their monopoly and control over highly specialized knowledge, represent a greater concentration of power and influence than any other occupational structure. Over the last several decades, while boundaries between professional groups have been constantly renegotiated and new groups of workers have made claims to professional status, sociologists have argued over exactly what makes a profession a profession and which work groups should be classified as such (e.g. Abbott 1988; 1981; Collins 1990; Dingwall and Lewis 1983; Greenwood 1972; Macdonald 1995; Parsons 1954).
According to some sociologists, occupations become professions when they have successfully struggled for the right to control their own work and have been granted legitimate, organized autonomy usually by a state authority (Freidson 1970). In order to claim full professional status, Hughes (1994) argues a profession must have the official backing of the state and community (a license) as well as the community’s willingness to allow practitioners to do their work unsupervised (a mandate). Generally speaking, sociologists recognize professions as high-status, knowledge-based occupations characterized by (1) abstract, specialized knowledge, (2) autonomy, (3) authority over clients and subordinate occupational groups, and (4) a certain degree of altruism (Hodson and Sullivan 2002). Veterinary Medicine occupies a marginal status relative to other professions in that it displays traits and qualities of both professions and semi-proessions. Etzioni (1969) uses the term “professional marginality” to refer to internal inconsistencies within an occupation where, for example, an occupation may be highly “professional” on some characteristics but quite “nonprofessional” on others. For example, veterinarians arguably have similar training and as large a body of expert knowledge as medical professionals, yet they earn significantly less in terms of income and tend to score relatively low among professionals when ranking occupational prestige (Gauthier 2001; Roth 1994). Carbone (2004) suggests, “To many people, veterinary medicine is much closer to agriculture and to dog shows than to human medicine. It is animal medicine, not animal medicine” (117). In fact, Carbone argues any connection a veterinary specialty has to human medicine such as laboratory animal work, elevates its status among veterinary specialties. Thus, simply working with animals may place veterinary work closer to what Hughes labels “dirty” work.
The ambiguity of a veterinarian’s social role is further complicated by a limited or unclear social mandate or “license” attached to their work. When it comes to protecting human health and preserving animals used for food supplies, veterinarians certainly have clear social mandates, however, due to the social status of their patients, veterinarians (especially those focused solely on the care of small animals) may never be granted full autonomy or clear social mandates for their work. Since the domestication of livestock, sick animals have threatened food supplies and zoonotic diseases (infections that can be transmitted between animals and humans) have threatened human health. By the late eighteenth century, veterinary schools were established for the systematic care and management of animal diseases. Meat inspection became an additional niche in the market for veterinary services and, by the twentieth century, the veterinary profession was largely given governmental mandates to prevent animal disease and preserve public health in food producing animals (Swabe 1999). Today the demand for large numbers of veterinarians in protecting human health is lessened as the danger of humans actually contracting diseases from animals is relatively small thanks to the developments in bacteriology, pathology, parasitology, immunology, and microbiology (Swabe 1999). Thus, while veterinary medicine has successfully struggled to separate itself from the medical profession with its own licensure and regulatory body, the social mandate to protect human health has lessened. Large animal veterinary medicine continues to be important in maintaining animal health, controlling the spread of infectious disease, and ensuring the adherence to regulations regarding disease prevention, however, small animal practitioners make up the largest group within the veterinary profession.
Ultimately veterinarians’ professional status and social mandate for their work is vulnerable to the changing social status of the animals they treat. Early in the history of veterinary medicine, society had little need to license or mandate the care of small animals as “these small domesticates and their attendant diseases have posed little threat to the human economy or public health; this is, of course, with the exception of one highly notorious zoonotic disease: rabies” (Swabe 1999; 168). Moreover, before the twentieth century and the rise of pet keeping, few clients sought services to preserve the health cure the diseases of small animals who, unlike horses and livestock, had little inherent economic or nutritional value. Today, although veterinary clients are willing to spend far more economic resources on companion animals, social mandates remain limited. Certainly small-animal veterinarians are subject to laws regarding licensure standards, proper facility conditions, and malpractice or negligence, consequences for treatment errors resulting in death are significantly less severe compared to physicians in similar situations. In addition, although ethical and legal standards exist regarding the proper treatment of animals, enforcement is shown to be more lax given the legal status of animals as property (Arluke 1994; Gauthier 2001). Etzioni (1969) argues veterinarians are not likely to ever achieve full autonomy due to the uncertain, and relatively low societal status of animals:

The claim to autonomy or trust loses its point unless the client or society can in fact be harmed because of unethical or incompetent work by the practitioner; and because of the substance of the problem certain professionals cannot do their work unless they are able to do harm. How high do the stakes have to be for the society to judge that controls, whether imposed by the society or the profession itself, are necessary? Veterinary medicine is a doubtful but interesting case. At present, the level of training and knowledge required for veterinary medicine may be as high as that for several other professional occupations, but very likely the society will continue to decide that the stakes are not high enough in this
case to grant professional recognition and autonomy in return for professional control over unethical or poor performance. (296)

Unlike principles of human medicine that assume all patients are in some sense equal in value, there is considerable disagreement about the value of a veterinarian’s patients (Tannenbaum 1995). Thus, as Etzioni might argue today, it is unlikely the veterinary profession will be considered dangerous enough in its potential incompetence to be given full professional recognition, autonomy, or clear social mandates.

Moreover, veterinarians do not have the extensive authority over clients that other professional groups, such as physicians, enjoy. Roth (1994) suggests veterinarians lack the same kind of freedoms medical doctors enjoy as “veterinarians do what their clients want even though they may consider it absurd, unnecessary, or even immoral because the veterinarian answers directly to the client (owner) rather than the patient (animal).” The vast majority of work environments for physicians and medical practitioners in the United States are “colleague-dependent” rather than “client-dependent” meaning the practitioner is required to honor the prejudices of colleagues over those of client because they are dependant on colleagues for their clientele (Freidson 1970). Most veterinarians, on the other hand, are more likely to be subject to client controls. The client dependent practitioner is “quite isolated from his colleagues and relatively free of their control but at the same time he is very vulnerable to control by his clients. To keep them, he must give them what they want or someone else will” (Freidson 1970; 92). In order to be chosen again the client dependent practice “must be prepared to provide services that honor the client’s prejudices sufficiently to make him feel that what he thinks bothers him is being treated properly” (Freidson 1970; 107). The veterinarian may have to compromise their educated opinion as to what is medically best for the animal to what is desired by the
client or affordable. Thus, the veterinarian’s role can feel at times closer to an auto mechanic rather than medical practitioner in which the veterinarian must negotiate the type of services they can provide and perhaps even haggle over the cost of services, something physicians rarely do.

Veterinarians’ marginal status among professional groups may be exacerbated by the fact that they are limited in their ability to do altruistic or “pro-bono” labor. In the United States, both medical and veterinary professionals must generate income to provide for their patients, but in veterinary medicine ultimate responsibility of patient care rests on the owners’ ability and willingness to pay for treatment rather than insurance companies or state funded hospitals. Gauthier (2001) compares the veterinarian’s financial situation to human medicine: “Unless there are dramatic changes in the future, veterinary medicine will continue to be to human medicine what criminal defense lawyers are to civil lawyers: practitioners specializing in ‘bulk rate’ services. Criminal lawyers limit the scope of services they provide to their clients in order to maximize the number of clients they will be able to serve” (485). Furthermore, the cost of veterinary services are regulated by competitive pricing among veterinarians and the availability of euthanasia keeps the cost down for services as pet owners and farmers can choose euthanasia or slaughter rather than pay to treat. Veterinarians certainly offer free or discounted care to clients, shelters, and humane societies their ability to do altruistic labor is more limited than other professional groups. In fact, the cover story of the June 2004 issue of Veterinary Economics addressed the issue of professional commitment to public service in which one veterinarian explains: “When we say we can’t afford to keep giving away free or reduced services and products, we’re met with mistrust that sometimes
borders on loathing...We’re small business owners in a small profession. We’ll never be able to contribute financially at a level that some other professions or industries can...How can we get the point across to the animal welfare workers and organizations that we are private practitioners and business owners?” (35). Thus, although veterinarians will treat some patients for free and, in many cases, offer discounts on services, they often see themselves as less able to offer pro bono services in the same way as other wealthier professions.

Finally, veterinarians marginal status may in part be explained by it inability to separate itself completely from a business model resulting in a mix of conflicting professional and business elements. Due to the dependency on the clients’ income, veterinarians have both a “customer” to deal with as well as a patient in need of treatment. However, in order to become more fully “professionalized,” occupational groups need to clearly distinguish their work from a business model. In fact, Hughes (1994) suggests that oftentimes occupational groups endeavor to distinguish their work from a business model in an attempt to capitalize on the benefits associated with the image of a “professional” group: “The insurance salesmen tries to free themselves of the business label; they are not selling, they are giving people expert and objective diagnosis of their risks and advising them as to the best manner of protecting themselves” (41). Some professions remain marginal because they are unable to separate themselves enough from business practices. For example, Denzin and Mettlin (1972) assert a major problem preventing pharmacy from stepping across the line of marginality is the fact that drugs are seen as product to be sold, thus the pharmacist is forced to violate some of the
basic rules of being a professional namely advertising a product. Samuelson (1988)

notices similar issues in veterinary practice:

All veterinary practices, profit and non-profit alike, must consider the marketing concept and costs of providing services...The veterinarian who approaches practice with the ideal of being solely concerned with rendering a professional service may soon experience defeat of this high ideal. The attitude that any concern for monetary reward is not in true keeping with the professional spirit may be admirable, but it ignores the reality that financial success is a vital prerequisite to professional success.

(134)

In fact, the costs of procedures and, at times, the economic value of the patient are openly negotiated in veterinary medicine:

Those who deal with commercial animals have a clear-cut concept of market value which guides their decisions about which animals are worth keeping...Those who deal with recreational animals have no similar evaluative reference point...Since these attachments and values vary widely, each case becomes a matter of individual negotiation between the veterinarian who suggests levels of diagnosis and treatment (including possible euthanasia) and the pet owners who may also suggest levels of treatment (also including euthanasia), state limits (often in terms of money to be spent), and at the very least, respond to the suggestions of the veterinarian. (Roth 1994, 19-20)

Although distasteful at times, every participant in this research suggested is nearly impossible for them to discuss diagnostic and treatment plans for the patient without also discussing the costs with the client. Bargaining and open negotiation of expenses for treatment is simply a reality in their practice of medicine. Moreover, many veterinary practices supplement their income by selling various ancillary products from nutritional supplements to grooming services. Thus, veterinarians’ professional status may remain marginal due to the inability to separate conflicting business and professional facets of their work.
However, today’s veterinarians are asserting a claim to full professional status. Vets often compare their work to that of medical doctors with disappointment, declaring, “We do the same things as medical doctors but for a lot less money. We score higher on the MCATs and have to learn the same physiology, but on a whole host of species. We have the same amount of education they do and the same debt, but we work for a lot less and we get a lot less respect.” In fact, veterinarians consistently score much lower than their physician counterparts on occupational prestige scales. Moreover, veterinarians who believe their expertise is equal to that of physicians are frustrated that they can charge only one-tenth of their counterpart’s fees and often don’t receive the respect they believe their profession deserves. Thus, it can feel especially insulting for vets when clients accuse them of charging the same or more than physicians for their services, as this participant explains:

One of my absolute pet peeves is I have had people say to me-- and I want to blow a gasket when they say it-- but I have had people say to me that we charge more than human hospitals!...My brother had spinal surgery that is very common and he was in and out of the hospital in 24 hours but his surgery was over 200 thousand dollars! Routinely we will do the same ventral slots and the animals leave the clinic with less than four thousand. You can’t even do the math on that kind of thing...When people say that to me that we charge more than medical doctors I am just so angry that there is that perception and that they are so incredibly misled to think that! We charge so little for our services compared to people with the same amount of education. We are working just as hard. Doctors frankly spend less time with client communication and people are less willing to ask their doctors questions so doctors tend to spend less time in the room with their patients than we do with ours. So our job is harder. We get grilled more and don’t get as much respect and we don’t command as much intimidation so literally in some ways we work harder. I am on the phone every single day with my clients. You saw me I was taking call backs from this woman hours after I was off duty. What you think you can call back after you leave the hospital and talk to your doctor! No! When they are done with their shift they fucking leave when I am done with my shift I often have a half dozen call backs and each owner feels perfectly justified keeping me on the phone for half an hour. I went to as much school as the doctor and I get paid a tiny fraction. It is such a slap in the face to be accused of charging more than doctors, which implies charging a huge amount, which is obviously more than we need. It is so offensive I can’t even handle it.

Some participants argue that perhaps the reason they sometimes face public distrust is that the veterinary profession has not been very effective in conveying to the public an
appreciation of the monetary value of the service that is involved in treating animals.

Thus, a hospital administrator describes encouraging interns to see their work as valuable and the cost of service justifiable:

The financial reality is different in veterinary medicine compared to human stuff— not that I think dealing with managed care is any easier but I really can’t do anything without money. I just can’t do anything. You can’t treat for free, but the whole idea of negotiating for treatment costs or making it akin to a mechanic or something is bad for the profession. We try to explain to the interns that we are not just nagging them about their records and charges because we need to recoup our financial costs. We are nagging them about charging owners for what they do because their work is valuable and people should pay for the service we provide. It is really hard for the interns to learn this.

Moreover, small animal veterinarians argue that they contribute to human health and happiness by maintaining animal health. Today’s veterinarians also argue that a certain minimum quality of care for the family’s pet is a responsibility of every pet owner. It feels particularly distasteful to veterinarians when clients seemingly treat their pets as disposable because it contradicts their claim to professional status as closer to physicians treating valuable patients rather than mechanics fixing property, as this vet comments, “Sometimes people don’t even know that we are real doctors. We worked just as hard as doctors for just as long but people think, because our patients are animals, that we don’t deserve the same respect.” Several bumper stickers on vehicles in the staff parking lot comically summarize the veterinarian’s claim to full professional status with this undersized statement; “The other family doctor, Your veterinarian.”

**Overview of the Dissertation**

The guiding research questions explored in this dissertation come from a symbolic interactionist standpoint. As such, this research explores the shared perspective of veterinarians toward this aspect of their work as well as learning more about the ways in which veterinarians identify, make sense of, and manage problems related to
euthanasia in their work. The symbolic interactionist approach is also interested in exploring the ways in which novice professionals acquire attitudes, norms, values, and behaviors associated with their profession through the interaction with instructors, other interns, clients, as well as the rituals and duties of professional life. Thus, the changes in the perspective of the novice veterinarian towards euthanasia are documented throughout their first year in practice as they adjust their novice viewpoint to what they see as the reality of professional life. Finally, from a symbolic interactionist viewpoint, the important thing about any ritual or event is that it involves questions of definition.

Consider this unusual story of a veterinarian killing a chicken:

As an exclusively large animal farm vet, I am pretty much exempt from having to deal with a lot of emotions. As it turns out, I was wrong. I actually had to *euthanize* a family’s dying chicken—*if you can believe that!* I was working at a farm and the family asked me to euthanize one of their chickens and they wanted to be present. I could tell that the family had a special attachment to the chicken so I agreed to do it, but you have to understand most animals in my job are sent to slaughter. I have no practice at ‘euthanizing’ chickens so I drew up a lot of fatal plus to overdose this chicken. I had to make sure he would die and not wake an hour after I left. I just stuck the needle IP because how do you find a vein in a chicken? I sure as hell didn’t. After a minute he is pretty knocked out and may even be dead and I can’t really find a heartbeat but I am not sure he is actually dead so I tell the family to go find a box for the body-- I do a cervical dislocation to good and make sure he’s dead. Obviously I didn’t do this in front of them because they loved this chicken and it is not very visually appealing--it is certainly an effective method to kill a chicken. What really got me though is how attached this family was to this one chicken like it was their dog.

In this case, the ways in which the animal was defined determines the mode of interaction between and the veterinarian and the family. The fact that a chicken had taken on pet status changed the interaction between the vet, the family, and the animal such that the chicken was “euthanized” rather than “slaughtered.” The study of euthanasia rituals reflect changing values and relationships between humans and animals and demonstrate the ways in which shared or conflicting definitions of the situation shape veterinarian/client interactions.
Chapter Two: Learning to Euthanize. Aside from observing and interviewing experienced veterinarians, I follow a cohort of interns from their first day on the job throughout their internship year as they experience the “real-world” of veterinary medicine for the first time. Time and time again interns, residents, and more experienced veterinarians told me that veterinary school doesn’t teach students about two important subjects: money and death. Novice veterinarians felt the most ill-prepared with the social aspects of euthanasia: negotiating the decision to euthanize, discussing financial issues, managing the impression of a “good” death for owners, and dealing with subsequent client emotions. Because students are kept isolated from many interactions and discussions with grief-stricken owners when in school, it is not surprising that work dealing with clients remains relatively unknown and, thus, anxiety producing early in their first year of practice. One goal of the chapter is to document the fears, anxieties, and concerns they have regarding euthanasia at the start of their internship. Another goal is to describe the stock of knowledge and skills regarding euthanasia that interns bring to their postgraduate program as well as how they learned those skills in school. For example, participants recall what they learned about euthanasia in their classes, laboratories, and clinics as well as what they learned informally through “urban legends” or storytelling among students.

Through the eyes of the novice or “rookie” veterinarian, postgraduate studies are the years where young professionals directly experience the technical and ethical dimensions of decision-making in the “real-world” outside the classroom. Adjusting to some elements of the real world was difficult for many novice interns who felt unprepared and even shocked by some realities of the job. For example, veterinary
students go through several years of intensive training in how to save lives and treat
diseases utilizing the best technology available at their institutions, however many pet
owners are not able or willing to pay for the sophisticated diagnostics and expensive
treatment strategies they learned in school. Comparing their jobs to that of a used car
salesman, interns jokingly discuss how they learn to negotiate with owners over quality
of treatment in consideration to cost. For example, the “Cadillac” plan is usually the
most ideal for the patient but not realistic because of cost. Interns learn to create different
combinations of more affordable “models” to offer and negotiate with clients from the
practical “Volvo” model all the way down to the unreliable “Ford Pinto” treatment plan.
While veterinarians consider these negotiation skills important missing components in
their early education, they believe that inherent constraints prevent students from getting
this type of experience before graduation.

Chapter Three: Negotiating Death. Chapter three details the ways in which
veterinarians negotiate with owners considering euthanasia for their companion animals.
Veterinarians serve both the animal (or patient) and the pet owner (or client) who pays
the fee and has the legal right to determine much of the course of treatment. Thus, the
more traditional role of the veterinarian is to provide a list of options for the pet owner
that range in cost, quality and sophistication, leaving nearly every life and death decision
entirely up to the owner. However, the role of the modern companion-animal
veterinarian is changing. Increasingly veterinarians feel obligated to be advocates for the
best interest of animals, just as pediatricians are expected to be advocates for the best
interest of children. When decisions about euthanasia often have to be made in light of
an owner's ability to pay for life extending treatment, it can become difficult for a
veterinarian to reach agreement about whether a client’s decision is a “reasonable” one. When an alternative to euthanasia will cost clients more than they are willing or able to pay, veterinarians must decide for themselves if they are comfortable performing the euthanasia. A veterinarian may also be asked to perform euthanasia on a relatively healthy, well-behaved animal whose owner has grown tired of taking care of the animal. Ethical dilemmas can also occur for veterinarians who would prefer euthanasia to end an animal’s suffering while the owner refuses to “let go” of a dying pet.

A key part of the typical negotiation process for the veterinarian is helping owners evaluate an animal’s “quality of life.” Traditionally determining when an animal’s life has deteriorated enough to warrant euthanasia is based on observable signs of health and illness (e.g., eating, drinking, urinating and defecating, breathing difficulty) and objective medical procedures (e.g., blood tests, radiographs, ultrasound). Of course, all vets use this objective approach, however, a growing number also include subjective measures in an attempt to evaluate a pet’s happiness or general satisfaction with life (e.g., Would Walter be happy if he could no longer do his favorite things? Does he have the psychological makeup to withstand painful treatments?). This new subjective approach can be problematic as no objective or universally agreed upon standards exist for determining the subjective feelings of other animals. For example, most veterinarians agree that it is right to euthanize an animal whose quality of life is impaired by disease or injury to the extent that it is “inhumane” to keep it alive, but how does one tell when this point is reached? Thus, while the inclusion of an animal’s “feelings” may represent that we see our companion animals as closer to ourselves than ever before, it can also be the cause of disagreement between veterinary staff as well as with clients. Incorporating
subjective feelings also increases the serious risk of anthropomorphizing them. In fact, many times veterinarians have to remind owners that the experience of some illnesses may be different for animals compared to humans.

Sometimes disagreements between veterinarians and their clients are easily dispatched. For example, many owners believe that having a three-legged dog or a one-eyed cat would be cruel as it condemns the animal to a miserable life. However, most veterinarians would disagree with this opinion, perhaps arguing: “I guarantee it will be more traumatic for you to lose a limb than it will be for your dog. You have to remember that your animal is not human. An animal would not experience the social aspects of a loss of a limb or an eye. Most animals do just fine three legged or without an eye and they don’t seem to mind it much without them.” Cases of simple misunderstanding may be easily settled but other disagreements are more challenging. When pets need considerable care at home, euthanasia is often agreed upon as a result of increasing demands on the pet owner. However, many veterinarians loathe killing animals whose care they consider fairly manageable. Such is often the case with diabetic animals where owners believe themselves unable to give daily insulin shots. In these cases the veterinarian may spend several visits trying to convince them the task is not so daunting with a little training. Once they are satisfied that every reasonable alternative to euthanasia has been exhausted, the veterinarian may reluctantly agree to the euthanasia request. In some circumstances, amicable solutions to disagreements cannot be reached and, in very rare cases, law enforcement may be called in to preside over disputes.

Chapter Four: Creating a “Good” Death. Time and time again veterinarians explained to me that euthanasia is different for today’s veterinarians. In the old way of
doing things, the client was not involved in the process at all. One vet tells me, “We are really getting away from the old days where it is a business thing. You go up front and pay the money and the dog goes in the back and gets euthanized. It is not warm at all. Most people now, however, want to be more intimately involved with the euthanasia. They want it to be a nice experience.” In fact, surveys reveal today’s pet owners strongly believe that vets should allow owners to be a part of the euthanasia and expect to be given the option to witness or be present at the euthanasia of their pet. Anecdotal evidence suggests modern American rituals around the death of pet animals are beginning to mirror those previously reserved for family members. Pet owners have long been able to bury animals in specialized cemeteries, but today they can even contact animal chaplains who specialize in pet memorial and funeral services. The practice of keeping locks of fur in jewelry or ashes of pets in urns has increased in recent years to the extent that several companies now exist for the sole purpose of providing items to memorialize pets. Although these acts of remembrance have becomes more common, rituals for death of pets have not yet been conventionalized in society. Thus, families need some help developing rituals that have meaning and utility for them and, as I suggest in this chapter, I believe being present at the euthanasia of their pet may function for pet owners as a type of funeral ritual in which veterinarians are placed in the role of director.

After a decision has been made to euthanize an animal, the veterinarian must direct the various steps of the physical process from the actual killing of the animal to dealing with their remains. Part of creating a “good” death for the patients and pet owners involves tightly controlling the technical aspects of euthanasia and the other part is presentation -- changing the sterile medical environment into a personalized and intimate
one. Because there is no opportunity for repeat performances, the veterinarian must make certain that their presentation is as perfect as possible. To do this they employ the use of backstage preparation, props, tailored spaces, and specific rhetoric. In an attempt to make the experience more personalized some veterinarians suggest owners enjoy some final time with their animal outside and feed them their favorite snacks. Others may even offer to do the euthanasia outdoors and, in rare cases, at an owner’s home. By adapting existing rituals to personalize the experience for individual owners, veterinarians enhance the performance as well as make it more intimate. A “good” euthanasia, although precarious, can be deeply rewarding for the veterinarian and satisfying for the owner. However, no matter how standardized or ritualized euthanasia becomes, each drama has its own opportunities for error. Thus, the chapter also outlines the ways in which veterinarians deal with potential mishaps during euthanasia that have the potential to ruin a “good” death for their patients and clients.

Chapter Five: Strange Intimacy. Today’s veterinarians do face a new paradigm in which owners desire to be more intimately involved in the death of their pets—often displaying intense emotions. Although not an official part of their job, veterinarians carefully manage owners’ emotions for both instrumental and expressive ends. For example, before the decision to euthanize has been made, veterinarians often believe owners’ emotions (particularly guilt and grief) impair their ability to make timely decisions and may even cause them to make “bad” decisions. Thus, vets attempt to nullify feelings of guilt and minimize grief, allowing for a more “rational” decision making process. After the decision to euthanize has been made, grief emotions are no longer considered to impede owners’ cooperation with the veterinarian’s desire for them
to make a choice. At this point grief is considered to be a healthy, natural emotion and veterinarians encouraged owners to express their grief by expressing empathy and sympathy- they listen to owners, reassure them, offer a comforting touch on the arm or stroke the animal’s fur, and, in some cases, even hug the owners. The veterinarian’s goals change from helping the owner to make medical decisions to helping the owner deal with the euthanasia process and ultimately the death of their animal.

After the euthanasia some owners can feel a great relief but others experience guilt. When animals were put down for financial reasons, for example, this could weigh heavy on an owner’s mind causing them to feel a significant amount of guilt. In fact, according to some surveys over half of the respondents felt guilty about their decision even though most believed euthanasia was a humane option. For the veterinarian, guilt is never seen as “legitimate” emotion. Unlike grief, guilt is seen as threatening to a positive identity of a good pet owner who acts in the best interest of their animal. When it comes to guilt, the vet’s goals remain the same before and after the euthanasia decision- completely invalidating this emotion. Thus, the vets use the same strategies as earlier to reinterpret and rationalize an owner’s guilt and, in the end, reassure them that they made the correct decision in the best interest of the animal. By validating their decision to euthanize, veterinarians lend medical authority and justification to an owner- helping them resolve their guilt and manage their identity as “good” and “loving” pet owners acting in the best interest of their animal.

This chapter also explores the affective role that veterinarians assume in comforting bereaved clients. For many pet owners, grief is complicated by a lack of social support and/or sympathy from others due to societal ambivalence regarding grief.
over animals. As a result, many veterinarians believe that it is the responsibility of veterinarians to validate and legitimate owners’ grief over their animal’s death. For instance, when a young man brought his pet mouse that later died, he was devastated and nothing seemed to console him. Some of the staff made comments in the backroom such as, “This guy is nuts. He is crying about a mouse!” The veterinarian chastised the staff members saying, “It meant a great deal to this guy and if we in the veterinary profession think that his grief is strange who else is going to understand what he is going through? It is our job to support his feelings about this mouse and make him feel like it is okay to cry over the death of a mouse.” With similar tenacity, much of the veterinarian’s energy was spent on creating an atmosphere conducive to the expression of emotion such that owners could feel comfortable with their emotional responses. Veterinarians work to instill confidence that grief over the death of animal companions is “normal” and legitimate.

Chapter Six: Coping with Euthanasia. When called upon to euthanize animals, veterinarians suddenly find their role changing from doing all they can to improve and prolong an animal’s life to ending it. It is not surprising that many veterinary professionals experience grief from time to time. Similar to human physicians charged with the care of terminally ill and elderly patients, veterinarians often describe feelings of frustration at having invested large amounts of energy in caring for patients who then die or are euthanized. Even when an animal is suffering considerably and euthanasia seems clearly in its best interest, killing the animal can place tremendous burden and stress on the veterinarian. The veterinarian’s stress is heightened when they are asked to perform euthanasia procedures on animals in which they feel that the rationale is “illegitimate” or
moral stress. The kinds of situations that provoke ethical or moral stress in veterinarians will be different for each individual depending on their personal values and attitudes. However, despite their unique attitudes, all veterinarians are likely to encounter situations they find ethically challenging at some point in their career.

Even if veterinarians can negotiate a favorable outcome, the negotiation process itself is often tiring and frustrating. For example, most veterinarians never become fully comfortable discussing payment for their services and it becomes particularly unsavory when they have to bargain with owners over alternatives to euthanasia. Sometimes heated arguments can develop over financing an alternative to euthanasia in which pet owners accuse veterinarians of taking advantage of them or caring more for making profits rather than saving the lives of animals. Financial conflicts are complicated by the uncertainty of medical outcomes, thus it can also be frustrating for veterinarian who convince clients to spend more money than they wanted to spend and the animal ends up euthanized. Estimates for treatment are often challenging because, if they are set too high, the owner might choose euthanasia rather than pay to treat but, if they are too low, owners can become angry at the additional expenses incurred later. Some veterinarians get particularly frustrated by clients who drive nice cars or have expensive jewelry but decline to pay for medical care for their animal. Perhaps the most frustrating aspect of finances and euthanasia occurs when veterinarians contemplate the “unfairness” that often occurs in the distribution of resources such that some owners are willing to spend seemingly limitless amounts of money on animals with a poor prognosis that are unlikely to recover, while so many other animals have to be put down due to lack of resources to fund their treatment and recovery.
Another goal of this chapter is to identify the techniques veterinarians use to neutralize their own stress. In the case of novice veterinarians, some frustrations related to negotiating with owners are easily resolved with time and practical knowledge. Other frustrations and stressors related to euthanasia proved to be more difficult to manage, even for veterinarians with years of experience. For instance, it can be particularly challenging when veterinarians are faced with euthanizing animals they do not think are “sick enough” or whose diagnosis was seen as treatable, manageable, or even reversible. Despite the fact that the animal may have no or few problematic symptoms, veterinarians eased their own discomfort with euthanizing by focusing on the fact that euthanasia was preventing potential future suffering. Taking the animal’s feelings into consideration helped workers to distract themselves during the euthanasia process and to reconcile their initial contradictory feelings.

**Chapter Seven: Conclusion.** Few issues in veterinary medicine presented more stress and anxiety for novice veterinarians than the practice of euthanasia. The conclusion briefly summarizes the thoughts, attitudes, and feelings of the interns regarding euthanasia and how they changed over the course of their first year in practice. In the beginning many interns felt comforted by the thought that they would only be euthanizing animals with serious illnesses, however, as their first year in practice progressed they began to run into difficult cases that challenged their idealistic expectations. In light of a considerable lack of clearly defined or agreed upon institutional guidelines, these novice veterinarians learned to reconcile conflicts between personal moral or ethical codes and conflicting patient or professional demands. For example, some interns redefined ethically challenging situations to think of them as “life
saving” procedures as does Dr. Brown in this quote, “The option of euthanasia changes things. Because of euthanasia I think differently today about practices in veterinary medicine than I did before I started working...take declawing for example. Declawing can be a life saving procedure! I used to think I would never declaw a cat. Now if the owner is going to put the animal down because it scratches the furniture, I will declaw the cat rather than euthanize it.” Thus, novice interns learn to temper their pre-professional value-commitment with what they see as the reality of professional life. Participants discuss aspects relating to euthanasia that they thought were easier or more difficult than they anticipated as well as experiences that were rewarding, challenging, and surprising.

For the veterinarian, being “good” at euthanasia and dealing with owners’ emotions has little to do with his or her competence as a professional. Veterinarians patiently and tirelessly helped clients to deal with the emotional watershed that often accompanies life and death discussions. Yet most veterinarians consider these skills to be particularly important in terms of long-term client satisfaction as well as useful in everyday practice, particularly given the increased involvement of pet owners in the death of their animals in recent years. Although a highly technically trained occupation, veterinarians are actively engaging in emotion work with minimal formal training. At the start of their internships, many of the interns in this study had very little experience dealing with owners’ emotions and expressed considerable anxiety about their lack of experience in this area. As their internship progressed, however, interns gained confidence in their ability to react to clients’ emotions and negotiate life and death issues. Moreover, several found it a particularly rewarding (although challenging) aspect of their
In fact, for many this kind of emotion work reflects an important part of their identity as veterinarians.

**Research Methodology**

*Ethnography and Grounded Theory.* Ethnography is a long-term investigation of a group (or culture) that is based on immersion in that group and provides a detailed exploration of group activity. In qualitative research, it is thought that the researcher can learn the most by participating and/or being immersed in a research situation (Berg 2004; Hughes 1971; Loftland, Snow, Anderson, Loftland 2006; McCall 1969; Shaffir and Stebbins 1991). In order to understand the life and death decision-making as well as the euthanasia encounters that take place in veterinary medicine, I immersed myself in the day-to-day activities of Doctors of Veterinary Medicine (DVMs). I entered the daily activities of veterinarians armed only with my anticipations of how I might think, feel, and behave, however, like any novice, I gradually gained the knowledge only acquired through direct involvement over time. Although I accompanied residents and board-certified specialists throughout their workday, it was in following the interns that I was able to witness the process one goes through in order to learn the attitudes, norms, values, and behavior patterns, along with the knowledge and skills that are associated with a particular profession. I experienced along side them the first time they had to give an owner bad news, negotiate with a client when to euthanize their animal, and actually euthanize their first patient and I remained with them as they grew and matured from apprehensive novice to seasoned professionals. Although my fieldwork was occasionally uncomfortable and emotionally upsetting, as an ethnographer I wanted to
witness these events in order to better understand how people make sense of and manage emotionally challenging aspects of their work.

Ethnography is uniquely suited to topics about which there has been little or no research as it provides a way to identify critical issues and map out uncharted territory (Berg 2004; Loftland, Snow, Anderson, Loftland 2001). The inductive, discovery aspect of ethnography stems from individuals who share their experience rather than being forced to provide answers to preset quantified questions. This study applied grounded theory (Glaser & Strauss, 1967) to explore the practice of euthanasia among. In this approach, researchers are responsible for developing theories that emerge from observing a group. The Theories are “grounded” in the group’s observable experiences and their stories, but researchers add their own insight into why those experiences exist. In grounded theory, research questions begin the inquiry, but the researcher constantly compares themes that emerge from the data with the initial expectations and assumptions. Using inductive, open coding techniques on transcribed interviews and field notes to systematically extract key themes and ideas related to interns’ views on their educational experiences. Consistent with the grounded theory approach used in this research, the questions for the follow-up interviews were developed based upon recursive analysis of the themes that emerged from the initial interviews and field observations (Berg 2004). In essence, grounded theory attempts to reach a theory or conceptual understanding through inductive processes.

**Description of the Setting and Participants.** After nearly a month of preliminary fieldwork at a veterinary teaching hospital in New York City, I spent 13 months in a Boston teaching hospital timing my stay to shadow an entire cohort of interns from the
time they entered their internship year until it was completed. Afterwards, I also spent two weeks in a veterinary hospital in California and attended several classes at a New England veterinary college, including a half-day seminar on euthanasia specifically. Renowned for excellence in training veterinary professionals, both teaching hospitals host a number of interns and residents selected from the top ten percent of their veterinary schools and their educators are among the premier in their specialties. In veterinary medicine, internships are elective and typically constitute the first year of professional practice for new graduates. Thus, teaching hospitals exposed me to the perspectives of skilled, experienced veterinary specialists as well as novices fresh out of veterinary school. Twenty-five interns, twelve residents, and seventeen specialists agreed to be formally interviewed one, two, three, or four times throughout the research process. Those participants who were formally interviewed ranged in age from 25 to 62 years of age and were 70% female. Participants were also invited to email the researcher any thoughts or comments they might have throughout the year. Several participants emailed stories of cases and experiences they thought interesting or important to the project and almost all shared letters and cards sent by clients (both positive and negative) regarding their experiences with euthanasia.

**Ethical Concerns.** The ethical issues particularly salient to this study include the manner in which sensitive personal data will be managed, informed consent, confidentiality, as well as harm (in this case the exploration of experiences and emotions that might arouse minor anxiety). The protocol for this research is guided by the Internal Review Board’s Policies and Procedures for Human Research Protections of Northeastern University and the Professional Code of Ethics and Scientific Standards set
forth by the American Sociological Association. As stated in these documents, my paramount responsibility is to those involved in the study. I incorporated a variety of measures into the research design to protect the welfare of the participants and to honor their privacy. Each participant signed an informed consent document (Appendix C) detailing the voluntary nature of this study and any potential risks associated with participation (i.e. the potentially emotionally upsetting nature of the topic of discussion and potential inconvenience in scheduling interviews). While the interviews were tape-recorded to ensure accuracy, the anonymity and confidentiality of the participants were strictly maintained both by coding names as well as keeping the tape-recorded data in a secure location. Actual names were not associated with the data collected as no research notes or field notes mention individuals by name. Interview data was protected from scrutiny by anyone other than the researcher during and after the research process by using computer password protection security precautions. This research was authorized through the human subject review procedures of Northeastern University and was conducted with the approval of the Human Subjects Committee.

With regard to the observation part of the research, veterinarians frequently encounter dying animals and grieving clients as a routine aspect of their occupational role. Thus, harm was less salient of an issue as my research involved observing behavior that would occur with or without the presence of the researcher. However, recognizing that clinical interactions around death related issues are naturally sensitive interactions, care was taken to observe unobtrusively with sensitivity and respect appropriate to the situation. However, because I was asking questions about potentially emotionally troubling subjects in the practice of veterinary medicine during the interviews, interviews
had the potential to be upsetting to participants. A few participants did become visibly upset and I reminded them that they could discontinue the interview at any point, however, no participant asked to do so. In fact, many had quite the opposite reaction, desiring to continue talking. Moreover, several participants suggested that they enjoyed our talks and thought of them as cathartic and stress relieving rather than anxiety producing.

**Role of the Researcher.** Ethnographic methodology allowed me to speak with veterinarians about their experiences with euthanasia while also observing their interactions with human clients, animal patients, veterinary technicians, and colleagues. I gained entry into two hospitals from contacts made initially through friends and a letter to the director of the internship program explaining my interest and research agenda. After getting permission to do the research, letters were sent via email explaining the project to all employees and asking for their participation. I was introduced to the interns at a lecture on euthanasia during their orientation week. At both hospitals, a role known as an extern or preceptor is common in which fourth year veterinary students may visit for a week of clinical observation. They are paired with an intern, resident, or staff member and participate in clinics, cage-side rounds and didactic rounds. Although I was introduced to all staff members as a researcher, I effectively played the role of “student” or extern shadowing clinical staff. When it came to interactions with clients and patients, most of the time I was introduced by my name and, by virtue of helping out with the tasks usually assigned to students or technicians, my role was most likely assumed to be that of a technician or student. Given that it was not practical to obtain permission from all persons who might be observed or who might appear in data through casual
conversations, all names are kept confidential. Because students or externs are often seen taking notes and recording data, my observational role was not conspicuous around the hospitals; thus I was able do my fieldwork without interfering in the daily operations of the hospital.

Because I was interested in how euthanasia is dealt with on a daily basis as well as the decision-making process leading up to euthanasia and the experiences of veterinarians after euthanasia, I followed veterinarians on day, evening, and overnight shifts observing as many cases as possible. In my role of observer, I attended clinics and rounds primarily in emergency and critical care but also along side rotations for internal medicine, ophthalmology, neurology, cardiology, dermatology avian/exotic medicine, and oncology. Throughout my research I saw both unusual as well as common cases such as broken bones, collapsed tracheas, heartworms, foreign bodies, motor dysfunction, anorexia, toxicities, urinary blockages, vomiting, diarrhea, and dogs, especially Labradors, eating well just about anything they could get their paws on, including an entire Civil War chess set. My goal as a qualitative observational researcher is to tell the story of veterinary euthanasia in a fair and accurate manner. While absolute objectivity is impossible, I was committed to entering the field with an open mind and commitment to detach from biases as much as possible while observing. In order to do this, it was important that I maintain a non-judgmental attitude throughout the study, observing and describing group patterns, similarities, and differences as they occurred without preconceptions or expectations of behavior.

**Discussion of Limitations.** One common critique of ethnographic methods is that the conclusions drawn from fieldwork are not able to be generalized as ethnographers
tend to focus on a small number of people who were not chosen based on probability or randomized sampling techniques. While the demographics of this group were not selected in a way intended to represent all DVMs, participants include veterinarians from a wide variety of the 28 schools of veterinary medicine in the United States including Cornell University, Ohio State University, Purdue University, Texas A&M University, Tufts University, University of California at Davis, University of Georgia, University of Illinois at Champaign Urbana, University of Pennsylvania, and Washington State University. This study is limited in scope, first of all, to small or companion animal veterinarians and, secondly, to a few select cohorts of Veterinarians, who entered advanced training programs that require intense hours and dedication. The majority of American veterinarians practice in small locally-owned clinics and hospitals, thus the organizations in this study are somewhat unique in the practice of veterinary medicine because they are large, urban teaching hospitals. Certainly, I do not claim to offer an “objective,” easily generalizable view of veterinary euthanasia as it is practiced everywhere in the United States, however, I believe that much of this data and the experiences of these veterinarians will resonate for veterinarians around the country. Indeed, my time in a wealthy California neighborhood hospital showed me that much of the same thoughts, feelings, and experiences I heard in the East coast were similar that of the West. Moreover, while veterinarians at all three hospitals who had previously practiced in small, rural areas certainly told me of some differing details one might find when comparing these geographic locals, none of these details would alter the larger analytic categories developed in this research.
Many ethnographers argue that the value of ethnographic research is not in its generalizability to large populations, but, instead, in its ability to provide information relevant to general theoretical concerns such as how workers negotiate relationships and emotions at work or deal with disappointments and contradictions in their work role. Ethnographic researchers, for example, have demonstrated considerable overlap in the techniques students of various professional groups use to deal with the demands and stresses they face in the socialization process including intellectualization, technicalization, detachment, humor, activism, and ritual (Arluke 2004; Cahill 1999; Fox 1988; Granfield and Koenig 2003; Hafferty 1991; Mizrahi 1986; Smith and Kleinman 1989; Wear 1989). While some ethnographers stress the analytic generalizability of ethnographic methods, other researchers do not consider generalization to be a primary goal of qualitative research and point instead to the exploratory, inductive strengths and the depth of understanding that ethnography provides. Moreover, ethnographies can account for the complexities of group behaviors, reveal multifaceted dimensions of group interactions, and provide rich context for behaviors in a way that other forms of research cannot.

Another critique of ethnographic methodology concerns the effects of the presence of the researcher on the behavior of the observed. In other words, it can generally be assumed that the people ethnographers study will be on their “best behavior” as those being studied may work to present themselves in a more favorable light (Loftland 2006). Many ethnographers counter this critique by detailing the ways in which what they saw and heard led them to believe it accurately reflected the world of those they are studying. There were many indications to me that I was able to get reliable
information. First, with over 600 hours of observation, I was with the participants for a long time. I was able to observe many aspects of a typical day including clinical procedures and interactions with clients both during phone conversations and in person. Whenever appropriate, I did favors for the veterinarians such as cleaning examination tables, bathing animals in their cages, or delivering charts to desired destinations across the hospital. On occasion, I was asked to assist in non-critical procedures including monitoring equipment, transferring animals from place to place, holding or restraining them for examinations, and even taking their temperatures. Thus, “getting my hands dirty” with almost every emergency veterinarian in the hospital also helped them to feel some rapport with me and to feel at ease talking about sometimes emotionally uncomfortable work-related experiences.

Moving from being an “outsider” to acceptance in the private workspace of interns was, in part, accomplished through humor. I was frequently the subject of practical gags and funny stories. For example, early in my research, I was asked to help take the temperature and express a compacted anal glad in a dog. Knowing that the anal glad was likely to explode throwing fowl smelling puss all over me, the interns got more than they bargained for when the dog released a sudden explosion of black diarrhea all over my face and clothes. The place erupted in laughter saying that I was “officially” accepted into their group as “this kind of thing happens to every veterinarian” at least once. They joked that I should title my research, “Veterinarians: The Sociological Study of Scat.” Occasionally the interns would ask me technical questions in front of the owners to “test” me and see how I would respond, and more importantly, to see if I could “take” the joking and teasing I would receive afterwards for my creative responses.
Several made a point to say that they were testing my sense of humor and wanted to
know “where I stood” and that they could trust me. In fact, the joking did make them
more comfortable with me but also helped me to become comfortable in my unfamiliar
surroundings. Acceptance was also accomplished through one active role in euthanasia.
Knowing that I had seen many euthanasia procedures, one intern, who had not been
especially eager to talk with me, asked if I would lean over and “push the juice” or
administer the euthanasia solution into the catheterized vein of an animal. She later told
me that she asked for two reasons; one that she was legitimately busy restraining and
caring for the seriously injured animal but she also wanted to see if I would do it. Many
veterinarians insisted that I could not possibly understand what it is like for them “unless
you are the one pushing the needle.” For her, this was a sign that I was committed to
learning about their experiences as vets and that I was “not one of those animal rights
activists who are totally against the killing of animals.” After these experiences I was
eagerly included in anything related to euthanasia and interns would joke with me that I
missed a “real good one” and would actively go out of their way to find me in the
hospital whenever euthanasia procedures were scheduled.

Of course, some veterinarians shared more freely than others. For example,
although I was careful to explain my research to the interns, at first, it was difficult to
build trust. As I would later find out, several interns believed that I might “spy” and
report back to their supervisors. Throughout the year, however, things gradually changed
and there were many indicators telling me that I could trust their descriptions and see
their actions as genuine. For instance, several veterinarians initiated discussions of what
I felt were sensitive matters without my prodding and a few even broke hospital policies
that could have had negative consequences for them. For example, one veterinarian revealed that, when she was unable to convince an owner to sign over custody of their animal to the hospital, she told them that she would euthanize their pet, but, instead snuck the animal out of the hospital and gave it to a friend who lived in another state, an action that, if investigated, could cost her license to practice. As the year went on, most of the veterinarians, if not all, began to see me as a person that they could talk to about their work and who understood their dilemmas as an insider. In fact, many vets who ran into me in the hallways would make a point to stop and tell me interesting or unique euthanasia stories or joke with me by saying, “Oh you missed a sad one today” or “Boy you should have been following me last night cause I killed everything that walked into the door.” Throughout the research process, I attempted to create a collegial relationship with all participants and, in order to ease their tension, I reminded them that our conversations and interactions would be held in strict confidence and I would not use their real names or give details that could lead to their identification. With their permission, I recorded conversations and formal interviews for analysis, however, when in the field, I made it clear to those I followed that I would never record any interactions with clients. At the end of my research, several participants specifically said that they enjoyed my company at work looked forward to our interview time.
Chapter 2: Learning to Euthanize

Introduction

Sociologists interested in how laypersons acquire the norms, values, attitudes, knowledge and skills of professionals have examined a variety of occupations including physicians (Becker et al 1961; Fox 1989; Hafferty 1991; Smith and Kleinman 1989), lawyers (Granfield and Koenig 2003), funeral directors (Cahill 1999) and others. All of these studies demonstrate that professional socialization has a significant impact on the perspective of those experiencing it, yet only a hand-full of social scientists have studied veterinarians as an occupational group while even fewer have studied veterinary education (Arluke 1997). Few issues in veterinary medicine present more stress and anxiety for novice veterinarians than the practice of euthanasia. In fact, many students in veterinary schools identify euthanasia as one of their greatest concerns (Cohen-Salter et al. 2004; Herzog, Vore, and New 1989). Even when an animal suffers considerably and euthanasia is in its best interest, killing the animal can place tremendous burden and stress on its owner and veterinarian. Although veterinary educators are increasingly sensitive to the need for specific training in euthanasia, only a few schools have included such training in their formal curriculum (Cohen-Salter et al. 2004). To create an effective training program for euthanasia, it is necessary to establish a “baseline” of what novice veterinarians think and feel about euthanasia.

Veterinary interns were intentionally chosen to provide the core of this study because they occupy a unique position in their professional careers in that they have just finished their formal education and are now beginning what is often their first experience with unsupervised work and, for many, their first experiences with performing
euthanasia. The purpose of this chapter is to describe the stock of knowledge and skills regarding euthanasia that entering interns bring with them as they enter their intensive postgraduate internship program. This chapter also details recently graduated veterinary interns’ evaluation of their own euthanasia education and the skills they obtain throughout their four years in veterinary school. The interns were interviewed at the beginning, middle, and end of their internship regarding what they have learned about euthanasia. While the remaining chapters will focus on exactly what the interns learn about euthanasia throughout their internship year, this chapter focuses specifically on their entering perspective. In the initial interviews, the interns evaluated what they had learned about euthanasia prior to their internship in veterinary school relative to anticipated future demands of the internship. The chapter begins with a discussion of how and what the interns learned about euthanasia in veterinary school as well as how they felt about the relative merits of those experiences. The chapter concludes with a discussion of the aspects of euthanasia interns feel ill prepared to do along with other fears, anxieties, and concerns they have regarding euthanasia at the start of their internship.

**Euthanasia in Veterinary School**

Admission to veterinary school is highly competitive. To be considered for enrollment, students must first complete a three or four-year program in an undergraduate institution where they accumulate a core set of pre-veterinary courses. Once accepted into veterinary school, students usually complete three years of coursework and then spend their final year gaining more hands-on experience working in a clinic under the
supervision of clinicians. The following chart summarizes the interns’ description of how and what they learned about euthanasia in veterinary school.

<table>
<thead>
<tr>
<th>How Interns Learn About Euthanasia In Vet School</th>
<th>What Interns Take Away from the Experience</th>
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<td>Classes</td>
<td>Interns learn about the physiological action of the euthanasia drugs and their effect on the animal. Some students discussed euthanasia in an ethics class or attended a one-day seminar.</td>
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<tr>
<td>Terminal Surgery Laboratory</td>
<td>Interns don’t value this laboratory as a teaching tool for euthanasia, but it is many of their first exposure to euthanasia.</td>
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<td>Storytelling</td>
<td>Interns learn about potential technical errors and mistakes that are possible during euthanasia regardless of skill level.</td>
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<tr>
<td>Clinical Experience</td>
<td>Interns gain some technical experience, but desire to have more experience with interaction with owners.</td>
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**Classes.** When asked how they learn about euthanasia in veterinary school, the interns describe learning “bits and pieces about euthanasia here and there” in lecture classes, in laboratory classes, through stories told to them by peers and professors, and in clinics. In classes veterinary students learn about specific technical aspects of euthanasia such as the physiological actions of euthanasia drugs. When discussing the actions of euthanasia drugs as well as appropriate methods, interns and more experienced veterinarians alike point to the American Veterinary Medical Association’s panel on euthanasia. Periodically the American Veterinary Medical Association convenes a panel of experts to discuss issues surrounding euthanasia and to make recommendations about appropriate techniques and procedures. This report then becomes an important reference and is used by hospitals, shelters and research facilities as a guide. The most recent report came out in 2000 and can be found in the Journal of American Veterinary Medical Association volume 218, March 2001. The AVMA panel evaluates the different methods
and techniques for euthanasia using particular criteria thought to create a painless death. In brief, the ideal agent or method involves rapidly achieving a state of unconsciousness, followed by cardiac or respiratory arrest and ultimately loss of brain function that should be achieved with a minimum of pain and distress to the animal. Several of the interns as well as more experienced residents and clinicians were critical of the panel for having too narrow a focus as expressed by this intern; “It doesn’t talk about the emotional aspects or tell us about the reasons people choose euthanasia or how to talk to clients about euthanasia. Even when it comes to the technical parts they still don’t talk about what to do when owners are present and they clearly know that clients are going to want to be there because one of their criteria for a ‘good’ death is that it be ‘aesthetically acceptable’ to the people who might be watching it.”

All of the interns were familiar with the AVMA report either from required reading in their coursework, personal interest or from recommended reading lists they received as students. Although many reported to have a copy that they keep as a reference, only a few had read it through entirely, however they were all fairly confident that they had sufficient knowledge of its contents. The AVMA panel report lists various agents with their advantages and disadvantages as well as whether the use of each agent is considered acceptable or acceptable only under certain conditions and it also states that there may be circumstances where a clear recommendation does not exist. What one learns from reading the report is that no single agent or technique is ideal for all situations, thus the veterinarian must use professional judgment in choosing the right method. Essential to the application of professional judgment is the consideration of the animal’s size and its species-specific physiologic and behavioral characteristics. While
the AVMA report discusses the use of both chemical agents (e.g. barbiturates) as well as physical agents (e.g. gunshot or cervical dislocation), the interns did not expect to use any physical agents during their internship year as these methods are more commonly used with large animals and laboratory animals. Chemical agents for euthanasia can be classified as either inhaled agents (e.g. carbon monoxide, carbon dioxide, inhalant anesthetics) or injectable agents (e.g. barbiturates, chloral hydrate, ethanol). The AVMA panel considers barbiturates to be the preferred means of euthanasia for dogs, cats, other small animals and horses. Injection of barbiturate agents is widely considered to be the most humane method of euthanizing companion animals and is the primary method used at both teaching hospitals in this research.

Most all of the interns felt comfortable with their knowledge of the “action of chemical methods” from pharmacology lectures, the AVMA report and other veterinary school classes as summarized by one professor of pharmacology at a local veterinary college:

Barbiturates depress the CNS in descending order, beginning with the cerebral cortex. Within seconds of administration unconsciousness is induced and progresses to deep anesthesia; depression of skeletal, smooth and cardiac muscle, apnea occurs due to depression of the respiratory center, and a cardiac arrest quickly follows. In general respiratory arrest will occur within five to ten seconds after I.V. injection. Barbiturates can invoke all levels of CNS alteration. An animal being euthanized with a barbiturate will typically progress the five stages. The goal of a good euthanasia is that the animal progress through each of the stages as rapidly as possible. If an inappropriate dose is given, or via an inappropriate route the animal may not progress through all of the stages. Additional drug must be given to achieve rapid death. One feature of this kind of euthanasia that may be seen is an agonal breath. This is due to signals from the brain stem caused by hypoxia. At this point the animal is unconscious and circulation will have stopped, however presence of an agonal breath may be distressing to witnesses.

The most widely used agent for euthanasia is concentrated solutions of the barbiturate sodium pentobarbital. Advantages of pentobarbital are that this agent is rapid acting, reliable and effective, providing a relatively high speed of action to unconsciousness, smooth induction and is relatively inexpensive. Disadvantages are that these are
controlled drugs available only to licensed veterinarians, and the drugs persist in the animal such that the carcass must be disposed of in a manner that prevents scavenging by other animals. The disadvantages of this method most cited by the interns were that the I.V. injection requires a certain skill level in smaller animals as death may be delayed or not accomplished if the injection is given peri-vascularly. The interns also reported the possible disadvantage of the aesthetically objectionable terminal gasp, which may occur in the unconscious animal, and the minor muscle twitching that may occur after the injection because these reactions were thought to cause owners stress.

The interns describe their exposure to euthanasia during the coursework phase of their education as deriving primarily from either informal discussion with peers and instructors or formal academic exercises such as problem-based learning or role-play. Such learning techniques are typically introduced within daylong seminars or as topical lectures in other classes such as a professional ethics course as described by the intern below:

We had several ethics lectures--not really euthanasia courses but we’d have guest speakers come and talk to us and bring up ethical issues and then it was part of our physical exam class. We had to write a paper on ethical issues. And yeah; so like dilemmas were put on the table and it was kind of left with, you know, it depends on your individual beliefs or whatever. They gave examples like--like convenience euthanasia like oh we’re moving. I want this animal euthanized and they’re not willing to give it up--give up the animal to a shelter, so they want to euthanize you know and things like that or--or--. There was one thing where like the cat didn’t match the furniture anymore--so they wanted the cat euthanized and then the other things are like declawing and ear-cropping and tail-docking that we just kind of talked about. I honestly can’t recall courses dealing with just euthanasia. I mean if we did it didn’t make an impact on me because maybe I made my decision on it by that time so I--you know I don’t know but nothing that I would count as formal.

Very few interns mentioned “hands on” experience with euthanasia during this period as one intern explains, “My euthanasia experience, actually hands-on euthanasia experience, was almost zero. I think I had one of my patients in vet school that was put to sleep and I was kind of in the room at the time.” While a few of the interns expressed feeling that
their formal educational exercises adequately prepared them to deal with the actual management of euthanasia during their internship year, most interns felt that their classroom exercises had done little to prepare them for what they anticipate they will face during their internship.

Despite the fact that many of the interns had no actual experience with euthanasia at the beginning of their internship in which to evaluate their education, they argue classroom exercises lack realism and social context and they frequently minimize the practical impact of what they learned. As one intern said, “We did do problem-based learning as part of our curriculum and that was during the first couple years. I’m almost positive, I’m sure euthanasia came up in some of the cases, the endpoint of the case which would have meant discussion with peers, but like I don’t have any strong recollections of it, anything that’s memorable from any of it.” Criticisms expressed by the interns in this study mirror the results of other surveys regarding the ways in which euthanasia is typically taught in veterinary colleges (Cohen-Salter et al 2004; Edney 1988). These formal and informal surveys of euthanasia instruction in veterinary schools reveal a lack of specific training in the management of euthanasia and note students’ desire for additional euthanasia training.

**Laboratory Experience (The “Terminal” Surgery Laboratory).** A few of the interns report having exposure to euthanasia as a part of a surgery course where students practice several types of surgeries and surgical techniques after which the animals are euthanized. The use of “terminal surgeries” in veterinary education is increasingly rare, as considerable debate exists over its effectiveness and ethical appropriateness. Slightly more than half of the interns supported the use of “terminal surgeries” regardless of
whether they actually participated in them while in veterinary school. One intern shares her view supporting the use of terminal surgeries in veterinary education:

These animals are, you know, they’re being sacrificed, but for a good purpose and so they’re still serving a good purpose in the end. You wouldn’t want to wake them up from what we had been learning on them because we had done liver biopsies and taxied their stomachs- attached their stomachs to the wall and put chest tubes in unnecessarily. It was a great learning experience. They used these animals as much as they possibly could. We learned as much as we could and it was like 4 hours of different surgeries and everybody getting to do different things and see different things. Its’ still easier and harder for different people in that situation depending on whether they think it was right in the first place or not and probably whether they got to do certain things and learn certain things or not. Cause I mean, out of those 3 people, 2 are doing surgery, the others doing anesthesia and you rotate around so that everybody gets something out of it, but the question is whether they feel like they got something out of it in the end or enough out of it to justify it. They could be like “well how much did I really learn?” and this dog was still sacrificed for this purpose. I thought it was a valuable experience if you didn’t disagree with the situation. I think that it’s unfortunately something that has to be done. I don’t think there’s a better way to do it. Um, and if they’re going to be euthanized anyway because there is an over population of pets why not learn something from them?

Other interns were ethically opposed to the surgeries as expressed by this intern:

I chose not to do it. The majority of people refused in my class. It is kind of a sore subject in Oregon in general just because well we had people chain themselves to the dean’s desk in protest and we had a lot of protests on the campus about it. I just feel like doing one surgery once in school is not going to change much so I can say, ‘yeah well I have done it once ten years ago in vet school.’ Big deal. You know it just doesn’t feel like I needed to do that in order to learn the procedures and I didn’t agree with how we obtained the animals. We had some PETA people in our class two or three years prior before me and they did a huge petition and they passed this law that we were no longer able to use animals from shelters and stuff for these terminal surgeries. Now we either get them from laboratories or from breeders who actually breed animals specifically for vets schools and stuff like that. That makes me cringe.

A few interns even considered the use of terminal surgeries when deciding on what veterinary school to attend and as one intern explains, “I actually looked at that when I was looking at schools because I didn’t want to go somewhere that had a terminal surgery lab.” Recognizing growing concerns from students regarding the use of animals in laboratory surgeries, most veterinary schools that offer the laboratory now offer alternatives to taking the course. One intern explains why she refused to participate in the class offered at her college:
I think the animal has to suffer because when they wake up from anesthesia they’re feeling the pain and you can’t tell me surgery is not painful because it is. So I didn’t do that—where they wake them up and then the next day—do another surgery. I think if you--[Sighs]--and I don’t have a problem doing the surgery with an animal that’s going to be euthanized anyway for whatever reason, if the animal is always asleep. If we can learn from that—that’s good, but I don’t want to wake them up and have them be in pain just so we can do more stuff the next day and then euthanize them.

All but three of the interns who attended veterinary colleges that offered a terminal surgery laboratory participated in the laboratory.

Unless their veterinary school had a terminal surgery class a student’s first exposure to observing a euthanasia procedure may not occur until her fourth year in clinical rotations. For those students who did have a terminal surgery laboratory, however, they did not value it as a learning experience with respect to euthanasia, despite the fact that it was, for most, their first exposure to euthanasia. When the interns were asked if they learned any about euthanasia during these surgeries most of them could not think of anything specific. One intern describes learning how much dosage to give an animal in her terminal surgery class, “There were some lab animals that people euthanized in school that we did as a part of a surgery class, but we were never trained on how to do that but we were told how much solution to inject to kill the animal. I guess that is how I learned about the necessary dosage per pound—one ml per ten pounds.”

Many of the interns reported having an instructor actually “push the solution” if no one in the group felt comfortable doing it. Interns didn’t see it as valuable they said because they really did learn anything technical about euthanasia due to the fact that the animals were already deeply anesthetized. They also point to the fact that there was no owner involved so they could not learn about interactions with owners. Even though the experience for some amounted to their only exposure to euthanasia in veterinary school,
the majority of students reported they did not value it as a learning experience with respect to euthanasia.

**Storytelling.** Storytelling acts as a key element in teaching students about potential challenges related to euthanasia. While few of the interns had any direct experience with technical failure or even watching experienced veterinarians manage technical challenges, all of them had heard at least one “horror” story about things that can go wrong technically during a euthanasia. It is through these stories that interns report to have learned “tricks” and tactics to help avoid problems and manage the technical challenges that they have all heard about through stories. It is through storytelling that interns learn that the technical aspects of euthanasia can be unpredictable and have potential for disaster especially if certain precautions are not followed such as the use of a catheter or proper restraint of the animal. This intern summarizes several stories of technical challenges and disaster:

I’ve heard bad stories, yeah; I mean I’ve heard ones where like the owner has their face against the animal and the animal bites--bites the owner right before it dies and--and you know that’s--of course--that’s terrible or ones where the animal starts flailing around or whatever and falls off the table and things like that. Those are the main things you don’t want to happen; those are the big ones. There’s ones where the vet was giving the euthanasia solution and the dog bit the Veterinarian and it looks bad because, not only did the veterinarian get hurt, but it looks almost like the animal is objecting so the owner starts--maybe starts second-guessing their decision so it’s just this whole--it’s a mess. I’ve heard those and I’ve never seen them but those are the stories that I’ve heard from friends of mine.

Very few of the stories were about technical mistakes made by either inexperienced or careless veterinarians such as this one: “This one I know happened because it happened when I was a student where a veterinarian accidentally euthanized the wrong animal, but that story got told a lot after that happened. I think they are still telling that story to students.” In fact, most of the interns felt that the majority of the stories involved things beyond the control of the veterinarian.
Several of the “horror” stories focus on the animal that does not die after the solution has been administered such as this one described by an intern: “Everybody has the stories where the heart won’t stop or you give it an unbelievable amount of medication and it still walks around the room. Or the veterinarian goes into the freezer and hears an animal scratching inside the garbage bag or they give the animal to the owner and it wakes up in the car. Just thinking about those just really makes me nervous.” Another intern describes a similar story told to him in his large animal clinic at veterinary school:

R: There are the urban legends of euthanasia like the one in large animal clinic where the horse wakes up on the flatbed trailer as it is being taken to the rendering plant because the vet did not give enough of the euthanasia solution.
I: What do you take away from this story?
R: I don’t know if is true or not but it seems possible and I know that I am really going to make sure I give enough solution and the animal is dead.

While in the above story, the veterinarian actually makes a mistake by not giving enough solution, most of these stories are told as though the animal can withstand an abnormal amount of solution, thus the interns describe learning that an animal’s reaction to the euthanasia solution can be technically unpredictable. The interns also say that the stories teach them that owner responses can be unpredictable as well as outright unusual as demonstrated in this story:

R: There was a story about a man at Georgia who had to come in and kiss the dog on the hoo-ha as he said goodbye to her, which obviously, it’s kind of really weird. I almost feel abnormal even telling you the story. That was the most abnormal thing I had ever heard… that’s weird. So that doesn’t fall in the category of normal, but I’ve heard stories about people getting really angry at vets during euthanasia and saying things like, “I hate you.”
I: What did you learn from those stories?
R: That anything can happen in euthanasia and that you should expect the unexpected.

Another intern tells of stores related to responses owners might have to an animal’s death; “There’s always the stories of the animal is pretty much technically dead and then
it makes some sort of noise which without fail always horrifies everybody, especially the
owners. There were those stories of owners who freak out over this.” Very few stories
were told as “horror” stories or occupational “legends” where the focus was around
veterinarians having a difficult time emotionally with euthanasia but the following is a
good example of this:

R: There is a fair amount of talking about horror stories in school. You know interns and
residents would always tell stories of a really tough cases being euthanized or you would
hear that a lot of people’s wildlife experiences are basically just long days of euthanizing
wildlife and at least at the wildlife level you’ve got sort of like a morbid humor about it--
on wildlife you could euthanize 10 to 15 animals in a day because that’s what came in
and they were all really suffering.
I: So you learn from those stories that euthanasia can be emotionally draining even when
the animal is suffering?
R: Yes but during your little introduction at the Wildlife Clinic they make it clear that if
you felt like you’ve euthanized five things today and you really can’t do it
anymore that it’s okay and you’re--you’re completely within your rights to just say listen;
I can’t do this anymore. Will somebody else euthanize these? And even the doctors there
I’ve seen them do the same thing with each other like I just can’t do it anymore today, so
someone else needs to. I guess for some people telling ‘horror’ stories are like a badge of
honor that they made it through so many euthanasia(s).

Despite the fact that these stories were rare, it is important to include them because the
interns themselves defined them as “horror” stories, which demonstrates that they
consider the potential for emotional stress to be potentially “horrible” or at least serious.

When asked what they learned from these stories or how they felt about
storytelling only a few of the interns dismissed the significance of storytelling in teaching
them about euthanasia. Several interns mentioned that they like being told stories
because it made them feel included and confided in by experienced veterinarians. Very
few of the stories were about careless veterinarians or the mistakes specifically of novice
or inexperienced veterinarians. Instead, the vast majority of stories were about
experienced veterinarians who are the victims of unpredictable technical problems or the
actions of unpredictable owners. Thus, the interns rarely reported dismissing the
problems that occur in the stories as only happening due to careless mistakes that could
be easily avoided. In fact, several interns and residents felt as though the stories were reassuring because the stories were specifically happening to experienced veterinarians and residents. While some interns felt comfort knowing that bad things happen to other veterinarians with more experience, others felt that the stories make them feel less comfortable because they make euthanasia seem less able to be controlled because even experienced veterinarians could not prevent them from happening. These stories are interesting because they play primarily on some of the novice veterinarians’ biggest technical fears, yet the interns did not report fearing those things happening to them. They saw them as being unusual or rare and they felt better prepared to handle those types of technical problems as opposed to other problems such as negotiating with owners over disagreements. The interns felt that as though as long as they took technical precautions to help eliminate the possibility of error that there was little they could do to control the technical unpredictability associated with euthanasia.

Clinical Experience. Within formal clinic environments, students act as aides to experienced veterinarians (interns, residents, and clinicians) caring for hospitalized animals. As discussed previously, from a technical standpoint euthanasia of pets or “small” animals generally involves injecting the animal with an overdose of anesthetic, typically pentobarbital. Many of the interns report having some experience learning to “stick” or “hit” a vein in veterinary school as they would often be responsible for drawing blood or inserting an IV into the limb of an animal during their fourth clinical year. Most of the interns reported a lack of confidence, however, in this technical skill and they feared “messing” up or showing technical incompetence in front of owners. Many people choose to be present for the euthanasia of their animal and, in his study of practicing
veterinarians, Sanders (1995) found that the presence of the “witness” or client (owner) can create problems for veterinarians, particularly those just beginning their careers. It is the frequency of owner-witnessed euthanasia within veterinary medicine that distinguishes veterinarians from other occupational groups who euthanize animals (such as shelter workers).

Although general patterns can be inferred from the interns’ discussions of their clinic duties, due to the varied nature of clinical work, their experiences with euthanasia were not uniform. Nevertheless, most interns have similar exposure to euthanasia given that they all take on the duties of a technician. In their role as technicians, the interns were rarely present during the euthanasia injection; instead they played a primary role in the preparation and clean-up stages of the euthanasia process. The interns report it is in these behind-the-scenes aspects of euthanasia where they gained the most experience.

Preparation activities are most common in owner-observed euthanasia(s) and involve preparing animals in ways to make euthanasia appear to be as “peaceful” and as aesthetically pleasing as possible. One common preparation activity is grooming the pet to create a pleasing last appearance before they are brought in the room to be euthanized, while another is placing a catheter into the animal’s vein. Before the animal is brought back to the euthanasia room, an intravenous catheter may be inserted so that the veterinarian administering the euthanasia solution will not struggle, in front of an owner, to find a vein and insert a needle, which in turn means that the animal will not be agitated by the needle stick in front of the owner. After the euthanasia is done, the clean up involves the removal of urine or feces that can be excreted as animals die. Clean up also requires the disposal of the body. Interns report receiving a great deal of experience in
the handling of corpses, the packaging of bodies for burning or burial ("bagging and tagging"), and/or the actual burning of the bodies (if the facility contained a crematorium).

Veterinary schools rely heavily on clinic situations to give students informal instruction on euthanasia instead of the more formal teaching of euthanasia management in the classroom. This intern describes one such informal (and rare) lesson by actually performing euthanasia:

So I guess, along the way I learned by just picking up on things, being in the exam rooms with the other vets, and watching them do it to kind of pick up how they explain things and sort of what they did. It was pretty informal. I did a euthanasia in my fourth year. The clinician and I were walking down the hall to go to the family room, which is where we do most of our euthanasia(s) in school, and she said, “Have you ever done a euthanasia before?” And I said, “I’ve been present but I’ve never been the one to inject,” and she said, “Okay, you know, these are the main things that I like to mention with them.” Then we got closer to the room and she handed me the drugs and said “flush” and said, “run through, what you’re planning on doing and saying” and then we did and I walked in and I did it. She had all the drugs drawn up because they were controlled drugs and she would have had to sign them out anyways. She told me to let the owners know that that was just flushing the catheter first and then tell them when I was gonna start injecting the euthanasia solution and sort of explain to them that it’s gonna happen quickly, that they would lose consciousness and then the heart would stop and then flush the catheter again. Up until that point I guess I assumed that she was gonna do it because I had never been asked to do it before. So it wasn’t really like, um, a lesson or discussion exactly. It was kind of spur of the moment on the way down the hallway.

In addition to the clinical year experience, many veterinary students often elect to work in veterinary practices during summer months during which time they may witness euthanasia procedures depending on the supervising clinician’s discretion. However, a few interns did not even get opportunities to even witness euthanasia before they were expected to perform one as an intern.

Euthanasia Skill Sets of Entering Interns

When performing these behind-the-scenes preparation and clean up activities, students are far removed from interactions with clients. In fact, owners are aggressively
shielded from these activities. This act of separation and shielding can be seen as a parallel to the American funeral where the “backstage” preparation of the body is kept separate from the “frontstage” presentation of the body (Turner and Edgley 1976). By separating these mental and physical spaces, different actions can be carried out in each space, thereby creating a cohesive and appealing performance for an audience (Goffman 1959). In a similar fashion, pet owners are kept in the frontstage region, physically separated and shielded from the unpleasant aspects of the preparation process in the backstage area as well as the messy after effects of the euthanasia such as cleaning up urine or “bagging” the body. The interns expressed the opinion that this separation remains integral to creating a satisfactory experience for pet owners:

When I very first started as an assistant it was more disturbing to me to just pick up a pet and put it in a garbage bag. I guess I hadn’t ever really thought about what they do with them after they’re euthanized. The first couple times, it was sort of odd to me to just feel like I was throwing them out in the trash, which clearly doesn’t really bother me anymore. There were some nights we were so busy that after a euthanasia we didn’t have time to finish the paper work, or bag them, so they were just sort of go in our back, dirty surgery room. There were nights when I would “bag and tag” 15 and put them on a cart and wheel them up to the freezer. In several of the clinics that I worked you would have to walk past the waiting room to the room where the freezer was [stored]. Some people [other vets] might walk buy and say, “oh well the owners don’t know what’s in there anyways.” Which I guess is true, I guess they could just assume that it’s garbage, that someone is taking out regular trash, but I’m always more cautious to make sure that people aren’t’ going to see me with them. Just because I know it was sort of bothersome to me to discover that Fluffy, your beloved cat of 14 years, is in a Hefty garbage bag. (Nervous laugh.) I guess I’m always a little worried that someone’s gonna see that and be like, “oh my gosh, that’s someone’s pet.”

As expressed by the intern above, most students gradually become quite comfortable doing the necessary backstage work and they also learn by watching more experienced veterinarians and technicians shield owners from backstage actions.

By performing the duties of technicians within clinics, all veterinary students experience the backstage work of euthanasia. However, interns described relatively little exposure to the frontstage aspects of euthanasia. In owner-witnessed euthanasia(s),
Frontstage actions include any direct interactions with the owner or the owner might observe. During the euthanasia injection, frontstage actions include injecting the euthanasia solution, comforting the owners, and pronouncing the animal dead.

Frontstage actions, however, are not limited to the procedure itself, but include all of the interactions leading up to the decision to euthanize. This may mean giving owners bad news about the condition of their animal or discussing financial issues regarding the costs of treatments that may lead owners to the decision to euthanize. Frontstage behaviors also include preparing clients for what to expect when euthanasia is performed along with dealing with subsequent client emotions after the procedure.

Ultimately, which frontstage behaviors the students participated in depended on the clinic, the local region, their supervisors, and student initiative. One intern recalled, “At least at our school the clinicians very much wanted you to be a part of it but they were the one pushing the euthanasia solution and your role was more to be there in the background and maybe add-in as appropriate. Some clinicians really didn’t want you to say anything and other ones wanted you to be part of the process. You had to feel that out.” A resident explains: “The amount of experience an incoming intern has depends on who they worked for and how strict they were about following regulations because I don’t think I was even supposed to euthanize that one cat [as a student]. My university hospital was more strict about following true rules, legal stuff, as opposed to other hospitals I worked, more rural hospitals where there’s just, either too much going on, or not enough technicians or whatever.” Unlike the resident above who injected the euthanasia solution, it was very rare for interns to report doing this especially in the
The following intern describes the typical role of a fourth year student:

I have never done one but I have seen a few. In school I kind of stayed out of the picture because I know I’m not a main part of the decision making so I don’t try to make my presence known. Sometimes I was the person who spoke with the owners the most but was not like the one to make the decisions with them. I just spoke to them to give them updates and stuff cause I was in the back giving all the treatments to the animal. I was never a primary person on the---on the euthanasia end of things. At school that’s not really your place; it’s the resident of the service who does it you know and---and in private practices it’s always the Veterinarian who is involved and you’re just either restraining or watching or bagging.

With few exceptions, most interns reported very little (often zero) experience interacting with clients before, during, or after the euthanasia process; these actions were almost exclusively reserved for licensed veterinarians. As one intern succinctly states, “Residents are the ones that always go in and discuss the bill, they never send the student in. You don’t get any practice talking with the owners.” Tufts students of Veterinary Medicine share similar concerns when they list “Talking with clients” as the number one topic that they would most like to see covered in a workshop on euthanasia (Salter et al. 2004).

When interns describe participating in frontstage actions as veterinary students, they usually describe being pulled into the euthanasia room to perform a minor role such as “holding off a vein” or restraining an animal so that the doctor could inject the solution. Many interns describe performing minor roles during owner-witnessed euthanasia(s), as an uncomfortable experience. Their statuses as student-observer made them feel like an “outsider,” who imposed on the grief of the owner. Consequently, many students remained outside to avoid intrusion, as noted below:

R: When I worked as a technician before vet school I would have to be sort of present in the room, sort of helping while the vet would euthanize some of the pets.
I: How did you feel about being there?
R: Well I definitely felt uncomfortable like I was sort of imposing on the people although I mean I had a job to do. I was there to hold the leg, hold the vein or to be there to
support the leg while the vet was injecting but I was definitely uncomfortable—sort of imposing on their grief.
I: Can you think of why you felt uncomfortable?
R: Yeah it just felt like a very private moment and I was just sort of there—and I usually was introduced but still it was very awkward.

While students would try not to be noticed when performing minor roles, they preferred to have some role to play rather than simply being asked to observe. One intern commented: “If you were just there to hand the box of Kleenex, you felt like you did something.” Even minor roles could lend a sense of “legitimacy” or purpose in a situation where students felt markedly out of place.

As veterinary students, interns receive disproportionate experience in performing backstage as opposed to frontstage euthanasia actions. When students play a minor role or act as observers in an owner-witnessed euthanasia, they become part of the frontstage with the owner as audience, however, their role is often ambiguous and their duties tend to place them far from the spotlight. As opposed to duties commonly associated with the clinician, the best way for students to carry out their minor frontstage roles is to be ignored by the audience. In fact, their duties are often designed to be ignored. Restraint of the animal, for example, is thought to be disturbing for the owner and best done unobtrusively. Given that interns themselves distinguish these types of roles, subcategories of frontstage actions can be made to reflect such role differentiation, including “side-stage” and “center-stage.” Although the veterinary students are in the frontstage, “side-stage” actions are intentionally designed to be ignored by the audience in favor of “center-stage” actions. The actor in the center-stage is almost always the veterinarian (clinician) who is ultimately the one responsible for the success or failure of the presentation. Table 1 summarizes interns’ former student experiences with euthanasia using the notions of side and center stage.
Table 1: Interns Educational Experience with Euthanasia

<table>
<thead>
<tr>
<th>Staging Area</th>
<th>Action</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Backstage</td>
<td>Grooming/Body Prep</td>
<td>Frequent</td>
</tr>
<tr>
<td></td>
<td>Catheter Insertion</td>
<td>Frequent</td>
</tr>
<tr>
<td></td>
<td>Clean-up Mess/Body Disposal</td>
<td>Frequent</td>
</tr>
<tr>
<td>Side-stage</td>
<td>Minor assisting</td>
<td>Common</td>
</tr>
<tr>
<td></td>
<td>Holding a Vein</td>
<td>Occasional</td>
</tr>
<tr>
<td></td>
<td>Restraining Animal</td>
<td>Occasional</td>
</tr>
<tr>
<td>Center-stage</td>
<td>Interactive Management of Client during Euthanasia</td>
<td>Rare</td>
</tr>
<tr>
<td></td>
<td>Dealing with Subsequent Client Emotions</td>
<td>Rare</td>
</tr>
<tr>
<td></td>
<td>Discussing Financial Issues</td>
<td>Very Rare</td>
</tr>
<tr>
<td></td>
<td>Negotiating the Decision to Euthanize</td>
<td>Very Rare</td>
</tr>
<tr>
<td></td>
<td>Administering Euthanasia Solution</td>
<td>Very Rare</td>
</tr>
<tr>
<td></td>
<td>Pronouncing the Animal Dead</td>
<td>Very Rare</td>
</tr>
</tbody>
</table>

As shown in the table, the number who reported to have engaged in a particular action decreases as the actions move out of the backstage to the side-stage and finally, towards the center-stage.

**Anticipating the Challenges of Euthanasia**

Although interns report diverse clinical experiences and varying levels of preparedness based on the variability of their roles in clinics, common themes emerged from the interviews. At the beginning of their internship, almost all interns reported feeling confident in their ability to perform backstage or sidestage actions as seen in Table 1. Backstage actions were less of a concern because they were not done in front of owners. Moreover, interns felt that in their new role as doctors they would need to do fewer backstage and sidestage behaviors compared to when they were students, although, the interns were often observed performing these tasks backstage. Another explanation implied by the interns is that they feel prepared for backstage aspects of euthanasia because they had direct experience with these duties in school and in clinics. Given their limited amount of direct experience with actions categorized as center stage (see Table
it is not surprising that interns felt least prepared to do them. However, in regard to
center stage actions, interns made important distinctions as shown in table 2.

**Table 2: Center-Stage Euthanasia Actions**

<table>
<thead>
<tr>
<th>Technical Aspects</th>
<th>Client Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administering Euthanasia Solution</td>
<td>Negotiating the Decision to Euthanize</td>
</tr>
<tr>
<td>Pronouncing the Animal Dead</td>
<td>Discussing Financial Issues</td>
</tr>
<tr>
<td></td>
<td>Interactive Management of Client Impressions</td>
</tr>
<tr>
<td></td>
<td>Dealing with Subsequent Client Emotions</td>
</tr>
</tbody>
</table>

Most of the interns distinguished the technical aspects of a euthanasia procedure from the
aspects that involve client interaction.

For those interns who made a distinction between the technical and interactional
aspects of center stage actions, almost all felt they were substantially less prepared for
dealing with the latter, as one intern noted, “I mean the actual technical aspect of it is
very easy. It’s very basic. It’s just a catheter, or if you’re brave enough, not a catheter,
just an injection. It’s everything surrounding it that is the hard part.” Although interns
may have had little or no direct experience with performing the center-stage technical
aspects of euthanasia, they express significantly more confidence in their ability to
perform both of the major technical aspects: administering the euthanasia solution and
pronouncing the animal dead. Pronouncing the animal dead simply requires listening
with a stethoscope to confirm the cessation of heartbeat. Administering the euthanasia
solution involves a routine injection, a procedure that most interns have mastered in other
contexts. If they do not feel confident in their ability to “hit” a vein, a catheter can be put
in prior to the euthanasia, making the procedure more technically simple as stated by this
intern:
If you have a good catheter then the next thing is you just inject and that’s definitely not
difficult. Sometimes placing a catheter can be very difficult with debilitated patients or
patients with bad effusions in their arms or legs or--so you can't access a vein or patients
who are in fast stages of shock with poor circulation, so that can make it more difficult or
if you have patients that are too small or too big, but you never do that in front of the
owner and the actual pushing it through a catheter is not difficult.

In short, most of the interns either felt confidence in their abilities to handle the technical
aspects of center-stage actions or they saw them as easily manageable with backstage
preparation. By contrast, all interns believed, in one way or another, that interacting with
clients can be “complex…unpredictable…requiring patience and skill” involving subtle,
conditional aspects rarely made explicit during their schooling prior to the internship.

**Negotiating the Decision to Euthanize.** Before they become interns, veterinary
students learn that euthanasia involves much more than the technical aspects of the
procedure, but also includes the decision-making process leading up to the euthanasia. If
not by the beginning of their internship, certainly by the end of it, all interns report that
life and death decision-making is rarely “clear-cut” and the decision to euthanize an
animal is itself a complex, negotiated process between client and veterinarian. For
example, what some owners consider legitimate reasons to euthanize may seem more like
matters of convenience to veterinarians, such as an owner moving to a new residence
where they do not allow pets. Veterinarians are called upon to euthanize animals for a
variety of reasons and novice interns learn the skills necessary to negotiate with owners
over what constitutes “legitimate” reasons for euthanasia. Some of the interns were
cconcerned about the decision for themselves as to when it would be okay to euthanize an
animal. One intern expressed his concerns regarding determining for himself when
euthanasia is appropriate; “During the fourth year at school you are never really primarily
in charge of cases, you never really had a say on when you can euthanize the patient. The
owner and the resident talk and then somehow along the lines someone decides
euthanasia. So I think that’s going to be the hardest to decide for myself when to kind of lay it down as—as a treatment option for this pet.” Another interns expressed a similar concern; “Going home the next day and wondering whether I recommended the right thing or not is going to be hard especially when what I say leads to the killing of an animal.”

The interns, in their previous roles as students, learn about potential negotiations from listening to interns, residents, and veterinary professors discuss cases they were managing in clinics. Veterinary students, for example, learn about potential conflicts between the wishes of owners and what they see as the best interests of the animals. One intern shares her experience:

I remember this one time when I was a student in clinics and one of the interns came in with a dog who had a badly lacerated paw. It was a one or two year-old Pit Bull that had cut himself on his paw, who was bleeding everywhere. It looked like a blood bath but the dog is just wagging his tail and doing perfectly fine. She just came back to the CCU and she said, ‘I can't euthanize this dog. The owners want me to do it and I cannot do it.’ I don’t know exactly what happened to the dog or—whether they did it or not or if they did anything under the table or anything like that but she just came in and said she could not euthanize the dog and I feel like I’m going to end up doing the same thing if that happens to me. I can't euthanize this perfectly healthy jumping around dog, but the owners can't afford or don’t want to afford fixing it, so they choose euthanasia instead. It’s more convenient that way; that’s my view of it. I mean it’s hard to—it’s hard to just tell a client you’re being unethical about things. You can't just say no,--I can't euthanize your dog because the dog is perfectly fine except for the lacerated paw and he’s bleeding everywhere but it’s real easy to treat. You also can't say you are required by law to refuse cause that is not true and you know you’re required ethically to treat this dog. You can’t make them spend like $500 on treatment that they don’t have. Like it’s—it’s just one of those things that we have to learn to deal with as Veterinarians that we know—all of us have come by and learn about these problems and I don’t know how I’m going to be able to do it—my first one. [Nervous Laughter]

Novice interns were often concerned with how they might handle negotiations with clients who wish to euthanize their animals for reasons of “convenience” or for reasons that they do not consider to be legitimate rationale for euthanasia.

None of the interns were concerned about negotiations with owners who decisions regarding euthanasia they are in agreement with, but almost all of the interns expressed
concern about potential disagreements they might have with client’s decisions. In fact, when asked what they thought would be the most rewarding aspect of euthanasia, next to the ability to relieve suffering, the most popular response had to do with the owners being in agreement with their decisions and “doing the right thing at the right time” as expressed by this intern:

The most rewarding thing I guess will be when people really appreciate it. They know it’s time, they know it’s right. And you also know it was the right decision. They know and you know at the same time. When they question it, then it’s not as nice, as pretty, but when they know it’s the right thing and then you do it and it goes smoothly and they are so appreciative, that will be rewarding to help them come to that decision. So I think it’s really important that, the owners understand where we’re at with the patient and that the patient doesn’t suffer anymore.

In contrast, when asked what they thought would be the most challenging aspect of euthanasia, several of the interns reported disagreements with owners’ decisions as their number one concern as expressed by this intern:

R: The most challenging will be either the people who do it too soon or the people who refuse to and the people who do it because of the money, which we see a lot. Those two extremes are the worst though.
I: Which is easier to deal with?
R: I would say that people, I don’t know, maybe the people who hold on too long. I have a patient right now who is a really, really sick cat. The owner came here specifically, knowing it was a very sick animal, had a bad prognosis, and came here specifically for more aggressive diagnostics and treatment if we could do it. This woman is looking to make herself feel better knowing that she has done everything possible and I think she understands, maybe not fully, but at least to some extent, how sick her cat is but she, I think, feels like she wants to look back and say “We did everything we possibly could so I feel better about myself.” So, as long as the cat in my mind, is at least not absolutely suffering, I’ll try. And I think I would rather that because those people at least understand the cat is sick and are just looking for a little bit more as opposed to someone who is ready to give up too early.

Another interns expresses concern over disagreements with owners; “A situation that I haven’t really had to come into contact with yet but I know it’s going to happen this year is euthanizing pets that could easily be fixed or you know are being euthanized for issues that aren’t necessarily like behavioral or medically necessary. Like that is definitely something that is going to be very hard for me.” While some interns, like the interns
above, thought that disagreements where the owner wanted to euthanize animals before the intern was ready would be an easier negotiation, other interns felt that convincing owners to stop treatment might be more challenging to negotiate, as expressed by the intern below:

I think the worst part is going to be the animals that are kept alive when they shouldn’t be. The animals that you have to sit there and watch go through stuff because the owner just can’t let go. The people who have unlimited resources that they are sinking into this animal, an animal who won’t ever walk out of the hospital and won’t ever spend another night at home. It is almost kind of the opposite of the other financial problem where they don’t have the money to treat. That money could be used to do so much other stuff. You could donate to the shelter or help homeless animals that have broken legs that could easily be fixed but instead you are just pouring resources into an animal because you can’t let it go. To watch one person do that and then to turn around and watch a family put down a dog because they had to choose between eating and fixing a broken leg. That will always be the worse. I have not even seen this and I am already starting to cry about it even now. [Crying] It is um something that is the bad part. I don’t think it is the dying as much as the living when there is suffering.

Thus, as the interns begin their internship year, the part of decision-making that they anticipate being the most difficult involves disagreeing with clients who want to euthanize their animals for reasons they feel are not legitimate.

Most of what interns learn about negotiating with clients as students comes from either classroom exercises (for those students who had classes on client interaction) or listening to interns, residents and more senior staff talk about disagreements they have with clients at the university hospital. However, the new interns do not feel confident that this training will help them to deal with anticipated problematic interactions with clients during their internship year. Interns felt that the majority of cases they saw as students happen to involve animals that they felt were suffering and beyond medical intervention, making it easier for them to accept the owner’s decision to euthanize the animals. One intern describes her experience as a student compared to the experiences she anticipates during her internship:
R: I don’t know I think it has been easy for me because I haven’t seen any animals I think should not have been euthanized being euthanized. I thought it would be harder for me to accept even with the sick animals, but I found that it is not hard for me to accept it all. It was actually very easy because all the cases I have shadowed have been very, very easy: animals that really didn’t have any other options. They were in bad shape and we did all that we could for them.

I: Do you anticipate it will be harder to be ‘on board’ with owners in your internship?

R: Yes, a lot harder. People are not going to always be willing or able to do all we can for the animal like they did at school. I know this happens and I have no experience with this yet.

Several interns shared her belief that owners who are referred to university hospitals are more willing and financially able to go along with the recommendations of the veterinarian, thus there is simply less negotiation that has to happen between the veterinarian and the owner compared to what they expect during their internship.

Another intern compares his experiences in veterinary school compared to what he anticipates he will face at City Hospital:

R: My university hospital was a referral hospital so we see the sickest of the sick because they spend time with their regular vets and they either don’t have the facilities or the technology or whatever to deal with the disease and diagnosis and treat it so we get very sick animals.

I: Do you think your internship at [City Hospital] will be any different?

R: I think because [City Hospital] is a referral hospital that we will see really sick animals too because it is people who have been to their regular vet and they want to go beyond what their regular vet can do. But I also think because [City Hospital] is an emergency place we will do a lot of euthanasia because there will be people who come into the ER to euthanize their animal because their vet isn’t open or they can’t get into their vet for whatever reason and they know something’s really wrong and they have to do it now. Being in [this city] there will be a much larger volume of cases. We will see double or triple other high caseload places and compared to universities or private practices we’re probably ten, twelve times higher. So there is just the sheer numbers we are bound to see more problems. People come to the university specifically because they want to treat their animals. There is not much to negotiate with those clients. Even if we were the ones to talk to them, it would be easy for us because they either go along with the treatment plan or we euthanize their animal cause it is so sick that it is time to let go.

Like the intern above, most of the interns anticipate being asked to euthanize animals for a larger variety of health conditions than they were exposed to at their universities, which, in turn, they believe will lead to an increase in disagreements with owners.

Potential differences between university hospitals and the emergency teaching hospitals
aside, most interns believe that they don’t have adequate experience in negotiating with clients over life and death decisions.

**Discussing Financial Issues.** In anticipating future interactions, novice interns recognized that the expected costs of alternatives to euthanasia services could have a significant impact upon the owner’s final decision. One intern explained how treatment costs impact decision-making around euthanasia:

Money is a tricky thing in veterinary medicine. We try to balance between estimates that are more than we think it will turn out to be and estimates that are less than it may turn out to be. You see the hospital gets annoyed when we are too low because they have to fight with angry clients, but if we are too high, the client may just choose to euthanize rather than pay to treat. There is such thing as a client having too much money and too little money. On one hand you have people who put their animal down for treatable procedures or curable conditions. On the other hand you have people who spend money to keep patients alive when it is not in the best interest of the animal. You can see how the financial status of the owner can screw a patient. This is why those estimates are important. We balance carefully between over-estimates and underestimates. Over-estimates can cause people not to treat animal due to expense. Under-estimates piss off the surgeons and other specialties because they have to be the bad guys. People love numbers. They always want to know what the chances are…you know what are the odds? You have the initial assessment cost, whatever you spend on diagnostic indicators, and then you have to estimate future costs of treatment. Some people put their animal down before we even establish if there is something seriously wrong because the tests to figure it out exceed what they can pay or are willing to pay. Veterinary medicine has a lot to do with money.

Like the intern above, many of the interns suspect that they will feel frustrated dealing with financial issues and they realize that their presentation of “facts” regarding the health and prognosis of their patient may not always be as clear-cut as they would prefer. Several interns mentioned that they anticipate being frustrated if they have to euthanize animals without a diagnosis because the cost of diagnostic testing is more than the owners can afford to spend. In veterinary school, students believe they are taught about how to diagnose and treat illness without consideration of the ways in which finances might influence those decisions. Many interns feel ill prepared to deal with financial constraints due to a lack of *realistic* experience in school as expressed by this intern:
The owners might not be financially capable of doing everything that they could possibly do for the pet—I mean everything that we do here costs money and money is a big concern for a lot of people—the majority of the people. And I feel that yes, it would be great if you had all the resources in the world, which is what they teach you in school, if you had everything what would you do for the animal—hypothetically--? But you also have to keep the owners in mind; you don’t want them to not be able to put food on the table for their kids at the same time just because they’re trying to diagnose and treat this pet.

The interns describe learning the “Cadillac” treatment plans in school which, although may be the best medically they can offer, less ideal but also less expensive plans are available. Interns fear that they will not have enough knowledge of the less expensive and less ideal options to offer them to clients who have financial concerns. Their fear is that they might cause owners to choose euthanasia when other less expensive treatment plans could work to cure the animal.

Experienced interns and residents in particular say that one of the first lessons they learned in their internship year was how much of veterinary medicine involved dealing with “death and money.” When asked what they thought would be the most challenging aspect of euthanasia, several of the interns reported financial restraints as their number one concern, as expressed by this intern; “I think the hardest thing about euthanasia is going to be trying to accept the fact that people aren’t going to pay for everything that you want to do for the animal in regard to tests and treatment options and whatever. In school it was always like oh here are your options from the textbook blah, blah, blah. Euthanasia is always on that list now so that is going to be a change.”

Another intern expressed a similar concern; “It will be euthanizing animals because people don’t have enough money to fix them. Like I’m okay you know--your pet is very old and very sick and there’s really not any other options--like I’m comfortable with that but you know your pet is young and given $1,000 we could fix it but you don’t have $1,000 so we have to euthanize your pet and it’s really tough.” The discomfort and
unfamiliarity with making financial estimates and offering treatment alternatives is common to new interns who feel that their ability to negotiate financial expenditures can have life and death consequences for animals in their care.

**Interactive Management of Client Impressions.** In the previous section, Goffman’s concepts of front and backstage were used to organize the actions performed by interns as students. Goffman’s dramaturgical analysis, however, also invites researchers to examine social life as a performance in which individuals or organizations use "impression management" to establish and maintain impressions that are congruent with the perceptions they want to convey to the audience (Goffman 1959). Impression management is a key aspect of euthanasia interactions in veterinary medicine and almost all novice veterinarians report feeling anxiety around their ability to manage their own presentation as well as handle the occasional “center-stage” technical mishap or mistake in the presence of owners. The interns learn from observing euthanasia and from storytelling to see euthanasia as a performance, which has the possibility to come off quite poorly. A resident recalled his early anxieties as an intern, “My main concern was that I didn’t want the owners to have a bad experience because of my inexperience in doing it … I just didn’t want to have their experience be bad because I didn’t know how to say it, or how to explain to them.” As stated by the resident above, the majority of the interns consider it very important for veterinarians to do a “good” job euthanizing animals because it would be the “last memory” that person has of their animal.

Before they begin their internship, interns learn in classes and from watching the behavior of experienced veterinarians that almost every aspect of owner-witnessed euthanasia is aimed at managing the final impressions of the clients and creating a
“peaceful” death scene. As part of their orientation to City Hospital, interns are required to attend a lecture specifically dealing with the performative aspects of euthanasia. Here they learn even the rate at which the animal dies may be altered in order to create a desirable death scene. One suggestion given to create a good death presentation is to consider injecting the euthanasia solution into the stomach in order to slow the death process. Doing so, as one clinician notes, can be easier for some clients to witness than sudden death: “If you suspect that owners might find the prospect of it happening quickly difficult, you might want to use IP. This is a more ‘movie style’ death and is what some people expect.” As this quote illuminates, interns learn that the appearance of a good death in an owner-witnessed euthanasia is considered to be quite important.

Interns learn from their clinic experiences that behaviors, which would otherwise occur in a non-witnessed euthanasia, are altered when the euthanasia is done in the presence of an owner. For example, in a non-witnessed euthanasia, veterinarians might inject the solution directly into the animal’s vein as this method is quick, cost-effective and causes the animal minimum discomfort. However, the process of sticking the needle in the vein can go wrong in that the intern may “blow a vein,” a slang phrase originating from IV drug users to describe when the injection misses the vein or escapes from the vein and is “wasted” in the skin. If this happens to an animal getting an injection of euthanasia drugs they may experience a burning or stinging sensation and react negatively to the pain. Also, the intern must then go and get additional solution to euthanize the animal. Due to this potential problem and the interns’ fear that it will take them several tries to stick a vein, most interns believe that it is more appropriate to use a catheter in an owner-witnessed euthanasia, rather than risking technical problems of
finding access to a vein in front of a pet owner. This intern elaborates on her decision to use a catheter:

I will always have a catheter in if the owner is going to be present. If the owners are not going to be present I would decide from there based on the animal. I don’t think necessarily that they need a catheter if the owner is not present. I mean I don’t want them [the animal] to suffer, but--. You don’t need to know that it took me three times. [Laughs] You know what--probably the majority of the times it’s going to go fine and it’s going to go smooth. But I think in this situation I would just never want it to not go smooth in front of an owner.

As this quote suggests, interns share a concern for the appearance of a peaceful, smooth death in an owner-witnessed euthanasia.

The fact that veterinarians are concerned with the performative aspects of euthanasia does not mean that they are unconcerned with the animals in their care, or that they are insincere. On the contrary, veterinarians demonstrated the utmost concern and sincerity for their animals and frequently expressed distress when they were asked to euthanize. Rather than being unsympathetic to the well being of the animal, interns were confident that accommodating owners’ desires would not detract from their ability to make euthanasia as painless as possible for the animal. When no owner is present the animal becomes the primary subject of concern. When in the presence of owners, however, the interns’ confidence in their ability to control animal suffering encourages a shift from seeing the animal as the subject of concern to an object within a performance. The interns are confident that the animals is not going to actually suffer, but they must now focus on the appearance of suffering that the owner witnesses. The interns believe that owners might misinterpret the behavior of the animal as suffering, as expressed by this intern:

It can be emotional for everyone in the room and the procedure is not always pretty or easy. Animals may be resistant to the needle, twitch, defecate or urinate during the procedure. You may have to muzzle or vigorously restrain an animal. It can sometimes appear as though they are breathing after their heart stops beating as air is released from
their lungs. Their eyes don’t close. The procedure can take much longer or be much quicker than they anticipate which is upsetting. This can be very concerning for the owners even when you warn them in advance. We warn the clients, but explaining it is sometimes not enough. This is the last memory that they will have of their animal.

Thus, performances are considered ruined when it appears as though the animal suffered regardless of if the veterinarian believes the animal suffered.

While interns believe that they can ruin the experience for the owner by not maintaining proper control of the animal’s physical reactions, they also believe the presentation can be ruined by a faulty presentation of their own emotions. An excerpt from field notes exemplifies exactly how seriously veterinarians can take their role in impression management:

While she was euthanizing her first animal, she noticed that the dog had maggots in a wound and they were crawling all over her hand. She wanted to scream running from the room or react in a way to express her disgust but could not do so she said *because* it was a euthanasia. Had it not been a euthanasia, but rather an exam, she said that she might not have “freaked out” but she would have reacted differently or revealed more disgust, instead she managed to conceal her actual feelings from the owner.

The interns feel that hiding their own emotions if they are not congruent with the impression they are trying to maintain is essential to a good performance. One intern shares his concerns that he will not be able to do this during his first euthanasia; “They don’t want to see me cry. That is just weird. I am supposed to be the professional. I am supposed to keep it together. I am the one who is supposed to do this all the time. They should not have to send someone in to take care of me sobbing on the floor. My first one- well all I am going to be thinking about is trying not to cry. Man I really hope I don’t cry.” Another intern expressed his concern that his inability to hide tears might be interpreted as unprofessional.

I am pretty emotional so I worry about clients seeing me cry because I honestly can’t help it but I don’t really want to be in with somebody and start crying and have them be like, ‘Oh this guy doesn’t really know what he is doing because he is all upset.’ I do worry about that some but there is nothing I can do about it. I talked to a client counselor at
school a couple of times and she says it is okay to cry you just don’t want to be hysterical
but if you have tears or something that is generally okay. I haven’t been in enough to
know for sure, but as a student once I cried more than the owner. She was tearing but I
was much more so I really tried to hide it but the doctor noticed me and I just looked at
him like, ‘Keep going. I am fine.’ So it is a concern. I am worried I will not be able to
hide it.

This intern explains why she anticipated it would be more difficult for her to maintain a
somber impression as a doctor compared to when she was a student:

I think I just haven’t had that experience yet because animals in clinics haven’t really
been my patients. And I haven’t worked hard and tried to make them feel better or get
them through their disease or--or just manage it. So I really haven’t had that attachment;
I mean I definitely been attached to the patients--but fortunately I haven’t had
experiences where I’ve had to put those down. So I think when it happens yeah; it’s
going to be a big--it’s going to be a bummer. I tend to be a very sympathetic crier, so if
you cry I’ll probably cry with you. [Laughs] And in clinics I cried multiple times. I don’t
know--I haven’t done enough. I don’t know how many I’ve done; probably--at least
figure a handful--not personally but you know watched as a student. I don’t know how
many I’ve been involved in but I cried at most of them. The difference is now I am the
doctor and I’m not supposed to cry.

Thus, while technicians and staff may provide side-stage assistance, interns feel it is the
responsibility of the veterinarian to manage the overall impressions of the clients. The
interns considered managing the impressions of owners to be crucial to a successful
euthanasia and they began their internship quite anxious about their lack of experience in
this area.

**Dealing with their Own Emotions.** A few interns were concerned not only with
their emotional presentation, but also expressed concerns surrounding their actual
emotional experience. Some interns described feeling sad thinking about euthanasia
becoming routine as expressed by this intern; “I think that it’s done so often that it kind
of--it’s importance gets--gets lost about how much it means to the client and also you are
really--you’re ending a life, a living breathing life, and so I think a lot of that gets kind of
routine like an oil change, just like oh here’s another euthanasia. Let’s do it and bang it
out and move on. I know it will happen to me, but I think it is sad.” Some interns
expressed concern that they would become “jaded” or that they would lose their ability to
empathize with owners, while others were concerned more with how they might deal with becoming particularly close to animals they might have to euthanize as articulated by this intern:

I am worried about getting emotionally attached to the animals like patients that I may have the opportunity to see more often, you know, to get a closer bond with the pet. When I worked in the vet clinic it was always just during the summers of my breaks during college, so I didn’t really have any connections, I mean there were occasionally patients that would have a follow up during the summer but I didn’t really have, like a relationship with them. And sort of similar in that clinic I was only there for a year and every four weeks I would rotate to a different service. And so I mean, there were definitely some patients that I still follow about, but over all I mean, once I was done with the medicine it was on to the next service. I didn't really have the opportunity to really get in and bond with, but here I think you know, once I treat a patient I’ll have either re-checks or communications with the clients about their pet and I’ll definitely have a chance to become, to get a close relationship with both the owners and the pets. So if they come in somewhere down the line and they decide that euthanasia is the best option I’ll already have that bond with the people and the pet, which I haven’t had in the past really. That will be hard.

While a few interns were concerned with their own emotion management, the majority of the interns were considerably more concerned with how they would handle clients’ emotions.

**Dealing with Subsequent Client Emotions.** Entering interns express considerable concern that their current skill-sets are insufficient to meet the projected emotional demands of the owners. The interns are quite familiar with all the necessary backstage work of euthanasia, but it is in the front stage where the interns must learn to react to the clients’ desires and emotions. Most felt that their schooling and clinic experience were inadequate in this regard as expressed by one resident, “When I left school, I felt like I had an understanding of the possibilities of what can go wrong for the animals, but not for the owners, nor did I get a sense that owner’s emotional reactions could be so variable.” Many of the interns generically expressed that they were concerned about dealing with client emotions, but were unable to articulate their concerns in more detail. Many of the interns told stories of their experiences in veterinary school clinics where
they felt displeased with how a veterinarian interacted with a client in a way they thought
to be insensitive to the client as expressed by the intern below:

In school a dog come in that was incontinent and he had several seizures the day before
and now he presented that night with a corneal ulcer so his eye was squinty and had
discharge. This dog had a lot of problems but none of them would really kill him. He
was just wasting away. The owner came in crying because apparently her vet had refused
to treat and told her she was being cruel by keeping the dog alive but the resident also
basically told her she was being cruel and that she should euthanize this dog. I don’t
think that was the right way to deal with that, but I don’t know what the right thing do
would have been either.

A few interns were able to articulate more specifically what they anticipated to be
negative regarding client’s emotions. Several interns were concerned about time
management issues such that they would be unable to “get out of the room and away
from grieving owners fast enough” to handle their responsibilities “on the list” without
feeling like they were being insensitive to the emotional needs of owners, as articulated
by this intern; “I think the most challenging is giving those owners the time and the
energy that they need emotionally. I want to always be able to give that but I’ve also
seen people on emergency where you get really busy and that can be very challenging.”

Most of the interns anticipated feeling awkward or uneasy watching grieving
owners and felt unsure of how to respond to their displays of strong emotion as shared by
this intern: “This woman got really emotional and it was terrible to watch. So that’s hard
I think because it is one of those things that you have to almost be a psychologist or
counselor and you have no training for it. I have no idea what to do with these
emotionally vulnerable people.” Reflecting on their experiences in clinics, those interns
who observed client interactions during euthanasia would frequently describe their
behavior as “trying to get out of the room as quickly as possible” and feeling as though
they were “imposing” on the clients grief. Many of the interns were afraid that they
would either “not know what to say” or that they would say the “wrong” thing. While
most interns felt nervous that they would not know how to deal with people’s emotions or anticipated that it would be awkward to watch people’s show emotions, a few interns were more positive about the emotional aspects of euthanasia. Some interns believed that “helping owners through difficult times” would be a rewarding aspect of their job and they felt confident in their ability to deal with client emotions. The following intern expressed why she thought the emotional aspects of euthanasia would be particularly rewarding:

My gut reaction is that I don’t think there will be anything rewarding about euthanasia given my overall dissonance with it. I guess the most rewarding thing will be a better understanding of life and death or at least a more intimate understanding of life and death. It will give me a better understanding of people’s reactions and abilities to cope with these situations. Being there for the euthanasia of someone’s animal will provide me with a lot of information that a lot of people don’t have access to about how people think and feel about their animals and about how people are emotionally when they have to deal with these issues. It is like I get a private screening to very intimate times for people that a lot of other people never get to experience.

Most interns anticipate that, as they gain experience in their new position, they will learn to deal more effectively with clients’ emotions; however, in the meantime they express considerable anxiety about their lack of experience in this area.

**Conclusion.** Upon entering their internship, no intern felt completely confident or fully prepared to deal with all of the issues they anticipated regarding euthanasia. A few interns, however, expressed more confidence in their training and preparedness than others. For example, this intern expressed some concerns but was overall optimistic; “We didn’t have any courses on euthanasia, but we did discuss it in rounds sometimes. I think a lot of it is common sense. If you are prepared you should be okay I think. Don’t forget the little things. You know don’t forget to have them sign the papers and try to get them to have the bill paid so they don’t have to stand at the front desk with everyone
starring at them while they are crying and trying to get their credit card out of their purse.” One intern was exceptionally pleased with her euthanasia training:

At Colorado State we had the Argus program and I thought it was an absolutely amazing program. Argus is their support system for helping families deal with loss in euthanasia but also helping us deal with client communication...As Freshman we have an orientation to Argus, which is like a day seminar talking about what Argus is, the importance of client communication, euthanasia methods and then as Sophomores, we do another seminar working more into like client communication, the options that people have like they have a pet cemetery/crematorium there. We kind of get orientated in that part of it. And then as juniors, we do like a half-day weeklong client communication seminar. We practice talking with clients; they have these four rooms that are monitored. Owners agree that they’re fine with monitoring and in the room is a video camera and speakers so they [instructors] can listen to us and record it on tape and then we watch it later and get it reviewed with them...So we got a lot of work just talking to the clients, practicing how we want to talk to them about [Sighs]--what they’re going through, working kind of on trying to be understanding and--and to discuss with them that we understand that it’s hard for them--that you know we’re there for them, we’re supporting them, and just a week of just like talking back and forth and practicing so the first time we do it it’s not like the first time we say it which is really amazing. And then they have one day where they go through everything that we use, the procedure that we want to go through...They have a board--panel of clinicians at the school and they talk about what they usually do, the steps they take, what they tell owners, how they talk to owners involving children. We never actually gave the euthanasia solution but we were the ones who usually--the seniors who talked to the clients about it. We were very involved with the clients; we’re always present. When we did it we just didn’t actually give the drug. But we had an externship for two weeks at a really pretty amazing hospital in Denver that does low-cost work for people who can’t afford regular Veterinary care and we’re pretty much the primary doctor there and so I did a euthanasia on my own there. So that was good.

Unlike the intern above, most interns believed that their education did not prepare them adequately for dealing with the client interactions necessary in euthanasia. As discussed previously, surveys of veterinary schools support the contention that these criticisms are representative of veterinary schools as a whole.

Veterinary interns early experiences with euthanasia in school and as technicians expose them to the sights and smells of sick, diseased and dead animals that most of the lay public would find disgusting, however, they are kept isolated from many interactions and discussions with grief-stricken owners. In other words, veterinary students receive much more experience with “backstage” procedures dealing with animals such that this work becomes normalized, whereas much of the “frontstage” work dealing with clients
remains relatively unknown. Interns consider this an important missing component in their education; however they recognize that there are inherent constraints that may limit the ability for students to receive satisfactory experience in this area. Some veterinarians believe that the veterinary educational system is fundamentally limited in the teaching of euthanasia. For example, one resident argues:

You can’t even put any understanding or feeling to it until, you’re in it, and it’s you. Cause you can be a student and watch parts of euthanasia with actual clinicians that are actually doing it with clients, or talk about things that have gone on in euthanasia and that sort of thing, but until you’re the actual one injecting the overdose and you have the conversations with the clients, I don’t think that there’s necessarily anything, well, that I’ve experienced, stronger than that, that prepares you better.

If no teaching method is better than experience, why don’t interns get more experience? In short, the veterinarians point to practical limitations, legal restrictions, and normative forces.

Veterinarians spoke of practical limitations in their pre-clinic and clinical education. Some interns suggest that the nature of clinic work is too varied such that it would be impossible to assure that every intern got experience specifically with euthanasia as expressed by this intern; “I don’t know how they could have given us real experience. What animals could we practice euthanizing? Maybe we could have euthanized some shelter animals, but other than that, it would otherwise be difficult to verify that everyone did one before they graduated because you never know what you are going to get in clinics.” Most of the interns believe that euthanasia simply cannot be taught effectively within the classroom because the best way to learn is through actual experience. As one resident noted, “How much of what goes on in a euthanasia is really teachable? I don’t think there’s a way you can teach us how to prepare for it. I think that it’s something you have to do. You can't make euthanasia go smoothly; I mean they can go horribly for everybody and it doesn’t matter how long you’ve been here.” After
interns gain experience, several look back on their classroom preparation as less useful as once thought. One such intern elaborated this commonly shared impression: “When I was hearing [about euthanasia in school] it all sounded good. But looking back it seems sort of silly to tell us because it doesn’t matter what we’re taught. Everybody can say whatever it is they want to say and how they think they are going to respond in a given situation but until they get there, and they’re faced with it, well it is nothing until you have a family in front of you.”

Discussions of ethical dilemmas involving euthanasia were commonly seen as easy to talk about but the interns felt as though they would be more difficult in reality to navigate as expressed by this intern; “I went to Tufts and actually I think they’re pretty good about trying to educate the student with the euthanasia. They had an all-day seminar and it was actually a really good seminar. But there’s still nothing out there that’s going to ever prepare you for that--the first time you ever do it--especially when it’s not really one you want to do--it’s against your wishes in some way. You know you can do something for the animal but you can’t because of finances or because the owner just doesn’t want to do it.” After the first day of his internship this intern reflects on his experience relative to the ethics training he received in school:

I had a woman yesterday whose landlord just decided that they didn’t want the dog in the house because the dog barked a lot so she asked if we “de-bark” animals here, if we remove, I don’t even know exactly how they do the surgery, but they take out the larynx or voice box. And I said, “No, we don’t do that here and I don’t recommend it, it’s an unnecessary and it’s a painful procedure”. So then she started talking about how then she was going to have to euthanize her pet and so we started talking about adoption. She didn’t want to put him up for adoption because she didn’t know what kind of a home he would have to go to and that’s really difficult. And we talked about these cases in school and everybody’s got an opinion and this is what they do and this and that and the other things and I remember specifically having a conversation about a case just like this in school and, having people talk over each other on both sides of the lecture hall and who would say what they would do and what’s right and what’s wrong and that’s so stupid. It’s so stupid to just sit and talk about it in a room for one day. You don’t know how you’re going to react when you get there. I mean, now, I have this woman’s dog and it’s like a 14 year old little dog who’s only lived with this woman, you know, maybe it is
better for the animal. I don’t know. That’s something we are all faced with; that’s something that’s really hard to deal with. Is it better for the animal or not? I don’t really know. So yeah, I don’t know how much it helped me to talk about it in school.

Problem-based learning and role-play are commonly thought to be poor ways for learning how to deal with clients and the complicated reality of ethical dilemmas in veterinary medicine.

Some interns suggest euthanasia interactions are simply too varied and complex to be summed up neatly in a few classroom tips. One intern observed: “You’re gonna react differently to each situation. And everyone is very different from people who are totally apathetic to people who can’t stand up and they can’t compose themselves and obviously your reaction in each situation is gonna be different.” For others, simply hearing stories or warnings from panels of experienced veterinarians on euthanasia about what could go wrong hardly reduces the impact of experiencing disturbing occurrences for the first time, as one intern explains, “They warn you ‘animals may take a while to die once you inject them’ and ‘they make weird noises’ but there wasn’t really ever any demonstration with that. More than ten euthanasia(s) into the process I was sitting there thinking ‘when does this really happen?’ and ‘is it really that dramatic?’ And the first dog that I had made weird noises, it was horrendous actually. If I had been that owner I don’t know how I would have dealt with that. I was freaked out.”

Despite their criticisms of some lectures and classroom techniques, most of the interns who had classes or seminars that talked about euthanasia were glad their school offered them. The following intern expressed the contradictory feelings several others shared:

We had a mandatory attendance kind of class and they just talk about all these different topics with human animal relations and we talked about convenience euthanasia(s)--things like that--all the controversial issues, tail-docking, ear-docking. Well I mean some of the like students in the class would actually take time and do other coursework during
Although different interns who attended the same veterinary college might have evaluated the effectiveness of their euthanasia training differently, most of the interns believed that, while classroom techniques may be fundamentally limited, they were better than not addressing the issue at all. In fact, all of the interns whose veterinary schools offered little or no formal classes said that they would like to see their school develop such a course or seminar that focuses specifically on euthanasia.

Veterinarians also claim, without being specific, that legal restrictions limit their direct euthanasia experience as students. Regulations for performing euthanasia vary by state and the American Veterinary Medical Association’s most recent panel on euthanasia simply states, “Current federal drug regulations require strict accounting for barbiturates and these must be used under the supervision of personnel registered with the US Drug Enforcement Administration” (AVMA Panel on Euthanasia 2000). Although legal restrictions would certainly explain why some students do not receive any experience injecting regulated drugs, no veterinarian mentioned a direct connection between these restrictions and a clinic’s reluctance to allow them to practice other center-stage activities nor does this explain why only a third of the interns had even been present to observe euthanasia with clients.

Lastly, veterinarians referred to normative constraints inhibiting their centerstage experience as students. The reluctance to allow students to take center stage in euthanasia cases is predicated on the belief that clients “deserve” and expect to have a doctor
performing these actions rather than a student. Elaborating this normative constraint, one clinical instructor further noted the irony of having an inexperienced veterinary intern perform euthanasia instead of a more experienced technician:

Technically there is no reason not to just let the technicians handle it except that there is something that society considers sacrosanct about the role of the doctor especially because death is involved. Clients don’t know in July when the interns are just starting that this may very well be their first euthanasia procedure that they have ever done and that the technician is going to have more experience and be better both technically and emotionally, but all they see that a doctor is doing it. I used to do this all the time before vet school when I worked in a shelter, but nowadays I often bring a technician in with me because I know that they have more experience on a daily basis getting difficult veins.

Many veterinarians claim that people prefer a “real doctor” to euthanize their animals because the doctor reinforces the legitimacy of the owners’ choice to euthanize their animal, as expressed by this clinician:

When I was a certified euthanasia technician I did witness euthanasia on occasion so why don’t people drop their animals off at shelters to be euthanized? They don’t go to a technical expert who does euthanasia(s) all day long; most people go to a veterinarian. They want a doctor to be there because the doctor gives their choice legitimacy and helps them feel okay with the choice. The doctor is able to validate their decision in a medical way or in a way that a technician just cannot do...socially speaking.

This normative constraint was espoused not only by clinicians and clients, but by many veterinary interns as well, as expressed by this intern, “From my own experience with pets it is nice to have some sort of ‘yes this is the right decision’ and it is not unreasonable to do this. It helps knowing you got answers from your doctor.” Another intern expressed his concern for the client; “It’s a really emotional time for owners that they don’t necessarily need to have a student fumbling through the process. That to me makes sense.” A few interns suggest that the animal deserved to have a doctor perform the procedure, as expressed by this intern, “I refused to euthanize a client owned animal before I was a doctor because I thought that the pets deserved it and the clients deserved to have a doctor do it. Not that it’s hard to make an injection but I didn’t feel comfortable doing it not yet being a doctor.”
Given the emotional impact that euthanasia has for many pet owners, a number of veterinarians identified a general concern that clients might be uncomfortable with students performing or even witnessing a euthanasia procedure. One novice intern explained: “I’ve been at some practices- one of my externships- where they asked us to not go in with them for euthanasia because of their perception that it was more uncomfortable for the client.” Similarly, a resident noted: “When you are in vet school shadowing they sort of shield you from it a little bit because it’s very personal for the owners, so it’s difficult to get exposed to it before it’s your responsibility to do it. So I am always telling students to follow me into the exam rooms and into a euthanasia, whenever vet students are here shadowing. They never teach us how to talk about death and they never teach us about how to talk about money. Maybe there’s not way to teach how to talk about euthanasia, but it would have been nice to be exposed to it, at least a little more.” Although veterinary interns have different explanations for their lack of center-stage experience with euthanasia, there is a common feeling that, until they receive such experience, their euthanasia education will remain incomplete.
Chapter Three: Negotiating Death

Typical Negotiations

Working in partnership to make subjective and objective assessments of an animal’s quality of life, veterinarians and owners typically produce mutually agreed upon conclusions regarding treatment plans or a decision to euthanize. When asked what constitutes legitimate rationale for euthanasia most veterinarians are quick to respond that the decision to euthanize is highly individual and that every case involves a unique combination of factors and must be considered on a case by case basis rather than following standardized criteria. For the veterinarian, key factors in the decision-making process include diagnosis and prognosis, quality of life, current symptom burden (stress, pain, and suffering), risk-benefit analysis of the proposed intervention, treatment financial cost, past response to treatment interventions, species characteristics and life span, and treatment burden to owner. Most veterinarians feel any one of these factors considered severe enough constitutes legitimate rationale for euthanasia yet establishing specific criteria for what makes up a “clear-cut” case for euthanasia is difficult because each veterinarian’s definition of what constitutes “severe enough” to warrant euthanasia can vary widely. For example, for one veterinarian any expense to an owner who is unable to pay for treatment costs is a legitimate reason to euthanize an animal, but for another veterinarian the thought of euthanizing an otherwise healthy animal with a good prognosis (e.g. a broken leg) simply due to an owner’s inability to pay “reasonable” treatment cost is unacceptable. Despite individual variations in defining certain parameters, for most veterinarians, euthanasia is ideally done with animals that have been diagnosed with a terminal disease and nothing further can reasonably be done for them or
when injury or disability causes the animal to suffer or have a poor quality of life. Along the same lines, most veterinarians consider it inappropriate to continuing to treat a sick animal when treatments are only prolonging its imminent death.

Routine veterinary consultations that end in a decision to euthanize involve minimal negotiations between the veterinarian and the owner because they are typically made when several of the above key factors are considered to be poor or problematic enough to warrant euthanasia by the veterinarian. Thus, both parties agree that the rationale behind the decision is legitimate. The decision to euthanize results from two common consultation types: one is when an owner presents their obviously unhealthy animal for euthanasia and the other involves an owner who requests treatment for their animal but the veterinarian delivers bad news. In many of these situations, minimal negotiation is necessary as both the veterinarian and owner agree that it is reasonable and appropriate to euthanize. One veterinarian describes how little negotiation is necessary when owners present clearly seriously ill animals for euthanasia, even if she has never met the client or patient before:

Sometimes when the owner comes in and I don’t know them but the owner says it has cancer and I can see or feel a giant tumor. The dog or cat is probably old and non-responsive and wasting away or covered in its own urine or feces and that is probably time or maybe a little sooner, but you for sure know that it is okay to do it right then and there because that animal is not well. Those are the ones where I think euthanasia is obvious. At this point we can’t make them feel any better. In the emergency room if they are really sick and the people just can’t afford it to treat an expensive condition or its a terminal disease, for me, euthanizing- the faster the better because you are putting an animal out of misery…A clear-cut case is a patient that has, for example, metastatic cancer and is geriatric with several co-morbid conditions like heart disease and renal failure. Those are the things I always say any one of them alone may be manageable but all of them together make Fluffy’s prognosis really bad. I don’t need a whole lot of conference to be okay with that decision.

Another veterinarian discusses a case where owners requested euthanasia for their dog who was unable to eat on his own without a feeding tube due to a serious medical condition known as megaesophagus (the esophagus becomes enlarged rendering it unable
to push the swallowed food into the stomach resulting in frequent vomiting, which can cause chronic pneumonia):

I have an owner coming back today for euthanasia of an old, old Great Dane who is 12 years old so he is like four years beyond his time (laughs). He came in for pneumonia and mega-esophagus. Certainly pneumonia is hard to kick and mega-esophagus is hard to manage and they are coming in two months now after the fact and the dog has been doing-- well not the greatest but is getting by. These owners are very knowledgeable and I think he [the owner] understands the quality of life aspect of things so I am okay with it because he is a 12 year-old dog with a lot of bad things wrong with him. You will see that he is still a ham in the hospital but I am satisfied with their assessment that it is time to stop trying.

Even though their animal’s condition was serious and fewer than 35% of patients recover from aspiration pneumonia, the owners spent over three thousand dollars treating the dog in hopes of him living another year. Despite the owners’ dedication and commitment to treating the animal, the dog’s condition remains poor. Thus due to the dog’s poor quality of life, older age, difficult medical condition as well as poor response to treatment, the veterinarian easily supported their decision to euthanize.

In other situations the owner comes to the veterinarian requesting treatment for their sick animal but the diagnosis of life-threatening or terminal illness in which the prognosis is poor or the proposed intervention is risky, as well as painful, many times results in a mutually agreed upon decision to euthanize. The veterinarian below explains how she delivers bad news to owners whose cat was being treated for kidney failure:

If it is a clear-cut case for euthanasia; like Peaches over here, I am pretty up front with it and I don’t really beat around the bush or sugarcoat anything. If there is good and bad news I tend to give the good news first and then the bad news. The good news is that Peaches is feeling better and she ate today without vomiting, however, the kidney enzymes have not budged at all on the aggressive fluids and I don’t think we are going to get her out of kidney failure. I try to be really up front with them and I generally say things like I am very sorry but at this point euthanasia is really the best option we have to offer Peaches. If it is truly bad news and there is no hope and things like that then I am not going to hold out false hope and usually the owners are on board right there with me cause they see their animal is not doing well and so they decide to stop.

In the case above, the clients originally decide to treat the disease but the treatment failed so they soon decide on euthanasia. Owners whose animals are diagnosed with a serious
or terminal illness may decide that treatment is an option for them until the veterinarian explains that the treatment has a high mortality rate, is expensive, painful and is unlikely to be successful. This was the case with a middle-aged Springer Spaniel brought into the hospital with a complaint of lethargy and heavy breathing. After several tests including bloodwork, x-rays, and ultrasounds, it was determined that the dog likely had a condition known as Immune Mediated Hemolytic Anemia (IMHA), a rapidly deteriorating and very serious disease associated with a high mortality rate. The veterinarian explains why she felt euthanasia was the best option for the dog:

IMHA means they are really, really anemic because they are destroying their red blood cells. That is a dog that you are going to give them right when they walk into the door a forty-five hundred to fifty-five hundred dollar estimate and you tell them that a third of the dogs die in the hospital, a third of the dogs go home and then come back and need to be euthanized, and a third of the dogs pull through. You have to jump in feet first and you have to invest this money in working up your dog and some people are willing to do it and some people aren’t. I think even if they go for the treatment that it is a big risk and takes a lot to get an animal through this so a lot of these end in euthanasia.

Patients with IMHA are often unstable and need at least one blood transfusion as well as general supportive care to maintain the patient’s fluid balance and nutritional needs. It is also necessary to suppress the immune system’s rampant red blood cell destruction, which often means very high doses of a corticosteroid that can have serious side-effects. It may take four to seven days for the bone marrow to generate a response and the animal is hospitalized and monitored the entire time. An especially unlucky patient may take weeks rather than days to see a response. Given the high mortality rate, current poor condition of the animal, unpredictable response to treatment associated with this disease, as well as treatment costs the veterinarian believes it best for the animal and owners to euthanize. Given such a small chance a recovery, after explaining the situation to the owner (who was particularly concerned about suffering) agreed with the veterinarian that euthanasia was the best option for her dog.
Unlike the cases discussed above in which the veterinarian has a definite opinion as to the “correct” choice of action, and euthanasia is deemed clearly in the best interests of the animal by both the veterinarian and the owners, in many situations the choice between euthanizing or treating an animal falls into what many veterinarians describe as the “grey zone.” These cases are named such because several, often conflicting, factors make it difficult for the veterinarian to decide which action (to treat or to euthanize) is the better option or “correct” choice that serves both the interests of the patient and the client. For example, it can be difficult to balance the uncertainty of health outcomes with the known adverse affect of the treatment on the patient or weigh the odds of a fairly successful outcome against an expensive treatment plan far outside many clients’ ability to pay. In these cases a veterinarian may be unsure of what is in the best interest of the patient and the client and they typically concludes that, given the circumstances of the case, it would be equally legitimate to treat the animal or to make the decision to euthanize. The diagnosis of hemoabdomen is one example of a condition that falls into several veterinarians’ “grey zone.” Hemoabdomen, also referred to as hemoperitoneum, is a potentially life-threatening condition involving blood loss into the peritoneal cavity. Dogs with bleeding abdominal masses must undergo abdominal surgery to remove the bleeding mass. If a bleeding mass is a benign hematoma, prognosis for a full recovery is excellent, but if the bleeding mass is malignant, such as a hemangiosarcoma, survival time can be as little as 2-3 months without chemotherapy. Before electing surgery, an ultrasound and chest x-rays are recommended to determine if the tumor is isolated to the spleen or spread to the liver and lungs and, if either of these are true, then many owners elect euthanasia at this point. But, if the liver and lungs look good, then owners can elect
to proceed with the surgery and hope that the tumor is benign (which can’t be finally determined until tissue samples are back from the pathologist). The prognosis depends on the cause of hemorrhage such that animals with hemangiosarcoma (approximately 75% of all cases of hemoabdomen) have a poor prognosis and animals with traumatic hemoabdomen (approximately 25% of all cases) usually have a fair to good prognosis.

One veterinarian explains the circumstances of one such “hemoabdomen case” in which it was difficult for him to determine the best course of action:

A lot of the time it is not so clear-cut like that hemoabdomen case we had earlier. He has a twenty-five percent chance of making it through the surgery with no problems and a seventy-five percent chance the spleen ruptured because there is a tumor and he is going to have eight weeks to live. They have to know that before hand but in 1/4 of the cases it will be a completely curable condition, which involves removing the spleen. You are really playing the odds when there is a big chance it is cancer so euthanasia is an appropriate option. It is stressful because you recommend removing the spleen and they spend a lot of money in surgery and in eight to ten weeks the animal dies. The good thing is you can take it out, but if it is cancer it has likely already spread. There was a 1/4 chance that the surgery alone would fix the problem. They may euthanize their animal because it is 4 to 5,000 dollars on a bet. It may be totally treatable but it may be cancer then the dog would have maybe three months without chemo and 6-8 months with chemo. It isn’t really possible to just do nothing because in most cases there is a lot of fluid and they have lost color and their heart rates are not good. The animal would be in considerable pain. Either the spleen comes out or it doesn’t but then if it doesn’t then you need to euthanize.

As is the case with many “grey area” cases the veterinarian is not certain that the animal won’t go through potentially painful procedures (and expensive treatments) only to be euthanized if treatment is not successful. It can be difficult for veterinarians to choose what course of action should be taken when the choices are to administer treatment that will inevitably cause suffering but possibly prolong an animal’s life or to euthanize preventing any suffering. One difficulty for veterinarians in this case described above is that the animal has to endure a painful (and expensive) surgery and recovery period only to be euthanized a month or two later if the diagnosis is cancer. Another difficulty is the
possibility that they are euthanizing animals with a potentially excellent prognosis primarily due to the cost of diagnosis and treatment.

Finances are considered openly in the decision-making process and often play an important factor in deciding between treatment and euthanasia. Although most veterinarians prefer not to euthanize animals based primarily on financial decisions they accept the reality that finances play an important role in treatment decisions, as this veterinarian explains:

Veterinary medicine has a lot to do with money. We all learn that on day one of the job, if we didn’t already know it. Sometimes pretty treatable diseases become untreatable when the owner can’t pay for it. That sucks but it happens. There are people who have the money but won’t spend a dime to fix a good prognosis. That’s sad but it is worse to see those people who clearly don’t have the money that will beg and borrow to treat their animal. What I am constantly surprised by is the amount of people who are willing to spend several thousand dollars treating their pets and many times they will gladly spend this amount not knowing even if their animal will make it.

Sometimes owners will spend what many people might consider to be exorbitant amounts of money to treat their companion animal’s illness, however, most owners have far more limited resources to spend on their animal’s care. In fact, euthanasia discussions may come up at any time due to an owner’s inability to pay for treatment regardless of whether the animal’s condition is life-threatening or not. When given the choice, most veterinarians would rather deal with a case in which a poor prognosis is the primary rationale for euthanasia rather than financial considerations, as this veterinarian explains:

Euthanasia can come down to patient-related factors such as diagnosis and prognosis as well as owner-related factors such as financial costs…It is easy to choose euthanasia when you can euthanize without even having to consider the owner-related factors. Those are the kinds of euthanasia that are easy because you are working to end animal suffering. It sometimes feels great when it has nothing to do with money and no amount of money is going to make this any better for the cat. You can tell owners that even if they were Bill Gates that nothing can be done to save their cat. Nice and clean. I think makes it easier on them too that the decision was purely based on medical issues in which suffering is involved. Often though if the cost is really too expensive to treat then it is usually a pretty bad prognosis or there are multiple factors going on that make the decision to euthanize not just about money.
Just as euthanizing based entirely on patient-related factors feels “clean” and clear-cut, many veterinarians suggest that euthanizing an animal solely due to financial reasons often feels “dirty” or unsavory. However, as the veterinarian above also indicates, financial frustrations are often mitigated by the fact that, when the cost of treatment is considered “expensive,” there are usually other patient-related factors, such as poor prognosis, that tip the scale in favor of a decision to choose euthanasia. A diagnosis of cancer, for example, depending on the tumor type, degree of dissemination, and the animal’s general health at the time of the diagnosis is considered “expensive” by the average veterinarian because it is common for a client to spend between $2,000 and $6,000 to treat a tumor-bearing dog or cat with surgery, radiotherapy, and/or chemotherapy. Although owners may choose not to treat cancer based primarily on financial considerations, most veterinarians don’t consider it problematic to euthanize animals with cancer because they often have a poor prognosis which will eventually cause suffering with or without treatment.

In most life or death situations, the veterinarian meticulously explains the medical situation to the owner, offers treatment options, and allows the owner to choose the option that seems best for them. Veterinarians describe their role in the decision-making process as primarily to evaluate the objective medical status of the animal and educate the owner so that they can make informed decisions. For many veterinarians, this is not only their preferred role but an ethical imperative. The veterinarian with the “hemoabdomen case” portrayed above describes his role in the decision-making process:

The hemoabdomen is one of the harder situations…You owe them as vet to tell them this possibility up front and to make sure that they understand all the possibilities and that both options—either surgery or euthanasia—are legitimate options. You don’t have to be an oncologist if you are an emergency doctor but you have to have basic rule outs and the major time line and major prognosis. Yeah some choose to euthanize in the exam room...
when you give them those odds. Are some people euthanizing dogs that maybe had a ruptured benign hemotoma? Sure. All owners have different quality of life goals and different ideas of what is acceptable. You tell some people if we do this then we will have two or three more months and those two or three months are quality months. Some people will say it is worth it and some people say it is not worth it for me or him. That is personal and it is a lot about financial commitments and quality of life and that is not for me to decide.

Particularly in “grey area” cases, veterinarians prefer to leave all decision-making up to the owner and consider it their job to inform the owner as much as they can the facts about each alternative. In fact, almost all of the veterinarians expressed at least some discomfort with the thought that they had not fairly presented both sides of grey area cases fearing that they would be “forcing owners into decisions.” Despite the fact that veterinarians often agree with clients’ decisions, many loathe the idea of giving owners their personal opinion. In fact, as shown by this veterinarian below, most veterinarians try to avoid directly answering such questions:

The first thing I do is kind of try to offer the facts and offer the choice to them…If they ask me for my opinion, sometimes they will ask what would you do if this was your pet? which is a question that we get all the time…I find myself- when I answer it- never being comfortable. I guess I give them an idea of what the conflict would be in my head. And I don’t usually tell them yes I would euthanize or no I would treat. I say things like if I was in this situation it would be difficult for me to decide…I usually tell them that I would also be very conflicted and that I think this is a good time, if she wanted to let him go, to do it. I know it’s a hard thing too. At the same time- if I am torn too- I usually also say things like if you want to keep trying I don’t think that is a wrong choice. And so I always talk about well, what are the parameters that you consider a quality of life and however you define those, have you already gone past those? In many cases it is just a tough call and I support either decision.

Veterinarians often say that they feel it is necessary to openly validate both options so as to avoid biasing an owner towards one choice because they believe the veterinarian would negatively judge a particular choice. Veterinarians consider it their job to provide owners with objective medical information and they consider it the owner’s job to subjectively assess behavioral changes and the animal’s quality of life and to weigh both the subjective and objective measures in order to make decisions regarding euthanasia.
Owners often struggle with decision-making related to euthanasia and report the decision to carry out euthanasia as one of the most challenging. For many pet owners choosing euthanasia can feel like a reversal of every decision they’ve made throughout the life of their companion animal to promote his or her health and wellbeing. They often experience difficulty determining when their animal’s quality of life has deteriorated enough to warrant euthanasia and look to the veterinarian for help determining the appropriate time. Thus, a key part of the typical negotiation process for the veterinarian is helping owners assess an animal’s quality of life. It isn’t surprising that owners report difficulty evaluating their animal’s quality of life as veterinarians also feel it can be challenging. A fundamental difficulty is that no objective or universally agreed upon standards exist for determining the subjective feelings of other animals. For example, most veterinarians agree that it is right to euthanize an animal whose quality of life is impaired by disease or injury to the extent that it is “inhumane” to keep it alive, but how does one tell when this point is reached? Some people argue it is reached when the animal has more negative feelings than positive feelings and no medical intervention can tip it back towards the positive, but what happens when two individuals disagree regarding the assessment of an animal’s feelings? For all veterinarians the determination of a good or bad quality of life is based on observable signs of health and illness (e.g. eating, drinking, urinating and defecating, breathing difficulty) and objective medical procedures (e.g. blood tests, radiographs, ultrasound). Many veterinarians, however, also include subjective measures (e.g. Would Walter be happy if he could no longer do his favorite things? Does he have the psychological makeup to withstand painful treatments?). Thus, while a few veterinarians confined their assessment to health-related
factors in determining an animal’s quality of life, many also gave weight to the assessment by owners of their animal’s feelings and factors believed to affect these feelings. Rather than focus primarily on assessing pain and suffering, veterinarians often encourage owners to think about what animals like or prefer doing, what their interests are, and what opportunities they have to fulfill these interests. For these veterinarians understanding of the quality of an animal’s life encompasses more than just the absence of suffering, it concerns the quality of an animal’s entire relationship with its environment- how it lives it life.

Because many veterinarians consider subjective aspects of an animal’s life to be important factors in determining quality of life, they must rely, at least in part, on an owner’s assessment of their animal’s feelings. Veterinarians encourage owners to trust their judgment of the animal’s quality of life by suggesting owners know their animal’s personality best and are in the best position to assess the subjective aspects of an animal’s quality of life. With many cases veterinarians can confidently trust the underlying assumption that owners have the ability to accurately report their animals’ feelings. However, this assumption can be problematic for veterinarians if they disagree with an owner’s decision based on what they believe to be an inaccurate assessment of an animal’s quality of life. For example, sometimes euthanasia can feel inappropriate for the veterinarian if the animal’s terminal illness has not progressed to a point where the animal’s quality of life is necessarily poor. One veterinarian describes what it is like for her when she is faced with an owner’s request for euthanasia of a terminally ill animal whose current quality of life she doesn’t consider poor enough to warrant euthanasia:

You feel so good about it [euthanasia] when they are suffering and you are glad that you can end their suffering but you kind of feel like a killer when they look too good. If I know that it is something that I can’t fix I want to euthanize them before they start to feel
like shit…But it makes it harder on the owners and harder on the vets when they are looking at this perky animal and ultimately it is the right thing to do for the animal if it is a fatal disease. When owners ask me, “Do you think I am doing it too soon?” my response to that is the bigger problem is waiting too late. Many people bring in animals where you think oh this is horrible like they should never have suffered like this…In a hospice situation when they stop eating and they start looking like they are uncomfortable, then it is time to euthanize, not three days later when they are twenty percent dehydrated and they have dropped a pound in three days. That is not the time. You also don’t want to euthanize an animal right away when you hear the word cancer because that animal may have several great months ahead. I like to call the perfect timing where we euthanize terminal animals—“euthanizing on the cusp” where they haven’t started to feel bad just yet but you know it is coming soon, which is really what you want and that is what I want to do with my pets.

In these cases timing is an important factor between the veterinarian feeling like a “killer” or feeling relief to end suffering. As the veterinarian above suggests, most vets prefer to “euthanize on the cusp,” meaning not euthanizing when the animal is still well enough to enjoy a good quality of life, but choosing instead to euthanize just before the animal gets “too sick.” If they have to choose, however, most veterinarians would choose to err on the side of euthanizing terminally ill animals, or animals with a poor prognosis, slightly “too early” rather than “too late.” Of course, the definitions of what constitutes “too early” or “too late” varies from veterinarian to veterinarian, but, for most, it is better an animal have a slightly shorter, more comfortable life than a longer one that involves suffering. Thus, one could imagine that it is particularly difficult for the veterinarian when they believe that an animal is suffering but the owner insists on continuing treatment.

Negotiation involving euthanasia can be complicated substantially when the veterinarian disagrees with a client’s request either for euthanasia or decision to continue keeping an animal alive whose condition the veterinarian believes warrants euthanasia. For example, most veterinarians find it especially difficult when owners request euthanasia and it is not clear to the veterinarian whether euthanasia is appropriate, as this veterinarian explains:
I think my involvement [in the decision-making process] is different in every case. The ones who come in off the list for a witness [euthanasia] I generally don’t question them because usually it is very obvious why they are being euthanized. They are emaciated. They look really sick and are having trouble breathing. But if an owner comes in for euthanasia and I see an animal in the waiting room wagging its tail and running around, I ask more questions versus an animal who obviously is laterally recumbent and not doing well. Those I don’t ask questions. Sometimes I am disappointed they don’t try harder, but I don’t have that many where I outright disagree with owners. Oh boy it can get complicated when we are not on the same page.

Thus, as this veterinarian explains, as long as the owner and the veterinarian are in agreement, the negotiation between owners and veterinarians remains minimal. However, sometimes clients and veterinarians do not agree about euthanasia. There are several reasons why veterinarians may disagree with their client’s wishes. For example, while clients have the legal right to make decisions regarding their animal’s healthcare, sometimes those decisions pose moral dilemmas for veterinarians. Veterinarians often report feeling considerable stress when they believe continuing treatment is causing an animal to suffer by unduly prolonging its death or when they are asked to euthanize an animal for which euthanasia seems unnecessary or unjustified. With most euthanasia decisions veterinarians consider their role primarily to evaluate the animal’s medical condition and educate their client about treatment options and realistic outcomes, however, when clients make decisions that contradict what they are willing to do, they often find themselves in an advocacy role for their patient. Sometimes veterinarians are able to easily dispatch disagreements with clients but at other times negotiations between veterinarians and clients become very difficult to resolve. The aim of the next two sections of this chapter is to outline the types of disagreements veterinarians have with clients and examine the ways in which they approach and resolve disagreements with owners who desire a course of action that the veterinarian does not want to carry out.
Disagreements with Clients

*Owner Wants Euthanasia and the Veterinarian Disagrees.* From the veterinarian’s perspective, the most legitimate reasons for euthanizing an animal are strictly related to the animal’s quality of life (as also found by Sanders 1995). However, sometimes veterinarians are asked to euthanize animals who are healthy or could have a good quality of life with minimal intervention. Other times they are asked to continue treating animals they believe have a poor quality of life, feeling as though treatment is merely prolonging the animal’s death. Disagreements veterinarians have with owners regarding euthanasia can be divided into two categories. The first involves clients who request euthanasia for their animals and the veterinarian believes that it is not appropriate or justified. The second category entails clients who insist on treating animals when the veterinarian believes that euthanasia is in the best interest of the animal. In such situations the veterinarian is torn between their desire to serve both the patient and the client. In the former situation, an owner may request euthanasia due to their interest in avoiding stress, undue inconvenience or expense, which may conflict with the interest of the veterinarian’s patient in continued life. In the latter situation, an owner’s attachment to their animal and interest in keeping them alive may conflict with the veterinarian’s (as well as their own) desire that the animal not needlessly suffer or experience a greatly reduced quality of life.

*Financial Issues.* Sometimes the cost of keeping an animal alive is a major factor in a pet owner's decision for euthanasia. As suggested earlier, this fact is not always problematic for the veterinarian as high treatment costs are often associated with animal-related health concerns (i.e. a potentially poor quality of life, painful treatments, poor
prognosis, or uncertain recovery) such that decisions based primarily due to finances become tolerable. However, even when financial rationale feels justified or necessary, as Dr. Brown explains, negotiating the cost of treatment when euthanasia is at stake can be frustrating and feel distasteful to the veterinarian:

Money is a tricky thing in veterinary medicine. On one hand you have people who put their animal down for treatable procedures or curable conditions. On the other hand you have people who spend lots of money to keep patients alive when it is not in the best interest of the animal. You can see how the financial status of the owner can screw a patient. This is why those estimates are important. We try to balance between estimates that are more than we think it will turn out to be and estimates that are less than it may turn out to be. You see the hospital gets annoyed when we are too low because they have to fight with angry clients, but if we are too high the client may just choose to euthanize rather than pay to treat. There is such thing as a client having too much money and too little money. We balance carefully between over estimates and underestimates. Over-estimates can cause people not to treat an animal due to expense. Under-estimates piss off the surgeons and other specialties because they have to be the bad guys. People love numbers. They always want to know what the chances are…you know what are the odds? You have the initial assessment cost, whatever you spend on diagnostic indicators, and then you have to estimate future costs of treatment. Some people put their animal down before we even establish if there is something seriously wrong because the tests to figure it out exceed what they can pay or are willing to pay. Unfortunately, veterinary medicine has a lot to do with money.

Thus, as Dr. Brown points out, clients often weigh the uncertainty of success against the cost of treatment, and, while it may be disappointing, such rationale is considered legitimate by most veterinarians. However, sometimes the animal’s prognosis is excellent and an owner may choose euthanasia because they can’t afford even minimal treatment costs or are simply unwilling to spend the necessary money for alternatives to euthanasia. Some pet owners adopt animals without considering the potential financial commitment for a pet’s medical needs and many have unrealistic expectations about veterinary costs.

As opposed to clients who are unable to pay, the financial rationale that is particularly unsavory for veterinarians is when the clients are simply unwilling to pay for “reasonable” alternatives to euthanasia for animals with excellent prognoses. For example, as the veterinarian below expresses, clients who sacrifice to treat their animals
are admired, while those thought to have the resources available but refuse treatment are
considered particularly problematic:

Some people just don’t care and they go into debt because they are emotionally
connected to their animals. Sometimes what we are asking is not that much and we have
done all we can to lower the costs so we are not getting paid what we deserve and they
still want to euthanize. It is terrible to feel like you are willing to sacrifice more for their
animal than they are. If they truly just don’t have the money and they have to choose
between feeding their kids and treating their animal— that is different…. The financial ones
where they are not that sick but the owner just won’t make the sacrifice and cough up the
money are the worst. It is fucking annoying when they drive up here in their Lexis or
their Mercedes and they won’t pay the eight hundred bucks it would take to totally fix
their animal.

For many veterinarians, such as the one above, it can feel particularly frustrating when it
appears that owners are making the decision to euthanize because they don’t see their
animal as worthy of spending money, even to “save” them from euthanasia. Another
veternarian describes a case in which she thought treatment costs were “reasonable,” but
the owner was displeased with the estimated cost of treatment and wanted to euthanize:

The case was a [urinary] blocked cat and I went round and round and round with this guy
for almost two hours and he finally signed the cat over to me, but he was a jerk. He was
cussing and swearing and calling us thieves because he thought we were charging too
much. I finally got it through his head that we were not going to kill this cat because it is
blocked. We don’t kill cats because they can’t pee. It is fixable. He signed the cat over
to us and we found him a new home after fixing him up… I think we are blessed because
it is a fairly affluent community. It makes it really nice to practice here in Santa Barbara
and it is probably a lot different to practice in South Central LA or in Indianapolis, which
is where I was for a bit. That is very much a working-class community and we would be
faced with a lot more money challenges so I was not able to be as picky as I am here. I
had to make different calls because you can only treat so many animals for free so you
may not get the luxury of saving a blocked cat. People tend to have larger budgets here
so it is a bit easier.

As this veterinarian suggests, practicing in a less affluent area might influence a
veternarian’s judgment of “reasonable” treatment expenses. Her hypothesis was
certainly supported by this research. For instance, in the case of urinary blocked cats,
although most found it troubling that owners would not pay for treatment, those who
worked in less affluent neighborhoods did not consider urinary blockage a legitimate
enough reason to refuse euthanasia. Supporting her suggestion that the socioeconomic
status of clients may influence how a veterinarian interprets “reasonable” expenses for treating animals.

**Behavioral Issues.** Clients may request euthanasia for animals with certain behavioral issues (e.g. aggression, urinating outside litter box, chewing or scratching furniture, barking) who are otherwise healthy. Often aggressive or dangerous animals (whose interactions with humans and other animals have caused or are likely to cause injury) are disqualified for adoption at animal shelters. Owners presenting aggressive animals for euthanasia rarely cause conflict with the veterinarian, although a few veterinarians had difficulties when they could not gather enough evidence to establish the animal as aggressive. A veterinarian might also disagree with an owner’s definition of what constitutes aggression, as this veterinarian explains, “I had a guy who came to euthanize his dog because he said that it was biting so we went more in depth with it and- if he said to me that his animal bit his child- then I would be more accepting of that as a legitimate reason, but he said that the dog would chase the kids and nip at their feet so that I was not okay with it.” Next to aggressive behaviors, many veterinarians considered “annoying” behavior much less legitimate rationale for euthanasia. Most veterinarians were hesitant to honor owner’s requests for behavioral reasons such as barking, chewing, or scratching as these behaviors are considered minor and tolerable “nuisances” rather than legitimate rationale for euthanasia. This veterinarian describes her feelings towards behavioral rationale for euthanasia:

Behavioral nuisances where owners just aren’t happy with it like soiling in the house, barking, too energetic, or scratching the furniture- I find those much harder than aggression…Sometimes we can find a medical reason for their behavior so I think we should try that first. But, even if it is not medical, I feel like people should either spend money to try to train them better if it really is a behavioral thing or take the animal out of that setting and put them in a totally new environment- whether adopted out or surrendered. I definitely push those sorts of things to be tried before euthanasia.
Unlike the veterinarian above, many veterinarians make exceptions if the behavior renders the animal unadoptable (i.e. soiling the house) and/or the owner has made significant efforts to change the behavior, as this veterinarian explains: “If they won’t quit peeing in house what are you going to do? They are not adoptable because nobody wants an animal to pee all over their house. Have you ever lived with a cat that keeps peeing on your couch? It is horrible. If they eliminated all possible medical causes and they tried behavioral management techniques I am okay with euthanizing the animal.”

Most veterinarians believe owners should try alternatives to euthanasia such as medical or behavioral therapy before considering euthanasia. Thus, a veterinarian may disagree with an owner’s request for euthanasia because they believe that the owners have not tried hard enough to solve the problem.

*Quality of Life.* When owners request euthanasia for their animal because they believe he or she is in pain or has a poor quality of life, the veterinarian typically agrees with these assessments, however, sometimes the veterinarian considers the health concern minor. In many of these cases owners request euthanasia for animals with minor health concerns either because they believe that the animal is suffering or that the proposed alternative to euthanasia (e.g. loss of a limb or an eye) would decrease their quality of life significantly enough to warrant euthanasia. For example, even if an elderly animal displays no symptoms of pain, owners commonly believe that their older animals are in pain or suffering and seek euthanasia. Veterinarians may disagree with such requests because they believe that the owner’s assessment of the animal’s quality of life is erroneous. From the veterinarian’s perspective, sometimes owners mistakenly believe
that euthanasia is in the best interest of the animal because their assessment of the
animal’s condition is anthropomorphically biased, as this veterinarian argues:

There are two big categories that owners have a different idea of quality of life. One is
the amputation of limbs, which pets-if they don’t have any other medical problems do
very well on three legs- and the other is enucleation or removal of an eye. And I think
that has a lot to do with- in human medicine if you would think of amputating one of your
legs or having one of your eyes removed- you would think that would be very traumatic
and you might be really depressed about it, but pets don’t have that same kind of idea that
everybody is looking at them or thinking of them differently and they just sort of get on
with life and do very well. So I think those are the two big categories that I kind of have a
little bit more of a difficult time with people just because I’ve seen pets do great and the
owners sort of have this preconceived notion that that’s not really an appropriate way to
go.

Another veterinarian shares his frustration over a case where an owner requests
euthanasia for their middle-aged dog because they believe he is in too much pain and has
a poor quality of life:

There was one case that I had, a Bloodhound. He came in for what I thought was a T3L3
lesion, a disk in his back. It was wobbly in the hind end but otherwise a pretty happy
dog. Those kinds of dogs you can try pain medication first like anti-inflammatory meds
and see if they respond given like two weeks or whatever. Some dogs go back to normal.
If that doesn’t work then you have to consider surgery but these guys don’t even want to
try medication. They wanted to euthanize right away. The owners see their dog is kind
of paralyzed in the hind and wobbly in the hind. They thought the dog was in pain and
under too much distress to go any further and they wanted euthanasia. They just said,
“No, no let’s put him down.” They did not want to try any pain medication. That is one
case where I didn’t want to euthanize cause the dog looked pretty good otherwise and I
wanted to give the dog a chance on medical management and the only thing it will cost
them is pennies a day for the medication and just waiting around with strict rest and see
what will happen. The worse thing you will do is euthanize the dog later on. They just
really thought the dog was suffering.

As in the case above, some veterinarians dislike it when owners “give up” too early on
their animals before they are sure that treatment has had time to work properly or want to
euthanize an animal who has a terminal disease but has not developed many symptoms
yet. The owners may make such a request because they believe that their animal is
already suffering or they wish to avoid even mild discomfort (and sometimes the
discomfort owners seek to avoid includes their own; “It would just be too traumatic to
watch her get sick or be in pain). The veterinarian may not want to euthanize because
they believe the animal can live comfortably for some time with the disease before the symptoms become problematic.

*Treatment Burden.* Clients may request euthanasia for animals because they aren’t able or willing to care for the animal at home. For example, the euthanasia of an elderly incontinent cat, or a large dog who is expected to be unable to walk on his own for an uncertain amount of time. When pets need considerable care at home, euthanasia is often decided as a result of increasing demands on the pet owner. Dr. Raymond explains the situation for an 8 year old Mastiff who can’t walk:

Dogs his size get a much worse prognosis just being big. Downed dogs need lots of home care and he weighs 150 pounds. It took me, you and a tech just to move him to the scale. If he can't pee on his own, they may have to learn how to pass a urinary catheter and he may get urinary infections and he will just shit all over the floor. It is really messy. They will have to carry him everywhere and he may get bedsores too. It is a lot to take on. If he can be treated surgically the 6-8 weeks of home management can be very difficult even for small dogs. You may even wait that time and the animal still does not recover its ability to walk.

In cases similar to the one above, the veterinarian most often supports an owner’s decision to euthanize, but, in a few cases, they disagree or are disappointed in the owner’s commitment to the care of their animal. For instance, one veterinarian provides a few examples of cases in which she was frustrated by an owner’s lack of commitment to what she considered manageable medical conditions:

*Yesterday I had a case of hyperthyroid…I tried to explain to her, I said, “Well, this is something that is potentially fixable or treatable,” and she said, “No, I can't do it. I just can't do it. She's had a good life up to this point. Just put her down.” I was like wow, that's something fixable. It is giving a few pills and, for a minor inconvenience to you – your cat could've lived and she just didn't want to hear it. Sometimes with the animals that have diabetes or something like that; yes, it is a lifelong disease, but you can try dietary management and if that doesn’t work you can give injections. I had one case that the owner just refused to even try to learn. I still can't figure out what was wrong with that owner. She just refused – I'm not sure, like a needle aversion or something. She completely refused to discuss giving insulin injections. I feel like sometimes people -- I don't know, they just want it to be something you just give a pill to once, and then it's fixed, and otherwise they don't want to deal with it.*
Thus, as in the case above, sometimes owners want to euthanize because they don’t feel competent to give their pill-resistant cat daily medications or they don’t want to deal with the inconvenience of giving their diabetic cat shots. The veterinarian may oppose the euthanasia because they see the necessary tasks to care for the animal as minimal or too minor to justify euthanasia. In some cases, the veterinarian may believe that the owner did not make enough effort to solve a potentially minor or easily fixable health condition to justify euthanasia:

I had one [request for euthanasia] a half hour ago and I didn't do it. I wouldn't do it. So this cat came in and it's presenting complaint was diarrhea. When I brought the guy into the room--the cat was a 12-year-old Siamese--and he had diarrhea and the owner said I can't keep up with all this diarrhea. So you want to euthanize him because he's having diarrhea? Let's have a look at him- maybe he's debilitated and has GI lymphoma and is dehydrated, and dying so then I'd say, “Okay let's go ahead and euthanize.” But this cat was bright eyed, beautiful coat, healthy appetite. He was walking and curious, exploring around. I know it is hard but we should see if there is a treatment.

Sometimes owners choose to euthanize their older animal because other responsibilities such as having young children prevents them from giving the extra care and support age can necessitate. From many veterinarians’ perspectives, pet owners have a responsibility to take the extra time needed to care for older animals- provided the animal is not suffering from any serious illness that would decrease his quality of life enough to warrant euthanasia.

*Healthy Animals.* From the veterinarian’s perspective, this category is often the most difficult to justify euthanasia requests. An owner may wish to euthanize because they had unrealistic expectations regarding the necessary efforts of taking care of a companion animal or they have lost interest in keeping the animal. Companion animal veterinarians sometimes refer to this as “convenience” euthanasia because the owner’s rationale for euthanasia is thought to be merely for their own convenience, neglecting the value of the animal’s life. Such animals with no major health or behavioral problems can
be brought in for euthanasia for a variety of reasons. An owner may request euthanasia for their older animal who is otherwise healthy but no longer able to fulfill a specific function for the owner such as a running partner, hunting aid, or guard dog. Younger, healthy animals are also presented for euthanasia in situations where owners are moving to a place that doesn’t allow animals or the animal sheds more fur than the owner expected when buying the dog. An owner may get a boyfriend, girlfriend, or have a child that is allergic to the animal. Elderly people may present healthy animals for euthanasia because they are not allowed to take pets into institutional housing or they are no longer able to care for the animal. One veterinarian describes an unusual request for the euthanasia of a healthy companion animal: “I had someone make a request that they had a six or seven year-old dog that belonged to their mother. Their mother died and her wish was to be buried with her dog. And they wanted the dog euthanized and put in the casket and it’s--I mean it’s a healthy--a healthy animal that--for me is not an appropriate reason to put an animal to sleep.” Veterinarians jokingly told stories of people who request euthanasia of healthy animals because they got new furniture and the animal’s fur does not match the color scheme. Although it was a popular story, demonstrating the most extreme example of “convenience” euthanasia, most veterinarians have never actually encountered owners who have made such a request. However, an actual case that came closest to this scenario involved a six year old black dog for whom the owners requested euthanasia because they had recently purchased a new white couch and matching carpet. The owner said to the veterinarian, “I just can’t keep cleaning up after him and I wouldn’t mind it so much if his hair weren’t black. It just really shows up against the white.” Sanders’ (1995) research on veterinary euthanasia describes the veterinarian’s
perspective on clients who make euthanasia requests for reasons of convenience; “Clients who employed this type of rationale typically were judged to be morally suspect. They were perceived as defining the animal as a piece of property rather than as a sentient being with feelings and interests” (204). As Sanders research supports, from the perspective of the veterinarian, euthanizing healthy animals for the convenience of the owner is considered the least legitimate rationale for euthanasia.

**The Veterinarian wants to Euthanize but the Owner Disagrees.** As the previous section demonstrates, veterinarians are faced with challenges because most desire to help animals live as long a life as possible but owners want to end an animal’s life before they believe such a decision is appropriate. In fact, several older veterinarians believe advances in technology may even increase younger veterinarians sense of professional responsibility to help animals live as long as possible, as this retired veterinarian posits, “Younger vets are increasingly regarding euthanasia as a failure of their competence. They would rather see the animal alive. These days one can use extensive chemotherapy and radiotherapy, but we have to consider whether it is worth it in terms of the quality of life that animal is going to enjoy. That just adds to the dilemma—how far do you want to push to keep an animal alive? Who defines quality of life?” But, as this veterinarian explains, treatment for quantity of life goals may conflict with quality of life goals. While younger veterinarians may try to “push” clients harder towards trying new life extending treatments, overall most veterinarians believe that quantity of life goals should be measured in conjunction with quality of life goals. Moreover, when quality and quantity goals are opposed, most veterinarians consider the quality of life goals more important than an animal’s length of life, as revealed in this story told by a staff
veterinarian during rounds in which he compares the primary treatment goals of physicians to veterinarians:

In this case esophageal cancer [a large irremovable tumor obstructing the esophagus], we euthanized the dog. I saw a case very similar to this one when I was studying oncology at a human hospital where they recommended a stint in the esophagus in order to allow food to pass. When you can’t euthanize your patients, you have to come up with all sorts of shit. When food would get caught the patient was sent home with a plastic instrument to put down their throat and move the tumor out of the way to allow food through. Imagine having to manually move the tumor out of the way so you could swallow food! These are the alternate strategies that you need to use when you don’t have euthanasia as an option. You know one big difference between human medicine and animal medicine is in this type of treatment. We treat for quality of life and they treat for quantity of life.

Despite disagreements with owners, most veterinarians consider the option of euthanasia a positive aspect of practicing veterinary medicine. In fact, veterinarians frequently report a sense of relief when euthanizing an animal with a condition in which suffering is inevitable, or in which pain and distress are already apparent. Thus, it can be particularly stressful for the veterinarian when faced with an owner who wants them to take extensive measures to sustain the life of their dying animal.

When considering the life of humans, most people view the death of a young person as having been “cut short” a life before it was “full.” For some pet owners, despite an animal’s ill health, the “fullness” of an animal’s life also incorporates time – the duration of a life. Many of these owners are willing to make significant personal and financial sacrifices to have as much time with their companion animal as possible. Thus, unlike the quality of life disputes discussed earlier in which owners felt their animals had a poor quality of life and the veterinarian disagreed, in these cases the veterinarian believes an animal has a poor quality of life but the owner believes it is good or, at least, acceptable. In these cases the veterinarian disagrees with the owner’s choice because they believe that the animal is suffering or has a deteriorating condition that is currently severe enough to warrant euthanasia. All of these disagreements are essentially related to
differences in evaluating quality of life or in weighing the value of quantity of life versus quality, however, the situations in which disagreements arise for the veterinarian can be further divided into three categories: unrealistic expectations, ineffective treatments, and.

Unrealistic Expectations and Ineffective Treatments. A veterinarian may want to euthanize an animal because they believe that treatments will only prolong an animal’s death, rather than give them the same or an improved quality of life, but a disagreement can arise when the veterinarian believes the owner has unrealistic expectations regarding the effectiveness of alternatives to euthanasia or, in some cases, the animal’s lifespan. Consider the case of an anorexic Sharpe that the owners have been syringe feeding for two and half weeks. His chart revealed that he had been to the hospital over two dozen times in the last year and recently had surgery to remove a tumor. Currently, the oncology department strongly suspects lung cancer, although the tests were inconclusive. The owners are concerned he may have a fungal infection, but the veterinarian considers this the least of her concerns for the animal. The following is an excerpt from field notes taken while following the case:

The triage doctor warns Dr. B. that this case might be a problem. He jokingly says, “These people are nice, but clueless about the condition of this animal. He lost 14 pounds in two months!” We come out to meet the clients and find a very emaciated brown Sharpe whose ribs and spine are quite pronounced….Because his body is so small, but his head remains the same size, it makes the dog look like some rendition of an alien from a science fiction film. Because he has been too weak to walk on his own for several weeks, we wheel him back to the exam room on a cart, and, as we do, other people in the waiting room offer sad looks. Some just stare and a few even gasp. After doing her initial evaluation of the dog, we wheel him into the back for further evaluation. Dr B. turns to me and says, “I am so mad at them right now. The owners obviously care for their animal but they are not being realistic at all.

It becomes clear from listening to conversation among staff members that many people believe the owners are being unrealistic in their assessment of the dog and, as a result, are
making poor decisions that negatively impact the animal’s welfare. Oftentimes cases such as this create a stir among the hospital staff, as this excerpt from field notes reveals:

The case creates some buzz among staff members with some nodding their heads in disapproval and others making comments such as, “What these owners are doing is cruel.” Strong emotions are expressed among the staff including sadness, sympathy (both for the dog and the owners), as well as anger. Several doctors and staff walk by the dog and say, “I am so sorry boy.” Dr. B. says to the resident, “yeah the dog has not eaten on its own for over two weeks and they are just not willing to consider euthanasia.” Dr. OM tells everyone that his aunt is the same way about her animals. He says, “It is sad but sometimes they just don’t get it. They love their animals so much that they can’t see the suffering.” Dr. DS walks by and says, “Sorry boy. They love you, but they just don’t know how to say goodbye.” Others express anger saying things such as, “I hate it when they don’t get it.” One resident says, “How can you look at this dog and not be able to tell how sick he is?” Dr. B. says to me, “This sucks. I am really so mad at them right now. I know it is not professional and I know it is not right to feel this way but I am really upset with them. I am not much of a people person anyway, but right now I just don’t even want to talk to them. It is hard for me to be sympathetic when I am so angry. I don’t want to be mad at them because they are nice people, but this is what I hate about my job.” Just then a nurse, who recently came on shift, walks by the dog and says, “Wow! Is this a law enforcement case?” Dr. B. says, “Nope just cancer and denial.”

From the veterinarian’s perspective, even though the second form of cancer was not yet been confirmed, it was clear that the animal already had a poor quality of life with a progressively debilitating condition. In these cases the veterinarian typically does not want to agree to any life-preserving measures (except for pain management) because it is questionable for the welfare of the animal. In fact, in many of these cases, the animals are in such poor condition that they often die before further curative treatment can be administered. In cases such as these, veterinarians believe owners are “unrealistic” regarding the severity of the animal’s current condition or have “unrealistic” expectations for their future condition after the treatment.

Often such cases are complicated by the uncertainty of the success of a particular course of action. In some cases, the veterinarian initially agrees to treatment, however, if the animal is not responding to treatment, they may disagree with the owners at a later time. One veterinarian describes such a case of a dog with a history of cancer currently in renal failure:
She has a history of having all this cancer that she miraculously had a very long survival time so the owners were always hoping for a miracle and the dog was doing really horribly the entire time she was in the hospital. At first, I was cool with admitting her because they were going to let me do everything I could to save the dog which is what we did. I was okay doing that for a couple of days but after a couple of days she got worse and nothing was helping. The dog was bad off and we had done everything we could for the dog.

As is true in many similar cases, in this case, the disagreement was complicated by the owners’ expectations for a miraculous recovery as well as the fact that now the owner had invested a significant amount of money into his recovery. In some scenarios, veterinarians disagree with owner’s request for certain treatments because the animal is likely to die shortly after due to other conditions. For example, a veterinarian describes her frustration with a case in which she felt the owners had unrealistic expectations regarding the likelihood of a successful recovery. The case involved a 14 year old, medium-sized, mix breed dog who suffered serious injuries when he was hit by a car and the owner insisted on doing everything possible to save the animal:

This case was horrible- truly awful...it had pulmonary contusions so bleeding into the lungs, a spinal fracture such that the spine was damaged and there was no pain perception in the back leg- no motor function, and there were four pelvic fractures! Even if he were ever able to use his back legs again he would need four surgeries to fix the pelvic fractures because both sides were fractured in two areas that were weight bearing and had to be fixed. The dog came in shocky, having trouble breathing and I gave him- obviously pain meds, oxygen, fluids, and got him stable and got the initial x-rays to kind of confirm all of this…I was very, very clear with her that not only was the prognosis very poor in general for him to survive but it was extremely poor for him to ever walk again and he would have to endure multiple surgeries that were very painful…I told her to be honest age is not a disease but this degree of injury even in a one year old dog I think euthanasia would be a very reasonable option but in a 14 year old dog who had previous health problems and who probably does not have that much more time-- these are very painful injuries and it is going to be a very prolonged recovery and he is going to be suffering and I don’t think he is ever going to have a good quality of life again…On all fronts I felt like euthanasia was the right thing to do. She would bankrupt herself honestly for a dog that was not going to get better.

Like the veterinarian above, the veterinarian below describes a situation in which he thought the owners would have to spend a significant amount of money and, after enduring the painful treatment, the animal would almost certainly have an overall poor quality of life:
People come in on the list with animals that need to be euthanized and they come in and ask, “What can you do?” And you look at this animal -- old, bigger dog, just bone thin. He had a heart murmur. His eyes were completely shriveled and he was blind but they were dry and crusted and he was thin. And so I’m always really careful to say, “If you want to do this I’m willing to do this but you need to look at this rationally and look at the fact that you’re going to be spending thousands of dollars on a dog that you know we probably can’t fix or at least fix to a point where he’ll have a quality of life that you want him to have. Can I take radiographs of your dog’s hip? Yes; can I tell you oh he’s got degenerative joint--yes. Can we do a total hip replacement? Yes; but he’s 13 years-old in a dog whose average life span is 11; and he’s got these 18 other problems so is spending $3,000--$4,000 on this one problem going to give him a good quality of life?” Yeah I know but can’t you just get him to walk? I am thinking- Would you be happy with your dog if it was walking? Do you think this is an okay life for him?

In such cases, an owner may bring in an animal that the veterinarian believes to be suffering or in agony due to a multitude of factors but the owners are unrealistically focused on fixing a minor problem and unrealistic regarding the likelihood of a successful outcome. In these situations the veterinarian disagrees with the owner’s request for treatment because, after weighing the potential benefits and harms to the animal, conclude that treatment will either result in a diminished quality of life or prolong suffering.

_Dying Naturally._ Sometimes clients are ethically opposed to euthanasia and won’t consider it under any circumstance, while others believe that taking their companion animal home to die “naturally” causes less stress for the animal compared to euthanasia. Dr. Jacobs describes a case involving a 16 year old Cocker Spaniel in acute renal failure with a history of cancer in which one of the owners was opposed to euthanasia:

> When I said euthanasia the wife just started yelling at me and saying no absolutely not...The next couple of days were really like an argument between the husband and the wife over euthanizing. The dog had so many compounding medical problems and nothing was making the dog better. I think she improved maybe once and by that I mean she was able to lift her head when she recognized the owner and that was the third day of hospitalization and she just never did it again. At that point even if they are very, very anti-euthanasia I think it is cruel to let them go home and die- even if you are giving them morphine and stuff like that...It was a case that really, really, really needed to be euthanized. It was pretty much a case where everyone left me alone because nobody knew what to do with the dog. All the medical doctors knew it should be euthanized and they wouldn’t even offer me any advice on treating it cause everyone kind of wanted it to...
go to doggie heaven. It is hard when people are ethically opposed to euthanasia especially when their dogs are dying a slow and painful death. There is nothing worse than that I think. People just have this image that dogs are like humans that tend to just die in their sleep. I don’t know if humans do that or not but animals definitely don’t do that. I try to tell people that so they understand the reality of it. Every time I have seen an animal just die it looks horrible. Maybe their death is sudden but what leads up to death is usually pretty horrible.

From the veterinarian’s perspective, dying “naturally” means that the animal would most likely suffer hence owners were strongly encouraged to euthanize rather than allow the animal to die on its own.

**Managing Disagreement**

Although a pet owner may consult the veterinarian as a medical expert with knowledge of the treatment of animal injury and disease, the pet owner has the legal right to decide the fate of their property (the animal patient). When clients make decisions for their animals that veterinarians disagree with, it can be difficult for the veterinarian to decide what course of action to take as they feel a responsibility to their animal patients as well as clients who pay for their services. As discussed in the first section, with most euthanasia decisions veterinarians consider their role primarily to evaluate the animal’s medical condition and educate their client about treatment options and realistic outcomes, however, when clients make decisions that contradict what they are willing to do, they often find themselves in an advocacy role for their patient. Rather than immediately consenting to the client’s request, veterinarians often seek alternatives to ending an animal’s life when it doesn’t seem appropriate and advocate for euthanasia when they believe an animal is suffering. The aim of this section is to outline the strategies veterinarians use to manage such disagreement with owners.
Provide Knowledge. Clients may want to euthanize because they mistakenly believe euthanasia is in the best interest of the animal or they overestimate the necessary effort to care for their animal. Provided the primary rationale for the decision to euthanize is based on a misunderstanding, these disagreements are often easily dispatched once the owner’s false impression is clarified. Consider the case of an owner who wants to euthanize her dog who has just been diagnosed with a heart arrhythmia simply because it is entirely possible, at some point in his life, the dog would have a fatal arrhythmia. The owner wants to euthanize because she believes this will be painful for the dog to experience and her to witness. While the veterinarian understands that this would be difficult for the owner, she believes the animal’s condition is treatable such that the dog would have a normal quality of life before that point and death would not be a painful one, thus invalidating euthanasia from the veterinarian’s perspective:

I told the owner, “I really understand your concerns and I am so sorry and I hope that that never happens.” I tried to explain that it is the same thing with epileptics that some people are really afraid that they will just seizure to death and they just don’t want that to happen. I understand that is a valid concern but epilepsy is really treatable so yeah it is definitely possible that they can die but those are two diseases where they can have a totally normal quality of life until that happens and it may be years if that ever happens. To me, euthanasia, at this point is not reasonable so usually I just try to lay that out to people. In the case of cardiac arrhythmia, I told that woman you know the nice thing about sudden death is it is quick- their heart begins beating irregularly and the brain doesn’t get enough oxygen and they just faint. If I had to choose I think that is a pretty nice, reasonable way to go. I just want to assure you that your dog is going to feel fine and then maybe one day he might just die suddenly but that is going to be a sudden and painless death so I think it really would be the right thing to give him whatever good time he has until then. When people pass the fear that the situation provokes in them they are usually okay but you have to just educate them about certain medical things they may not understand.

Likewise, many people believe that having a three-legged dog or a one-eyed cat would be cruel as it condemns the animal to a miserable life, however, most veterinarians would disagree with this opinion. And make this argument instead: “I guarantee it will be more traumatic for you to lose a limb than it will be for your dog. You have to remember that
your animal is not human. An animal would not experience the social aspects of a loss of a limb or an eye. Most animals do just fine three legged or without an eye and they don’t seem to mind it much without them.” In these situations the veterinarian believes that the client is mistakenly exaggerating the seriousness of the animal’s condition. The veterinarian might also encourage an owner with success stories of previous clients: “I had a kitten that had a fractured rear leg and the owner couldn’t afford to fix it so I recommended amputating the leg. The owner was convinced that with three legs the cat was going to suffer so he wanted euthanasia…He ended up going ahead with the surgery and the cat is doing fantastic. So now I tell that story to all my clients in this situation.” Thus, veterinarians are often able to avoid euthanizing animals they would rather not simply by educating owners. Education may also include teaching owners to do things they anticipate to be difficult such as training them to give daily insulin shots to their diabetic dog or coaching them on how to restrain their cat in order to give daily pills.

In a similar vein, if veterinarians believe that owners are making the wrong choices for their pets due to anthropomorphic bias, they may educate clients on how to “think like their animal.” For example, when veterinarians would prefer to euthanize dying animals in the hospital, they often try to help owners see the experience from the perspective of their animal, as this veterinarian describes:

People need to think like their animal and think about what it must be like for them as animals—it is not like people in a hospital. The experience of being hospitalized is not the same for animals as it is for humans. It is stressful and they don’t have the same cognitive abilities as we do. We can’t talk to them and tell them why we are doing what we are doing to them. All I can think of is what it must be like for these animals who will never get any better and will spend the last days of their lives in cages with beeping and strange noises going on all through the night with strange dog’s barking and cat’s crying and lots of sounds and smells of sick and dying animals. Sometimes the owners just get so caught up in things that they don’t think about it or they aren’t around it all the time so you have to tell them. It often works if they really are ignorant about it.
On the other hand, a client’s anthropomorphism could also bias them towards choosing euthanasia for an animal who the veterinarian believes would enjoy a good quality of life. For example, when clients want to euthanize an animal who is in the early stages of a terminal illness because they imagine how they would feel if diagnosed with a similar illness. If the veterinarian believes that the animal can live comfortably for at least some amount of time, they might remind the anthropomorphically oriented owner that the animal has no awareness of their impending death and therefore doesn’t have the same kind of stress that a human might in the same condition. If in fact the client has the animal’s interest in mind, providing knowledge or a little training, can easily dispatch arguments as the veterinarian doesn’t have to directly challenge the owner’s decision because the information the veterinarian provides allows the owner to satisfy their own objective (doing what is in the best interest of their animal).

*Provide Alternatives to Euthanasia.* Disagreements in which the veterinarian does not want to euthanize an animal can be easily dispatched when the veterinarian provides a simple solution to owners such as signing ownership of the animal over to the hospital or a local shelter. In the cases where clients are requesting the euthanasia of healthy, well behaved patients, veterinarians can assure owners that they will most likely be adopted, and most often owners will agree to surrender their animals. Cases involving young animal with an excellent prognosis or minor health problems are more complicated because they require resources to restore them to health. However, these cases are still often easily managed because those are the choice cases that hospitals, shelters, and rescue organizations will most often agree to cover medical expenses. One veterinarian
describes the case of a three year old black and white, healthy rabbit with a large skin
laceration.

He was a drop-off so I called the guy up to ask more questions about why he wanted this
perfectly healthy, adorable, hopping around the room bunny with a scratch to be
euthanized…I could hear in the background these kids screaming and he says, “Well
actually I have kids and we have a lot of rabbits and we are just not able to invest that
much.” So I said, “Well this is obviously treatable and I am not comfortable
euthanizing…but there is a rescue organization for bunnies in Santa Barbara and we will
be willing to fix the wound up and the bunny organization can try to assess whatever
behavioral disorder he might have that is causing the itchiness because he is an adorable
young bunny.”…The owner was like, “Oh sure I am happy to do that. I am happy to
surrender him.” We did the surgery and he went to BUNS and I am sure he will find a
good home…That is a situation where I was uncomfortable with the euthanasia but I was
able to find an alternative. It simply took taking the time to give him some other options
because his feeling was my only option is euthanasia. Personally I am never going to
euthanize an otherwise totally treatable healthy animal with some kind of minor problem
like that. It is not always easy to do but sometimes you have to have the courage to just
give them other options.

The strategy of providing an easy option such as surrender essentially only applies to
cases in which the animal is young with a fair to good prognosis because those animals
are considered most worthy of the expenditure of the limited resources as they are most
likely to be adopted and have the possibility of a longer life. Thus, it is generally not
possible for veterinarians to offer surrender to clients with animals that have concurrent
factors such as older age with a more guarded prognosis and possibly lengthy recovery
time. At times, however, veterinarians were able to successfully convinced rescue
organizations to take on cases in which the animal’s prognosis was mediocre or their
injuries were relatively difficult to repair.

Other alternatives to euthanasia suggested by the veterinarian were more involved
than simply surrendering the animal. In the case of allergies as the rationale for
euthanasia, for example, veterinarians may suggest owners consider taking allergy
medication in combination with keeping animals out of bedrooms and grooming them
regularly as well as vacuuming more frequently. A few veterinarians even suggested
owners go so far as to remove carpeting in their home to make hair and dander clean-up easier. When it comes to behavior issues, veterinarians might suggest trying to diagnose a medical cause for behaviors such as peeing outside the litter box. They may also suggest putting plastic covers on cat’s nails, limiting their ability to scratch furniture. In a few instances, in order to avoid euthanizing cats who scratch the furniture, veterinarians even recommended having the cat declawed, a procedure they would otherwise find objectionable, but superior to euthanasia. Very few veterinarians believe there are realistic behavior-modification solutions for seriously aggressive animals, however, in the case of minor aggression issues; a few suggested owners try medications such as Prozac before euthanasia. Many veterinarians were not comfortable euthanizing animals for most behavioral reasons until behavioral and medical solutions are attempted. However, if alternative measures were attempted, they would more readily agree to euthanize particularly problematic animals whose troublesome actions were not eliminated. Thus, disagreements could also then be dispatched because the veterinarian changes his or her predilection due to the efforts of the owner.

*Identify Support Networks.* Even when the owner and veterinarian are in agreement, veterinarians encourage owners to phone family members and trusted friends they might rely on during difficult times for comfort and support. Contacting a family member or friend and inviting them to confer with both the client and veterinarian can also assist in resolving possible disputes between the veterinarian and owner. For example, identifying others in a person’s social network that may be able and willing to loan the client money can prevent a client from deciding euthanasia based on lack of funds, as this veterinarian explains:
You go through all these negotiations before they get to the point where they flat out can’t treat and it is euthanasia…Initially a lot of people say they don’t have money like seriously 50% of the time people say they don’t have the money. Then you say well a lot of people don’t have $2000 available in their checking account but do you want to apply for CARE credit or do you want to call someone who has good credit or can you borrow money from friends or, if they are young, maybe your parents? If they really want to treat, they will be calling their friends, grandparents, aunts, and uncles and I will be like okay we have gotten Fluffy the initial treatment she needs but she is going to need monitoring for 24 hours and so this is the deposit we are looking at so I am going to let you work on that. They will be on the cell phones and then they will get a co-signer for a loan because we have to get the deposit or they get approved for CARE credit or they surrender their pet. Those are the only options in which they can stay in the hospital.

Some veterinarians have suggested people try calling their church to ask for assistance or holding a fund raiser for their animal. Thus, support networks may be able to provide important financial aid resolving possible disputes between the veterinarian and client. Helping owners identify support networks may also be helpful to the veterinarian’s argument for euthanasia in other situations by supplying another opinion. Veterinarians help owners identify others who may be able to offer a different perspective: “Is there someone else you could call to help you make this decision? Would you like to take a day or so to think this over and maybe talk it through with trusted friends?”

Veterinarians often report that owners live with an animal’s progressively debilitating condition for so long that they become acclimated and forget how the animal’s quality of life has deteriorated. The veterinarian might ask, “Is there someone who knows Buster who might want to come and visit him in the hospital?” In some cases having a friend see their animal helps the owner realize how much their animal has changed, which may motivate them to choose euthanasia, ending the disagreement with the veterinarian. This approach also helps protect the veterinarian against a potential legal claim that the doctor violated the client’s right to make the decision regarding treatment of the patient. The veterinarian will also offer their own social networks to clients by suggesting they consult another veterinarian for a second opinion.
Explore Client’s Perspective in Order to Define Quality of Life Parameters.

Exploring the client’s perspective on the animal’s condition and their goals for quality of life can be an important tool in helping to resolve disputes. In order to determine why a client is requesting or refusing euthanasia, veterinarians will ask open-ended questions to uncover more details shaping the client’s decision: What do you consider to be a good quality of life for Clyde? What are your concerns for Clyde? Tell me what you understand about Clyde’s disease? What do you want for Clyde and your family? What would a quality death look like? How will you say goodbye? When you look back on Chester’s death six months from now what will be important to you? What is the worst thing that could happen regarding his death? By first establishing what the client’s criteria are for an animal’s quality of life, as well as their feelings and concerns, the veterinarian is then able to use the discussion of quality of life to correct any possible misunderstandings and to set parameters that guide owners towards the desired outcome.

For example, in situations where veterinarians believe that owners are choosing euthanasia for their animal with a terminal illness “too soon,” helping owners to set their own parameters around quality of life issues can “circumvent euthanasia,” as this veterinarian explains:

If you have a cancer that you find early and it is at a stage where the animal is not symptomatic but you know it will be fatal, sometimes they want to euthanize right away and I usually don’t like them to do it right away so I want to talk about it a bit more. If they say, “I don’t want him to suffer.” I try to make a pact with them: “I think Fluffy is feeling pretty good right now and I know that it concerns you that Fluffy is going to get sick but why don’t we set up a few quality of life things that you are not willing to live with and the day she stops whatever those things are like eating or playing ball, you will bring her in and we will put her to sleep. Right now I think she is feeling okay so let’s give her a little bit of time and the minute she looks like she is not feeling well then bring her in and absolutely we won’t let her suffer.” It makes them feel safe by outlining some parameters to shape quality of life. So you can circumvent them choosing euthanasia that early by talking to them about quality of life.
Even though some clients may set their parameters more narrowly than the veterinarian would personally prefer, most veterinarians accept some additional time as a reasonable compromise to immediate euthanasia. Thus, by helping the clients to establish easily monitored parameters around quality of life, the veterinarian is often able to alleviate the client’s fears and come up with a compromise that honors both of their preferences.

Talking to owners about quality of life issues can also be used to convince owners that euthanasia is in the best interest of the animal. For example, this veterinarian uses a similar quality of life discussion to set limits for an owner who is resistant to euthanasia: “I believe that euthanasia is not a wrong choice right now for Clyde but if you want to take him home we need to talk about monitoring his quality of life and setting some limits.” As one veterinarian explains, establishing objective limits around quality of life can be difficult for some owners as the limits people set around an animal’s quality of life are subjective:

Some people draw the line at – you know, they don't want to put their animals through chemo or radiation or some of the surgical procedures. One dog here had a tumor that was blocking urine flow through its bladder, so we put in a kind of a weird port where the owner had to drain the urine out of the bag several times a day- everyday. Some people would think that's way too far. But did the pet really care? I don't know; it looked like a happy dog to me, but there's eventually going to be complications with that like infection and that's when he will euthanize. Even some vets would say, well that's going too far. The dog can't even pee on its own; that's too far...So the line is drawn differently for everyone.

In these cases owners may set their quality of life parameters more broadly than the veterinarian would prefer, as opposed to the discussion above in which clients often set

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1 It should be noted that cases in which the owner’s primary concern is the animal’s welfare are often easier to manage compared to a distraught owner who is genuinely afraid to watch their animal suffer. Often the veterinarian will suggest it is better for the owner’s grief to have extra time because they are able to prepare for it. Most veterinarians are careful to avoid belittling their client’s emotions by first acknowledging the validity of any emotion. At that point the veterinarian might encourage the owner to try spending a few weeks of quality time with their animal doing their favorite things together or “spoiling” the animal with treats or foods they are ordinarily not allowed to eat. They may also share stories of hesitant owners who reported that they were happy they had this time with their animals.
their parameters more narrowly than a veterinarian might see as most appropriate.

Recognizing that defining quality of life can be a subjective process the veterinarian will first establish the owner’s goals for quality of life. Next, they work to help make the process feel more objective for owners by establishing mutually agreed upon categories for monitoring the pet’s condition. If the owners are monitoring the animal’s condition at home, the veterinarian asks the owner to identify a few things that they know the animal particularly enjoys and asking them to monitor and record the animal’s interest in these activities, as this veterinarian explains:

You need to week by week decide on things that he needs to start doing or when enough is going to be enough. You need to go home tonight and make up a chart or calendar which says by the end of week one he needs to be eating on his own and by the end of week two he needs to be walking around. Some people just need more guidance than others. A lot of times what you say is to make a list of what they like to do. What are the things that made her life good? Can she go and play with the dogs in the park? Does she run? Does she play in the water or sit on her favorite windowsill? Whatever it is that your animal likes to do- are they doing that? Because if they are, then maybe they should keep going; but if they’re not--I think that is another way of giving them a stopping point.

The veterinarian may also ask the owner to monitor medical signs of illness such as loss in appetite, reduced activity, or difficulty breathing. Requesting the client call to report these things to the veterinarian also allows the veterinarian the opportunity to reiterate their desired outcome. In cases where animals are hospitalized, the veterinarian will watch for specific medical symptoms as well as use technology to objectively assess the animal condition so they try to work with the owner to establish an objective point to stop, as this veterinarian explains: “With respiratory problems you’ll say, ‘There is a chance that your dog will need to go on a ventilator.’ A lot of people don’t want to go that far so now you have a point and once you say, ‘Your dog is sick enough that if we don’t put him on a ventilator, he’ll die’ so that’s when they’ll stop.” Thus, owners can
use this strategy to achieve their desired outcome to help owners decide it is time to let go of their suffering companion animal.

**Build Rapport.** Veterinarians report that in cases where they have developed rapport with owners and, at times, even strong bonds based on trust, it is much easier for them to come to mutually agreed upon decisions. The rapport established between veterinarian and client, however, is most vulnerable during life and death decision-making especially when veterinarians disagree with the decisions of owners. Making disagreements known to clients can offend or embarrass the client, seriously threatening the rapport veterinarians have worked hard to establish. Thus, veterinarians have to carefully work to make sure as to not embarrass or offend an owner, as this veterinarian explains:

> It is a matter of tact. You don’t want to confront them and call them unethical or terrible people. I think you can approach it so you don’t make them feel guilty because I wanted him to be in compliance with what I was asking for but also I didn’t want him to feel guilty, even though I thought, “What the fuck, why are you euthanizing this perfectly healthy animal?” The way to approach it with tact is to say, “Well I don’t know if you are aware but there are actually some options to consider like rehabilitating behavior issues.” You just present your argument with tact and not like you are passing judgment. It is a really easy thing to do and people respond really well to that.

In situations in which a client is considering euthanasia because they can’t afford veterinary services, the owner may feel angry, embarrassed, or guilty and, in order to maintain rapport, whenever possible veterinarians try to carefully preserve the clients’ self-esteem so as not to ruin the previously established rapport. In this situation the veterinarian might openly acknowledge they don’t think the owner’s lack of funds makes them a bad pet owner or say, “Of course no one would expect you to choose the needs of your animal over the needs of your children, but I believe Goliath’s condition should be treated and if the shelter is willing to do it, I think we should go that route.” The veterinarian may also apologize and explain the reason for the cost or even share their
own feelings and frustrations about financial constraints. Because they are challenging the owner’s request, the veterinarian recognizes that their argument must be delicately phrased in order to not be interpreted as offensive and that they will more often be successful if their argument is interpreted as sympathetic rather than condemnatory.

Establishing rapport with the client could mean the difference between an owner continuing to treat their animal and choosing euthanasia. In the case of a five year old calico cat named Hannah an intern believed that a resident’s disregard for establishing rapport with the owner was to blame for the owner “giving up” (stopping treatment) and choosing euthanasia:

He is one of those vets that will just basically tell owners it’s this or nothing. And when you do that a lot of times they’ll cave and they’ll say okay, but at some point they’re going to stop. Because they’re going to draw the line--they’re going to dig their heels in and they’re going to stop and that’s what this guy did…you lose credibility with the owners, you lose--they’re not as trusting of you to say, “Let’s just give him another couple days’ because you’ve just been pushing them and pushing them and not showing them that you’re concerned about them as well as their pet…I think that’s the big part is that they know that you understand. The worst thing about this case was the cat was getting better but they pushed him so far that he just refused-- that was it…And then one day the cat was eating and was looking better and the guy said, “I’m done. I want to euthanize”…Now all of the sudden all that stuff that the guy would have completely gone for three days ago are out of the question because he doesn’t trust you.

From this experience the intern learned that an important part of rapport with an owner is making them a key part of the decision-making at every stage of treatment:

You have to be willing to negotiate with the owners. You have to be willing to say, “Oh you can't spend this? Okay; well let’s get rid of the ultrasound. Now here’s what the ultrasound could show us and this is what we could miss if you don’t do this. Here’s how this will hurt this case.” But I make it very clear that they can make these decisions…Yes; Dr. Perry running panels everyday certainly wasn’t anything that was wrong to do, but it wasn’t necessarily--100-percent necessary. You could have tried treatment without that--again making the owner understand that without doing this we are not getting a piece of information that is helpful to us, but you have to have the owner involved in making decisions. It doesn’t mean you don’t recommend the best for the patient but you still work with them and they’re much more understanding when it doesn’t work. I think when you push them you get them to a point where they’re not ready to spend all this money and you basically made them spend $4,000 and what you’re going to end up with is the same thing you would have ended up with if they spent $1,000--a dead animal--except now they’re going to be really pissed off.
This intern also learned that another part of maintaining rapport is not “pushing” owners into euthanasia decisions or coercing them to treat. Not only is coercion considered unethical many veterinarians, such as the one above, believe it is ineffective. For example, if the client thinks that the doctor has forced the decision, it is much more likely that they will become angry with the veterinarian and refuse to reach a compromise. The same is true for “rushing” owners into decisions. For example, although a veterinarian may want owners to make decisions to euthanize more quickly, these negotiations are typically seen as something that should not be rushed because it is considered unprofessional as well as ineffective: “These people are clearly not ready to euthanize so if I start right off the bat saying euthanasia, I am going to lose their trust. They are just going to think, ‘Oh this doctor doesn’t get it.’ Then they think they just have to be defensive and they won’t listen at all and you have no hope to change their minds.” Most veterinarians often display amazing patience and will wait for several hours after their shift has ended for owners to decide the next step. Moreover, for many veterinarians, so long as the animal is not in such desperate condition that it must be euthanized immediately, the feelings and needs of the human count for a great deal in the acceptable timing of euthanasia.

In the case of emergency teaching hospitals, it is more likely that the receiving emergency veterinarian will have no prior relationship with the owner, thus quickly establishing rapport with owners is important. Veterinarians establish rapport by using compliments and expressing empathy: “How are you doing? I know his illness has been difficult for you and I can see that you are taking excellent care of Mr. Wiggles.” As this veterinarian suggests, empathy can be instrumental: “You can’t just state your case and
they will go along with it. You need to empathize with them and see where they are coming from and what factors are important to them. Really know what they are feeling. When you put yourself in their shoes, it is not always comfortable, but it is helpful in reaching a compromise.” The veterinarian might also nurture rapport through sharing personal stories of their own experiences with companion animals when it seems appropriate. Next the veterinarian acknowledges and validates the owner’s emotional responses while also encouraging them to consider the veterinarian’s perspective (in this case treating the animal): “I know that it can be very scary and intimidating to think about giving Mr. Wiggles a shot every day but with some training and practice, I think you could do very well.” The same technique also applies to a case in which the veterinarian would prefer an owner choose euthanasia: “I can see that you love Tiger and I can only imagine how much it hurts to see him like this. He is in a lot of pain right now and is having trouble breathing and we need to think about what is best for him.” The veterinarian preserves the rapport by acknowledging the owners feelings over impending separation from their companion animal but also encourages the owner to reconsider their opinion.

_Gentle Confrontation._ If the owner has not responded to other strategies, a veterinarian may feel compelled to intensify their expression of disagreement. Sometimes the confrontation involves directly challenging the owner’s decision, but most of the time the confrontation is “gentle” or comparatively subtle. For instance, sometimes simply ignoring the disagreement altogether can be fairly confrontational. Veterinarians often suggest clients give them “code” that they want to discuss euthanasia, but they are hesitant or unwilling to bring it up themselves, as this veterinarian explains:
They’ll say you know she just--she’s been really slow. They’ll kind of start to pile on the problems even before you say anything--like her eyes look really bad--or this looks really bad or that looks really bad and she is getting older and she’s been on this medication for 10 years. They’ll just kind of start to talk about all the problems the dogs have and they’ll be reluctant to try treatments you suggest so you kind of get the hint and sometimes it is warranted and sometimes it is not.

When the veterinarian agrees with the owner, the veterinarian takes the “code” from the owners and begins going into euthanasia discussions, however, when they disagree with the owners, the negotiation process can feel like a frustrating game of “hot potato,” as this veterinarian describes:

Sometimes it becomes obvious that they were searching for a reason to euthanize and it can be really frustrating. Like one animal came in with pretty severe what seemed to be a flea allergy, dermatitis and just an older dog...So the husband would say things like, “Oh, you think she's in really bad shape? And I would say, “I think we could treat this.” It's almost like a hot potato kind of thing. Who's going to say it? Even though we both know what's going on here- Who is going to call it out? They say things like, “Don't you think he looks bad? Do you think he's in pain? Do you think his quality of life is really poor? He's really old.” You answer, “I think he still looks pretty good for his for his age and no I don’t think he is in pain.” I think- Oh, great. They are searching for justification. And I didn't really want to give it.

Thus, the veterinarian may gently confront the owner by ignoring the owner’s hints and refusing to discuss euthanasia. Many times the veterinarian will not bring up euthanasia until they believe it is appropriate. For the veterinarian, bringing up euthanasia when they would prefer not to do it, feels as though they are serving to make the choice legitimate for the client. Several veterinarians believed this was a particularly effective strategy because they feel as though more clients would choose euthanasia if they mentioned it more frequently. Confrontation can also be expressed through subtle actions rather than words. For instance, one veterinarian prepares for an owner visiting the CCU and says, “I am going to leave the BP cuff on and take the blanket off when they arrive just so they see how bad this situation actually is. I don’t want to scare them, but this sucks. Well, maybe if it scares them a little, it will slap some sense into them.” Most veterinarians feel as though it is never ethically appropriate to exaggerate an animal’s
condition in order to convince an owner to euthanize, however, they may subtly confront an owner by making little effort to hide the reality of the animal’s condition.

In most cases veterinarians strive for owners to make their own autonomous, informed decisions regarding their animals, however, sometimes veterinarians believe clients are unable to understand the facts or accept the reality of the situation because they are emotionally overwrought or psychologically infirm to the point that they can’t make rational decisions, as this veterinarian explains:

There are cases where you are ripping out your hair and you are thinking this person is delusional…Seriously there are a lot of people who are like that and they may not be generally crazy people but they are crazy with grief or they can’t handle it because they have had some sort of emotional breakdown. I don’t want to use the word selfish, but a lot of times it’s not about the pet, it’s more about the person’s emotional state—where they’re just not ready to let go. There are whole groups of people who are literally not going to listen to you and you can talk until you are blue in the face. You can say, “This is cruel. Your dog is suffering and you need to euthanize right now.” And they will say, “Oh no. He’s not. Look at him—he lifted his paw for me.” The delusional ones sometimes you have to get really harsh with and you have to be repeatedly harsh with them until they get it.

In these rare instances, some veterinarians believe that they are justified in more forcefully confronting and “guiding” clients. Another veterinarian gives an example of a time she thought the owners were so overcome with grief that they could not see their dog suffering:

I had a case where the dog had been down for a year and a half and these people were actually expressing this dog's bladder three times a day, and it came to the point where the woman was actually--to help induce the dog to defecate—was pretty much giving the dog a rectal exam. I told her point-blank, I said, “I know this is my opinion, and hopefully, you know it’s your choice, but I’m very upset looking at your dog right now. This to me is horrible. That’s my medical opinion. I’m still going to do what you want me to do for your pet, but you have to understand where I’m coming from. It’s upsetting.” Just as soon as I said it, I kind of retracted and said, “Well, what do you want? What are your expectations? I had to offer that to you because that's just my stance.” Then two days later after conversations on the phone the dog came back in and they ultimately euthanized. So, I think, they almost needed that little slap in the face, or on the wrists, like, “Hey! Listen, maybe you've been accustomed to this now, but, whoa, what are you doing? Come on. How would you like to have your bladder expressed everyday and a get a rectal just to defecate?” I think that kind of opened their eyes a bit. I think it's easy for these people to just kind be so attached and they just get used to or are accustomed to such a horrible way of living, and your normalcy scale is off. They sort of need to be calibrated in a sense.
However, with most pet owners who are having a difficult time making euthanasia decisions, veterinarians will begin with gentle verbal persuasion which can lead to more direct confrontation if the owners are not responsive. For example, if a veterinarian would prefer an owner to euthanize their pet, they may begin by associating euthanasia with positive emotions such as love, compassion and kindness: “Right now Buster’s injuries are so bad that I do think the loving thing to do is to let him go. We really don’t want to see him suffering and we just know that he is not going to get any better. Honestly, I think it would be the most loving thing for him. I think it is a caring thing.”

If this is not effective the veterinarian may feel compelled to more direct confrontation: “You have to use the suffering trump card or you can say I don’t think you are being fair to him. You get brutally honest.”

Many veterinarians dislike using words they consider to be blunt or confrontational but feel as though it is sometimes necessary when they feel strongly that an animal should, or should not, be euthanized. In the process of negotiating a disagreement a veterinarian may “strong-arm” or “guilt trip” the owners, as this veterinarian describes:

A good prognosis in combination with a reasonable age to me means that financial reasons alone are not enough reason for euthanasia. We need to find a way to treat this animal. Sometimes I will strong-arm the owners and I will guilt trip them because my feeling is they are really doing the wrong thing by their pet. It is kind of nice when you can use their guilt to your advantage to make them treat because it is so annoying to have to push for treatment for things that should be treated. This is a fixable problem. This is not a reason to kill your pet. You need to find a way to come up with the money. To be honest I try to assess and judge their financial means. Where it is really obvious they just don’t have the money, I will try to help them think of ways to come up with the money or get them to surrender. If I feel like they have the financial means but they are being too cheap to do it, I push a little harder.

Another veterinarian demonstrates this type of confrontation involving an animal for whom she advocated euthanasia:
Owners will bring their sick animal that I think is suffering…First I will say, “This is something that we can’t do in human medicine but we can in veterinary medicine and we are fortunate to be able to stop the suffering of a lot of these animals preemptively.” For most people they usually get it but there are some people that absolutely cannot see it that way and I have to go much more hard-core…Mostly I use words like uncomfortable and I usually won’t use the word suffering or even in pain until I really need it. One case I tried to recommend euthanasia because the dog was septic and it had a ruptured intestine from [swallowing] a foreign object…We went to surgery and we ended up having to resect about ninety percent of her small intestines, which is borderline compatible with life…I said best case scenario is your dog will be malnourished and potentially starve to death for the rest of its life because it won’t be able to absorb nutrients…but she was in denial even though I used very plain words like “death” and “starving” and “suffering.” You have to breakout those words sometimes. I try not to because you are almost being nasty with them but if they need to understand, they need to hear those words, “dying” and “suffering” and “painful.” You have to use the word “cancer” and the word “dying.” They don’t need to hear how bad and horrible it is if they understand so I don’t use those words often, but sometimes you have to pull out those words and you don’t sugar-coat it.

In these cases, many veterinarians consider “sugar-coating” an animal’s poor condition a disservice to the animal as well as the client, who is paying for their medical opinion.

Clients who are ethically opposed to euthanasia can be especially challenging for many veterinarians, a sentiment this veterinarian shares:

There are people that just don’t believe in it. They absolutely, absolutely don’t believe in it...so their life is prolonged and the pet is just lingering in the hospital. Generally I usually just say, “I’m an advocate for the pet.” So if they don’t believe in euthanasia we need to be providing good hospice, whether that’s pain meds or whatever we need to be doing. Cause if we’re not gonna be able to fix the problem we need to at least keep them comfortable if that’s possible. And then, I usually get a little bit frank and I will say, “Starvation isn’t the way to die and death isn’t like it is in the movies.” I will be pretty direct and say, “People in renal failure, people on dialysis, they feel awful.” So you have those awkward conversations with people who don’t believe in euthanasia.

Many clients who insist on taking their sick animal home to die believe that the animal will die peacefully in their sleep, however, veterinarians confront these owners with their experiences with animal death: “The reality is that, while some animals may simply die in their sleep with no obvious signs of pain or distress, most will experience a prolonged decline lasting hours, days, or even sometimes weeks during which organ systems shut down one by one until the animal dies.” Veterinarians will explicitly tell owners what to expect when the animal dies in the hopes that it will convince them to choose euthanasia. Owners are warned that the animal might lose bladder and bowel function as their
condition worsens and they are carefully instructed regarding care of recumbent animals such as periodic repositioning, keeping the animal clean and checking for signs of discomfort or physical suffering, which may call for the use of sedatives or pain management drugs. Although most veterinarians do not feel compelled to use such direct confrontational words with clients, they also feel compelled to be honest about the fact that they believe the animal is currently or will experience significant pain and discomfort. In these cases even if the disagreement is not solved, the veterinarian may feel relief that they expressed their opinion to the client.

Misrepresenting the Cost of Treatment and Lying. Typically before an animal can be admitted to the hospital for treatment, hospital policy requires owners to pay a percentage of the estimate with the remainder due at the completion of treatment. With all other out-patient treatment or diagnostic indicators such as bloodworm, ultrasounds, MRIs, or radiographs, payment is typically due when services are rendered. Thus, if a client doesn’t immediately have the funds available but wants to go forward with treatment, a veterinarian might circumvent hospital policy by leaving things off the estimate and warning the owner that additional costs may become necessary to successfully treat their animal. Some veterinarians, however, may seek to circumvent disagreement with clients by surreptitiously manipulating the estimate with the intention of influencing the client to treat or to euthanize, as this veterinarian explains:

I think you can influence a decision by the estimate that you give. I think if you fill out a low estimate knowing very well that the total cost is going to be higher than the estimate, you can get people to admit their pets and after they’ve made that investment yeah; you can probably get them to keep coming up with money. And at the same time if there is a patient that you think euthanasia would be a better option, yeah; you could potentially come up with a giant estimate and force them to make a decision. And I like to think I don’t do that. I try to just come up with honest estimates and I kind of feel like I’m in the wrong when I come up with a low estimate knowing that it’s probably going to be higher because I just want to get the patient in the hospital and start treating them.
As the veterinarian above implies, intentionally manipulating the estimate in order to influence an owner to treat or euthanize often causes the veterinarian to feel as though they are violating their ethical obligations to the owner. For example, telling the client that an animal’s pain or suffering is worse than it is in order to convince them to euthanize or telling them that there is no alternative course of action when one exists is considered highly unethical by most veterinarians. In fact, most veterinarians feel it is highly unethical to misrepresent the truth with the intention of influencing a client’s choice. In spite of this, a small minority of veterinarians believe their obligation to tell owners the truth is, in a few rare circumstances, outweighed by their obligation to protect the interests of the patient. In one such case, after a client had fiercely refused the veterinarian’s offer to place a healthy animal in a local shelter, the vet lied to the owner by indicating that he would euthanize the client’s animal. Instead, the veterinarian gave the animal to a friend. Although he felt badly for deceiving the owner, he also felt justified in doing so in order to “save” the animal’s life as he felt the owner would simply take the animal to another vet who might agree to perform the euthanasia.

Unlike the case above in which the veterinarian intentionally deceived the owner, often sufficient ambiguity exists in medical outcomes such that the veterinarian can modify an estimate in favor of their judgment as to the best course of action. In most cases the moral conflict for veterinarians is whether it is justifiable to withhold or manipulate information even though it is not, technically speaking, lying to owners. For example, a borderline case may have enough ambiguity in possible outcomes as to allow a veterinarian to paint a thrifty, more hopeful picture or a costly, less optimistic picture for the owner, as this veterinarian explains:
With a lot of cases you risk scaring them away from treating their animal and euthanizing so that's the biggest risk with over estimating. I tend to underestimate a lot. I sometimes mean to do that, but a lot of times I feel like I'm estimating for the next couple of days, and then we'll talk about the next few days when we get there. And that's probably not fair to the owner because they need to know up front what they could potentially be spending as a whole. If I want to treat, when I'm in the room with an owner and filling out an initial estimate, I'm painting a rosy picture. I'll say, “Well maybe it will be two or three days in the hospital.” And there's a good chance that this will be two to three days, but there's also a good chance that he's going to need to stay here five to six days. So I don't want them to get thrifty like, “Wow, $3,000! I can't drop $3,000 right now.” And I've had people take one look at the estimate and just decide to euthanize because they just have sticker shock. So you really have a terrible situation where you want to treat the animal but you don’t want to scare the owner away or get them really upset because you didn’t give them the full estimate...sometimes when I underestimate, it is an honest mistake because you just don’t know what will happen and sometimes I am just really wanting to treat this animal.

Thus, a veterinarian may underestimate the cost of treating an animal so that the owner becomes financially committed such that they are less likely to stop treating when additional costs become necessary at a later time. Similarly, in the case of treatments that are not likely to succeed and the veterinarian would rather euthanize, it is tempting to overestimate the expected costs of treatment in order to sway the owner to choose euthanasia. Again, although a few veterinarians feel it is occasionally acceptable to deliberately deceive owners, most find it is morally reprehensible. Thus, many veterinarians experience ethical dilemmas when they believe their obligation to provide clients with accurate information conflicts with their ethical obligations to their patients. Ultimately, while the veterinarian may misrepresent the cost of treatment, he or she must balance feeling as though they gave the owners a fair understanding of the cost of the procedure with their desire to do what they believe is in the best interest of the animal (in this case either to treat or to euthanize). Thus, this strategy comes at a cost to the veterinarian.

*Bargain for Treatment.* When owners don’t have enough money to treat their animal and the animal can’t leave the hospital without treatment, the owner may
reluctantly choose euthanasia. In order to avoid euthanizing animals they would rather not, the veterinarian may bargain with the owner to try less than ideal treatment plans that are also less expensive. In some cases, bargaining for treatment may also include lowering their fee. Typically, after their initial examination, the veterinarian begins the negotiation by suggesting the ideal necessary diagnostic tools and possible treatment options. The pet owner may then ask questions regarding costs of procedures and likelihood of a successful outcome (if the veterinarian has not already discussed these issues). Veterinarians openly discuss the cost of treatment and diagnostics with owners and, at this point, some owners may set limits regarding how much they are willing to spend. For example, a client might say, “I have three hundred dollars. What can you do to fix my animal that doesn’t cost more than that?” Sometimes the owner’s financial limitations prohibit the veterinarian from making a proper diagnosis. For example, a veterinarian might palpate a mass during a physical exam and suspect cancer, but without other diagnostic tools such as a radiograph or biopsy, they are unable to tell if the mass is in fact cancer and, if it is a tumor, if it is a benign or malignant one. Thus, a veterinarian must take an owner’s financial limitations into account when making decisions about which diagnostic indicators to choose from in order to get a diagnosis in the most efficient way possible. After recommendations have been made, the client must consider if they have the funds and if they are willing to spend the necessary resources to treat the animal’s condition. If further consultation reveals that the owners don’t want to treat due to financial reasons, veterinarians may continue to negotiate by encouraging the owners to apply for a credit-agency loan, borrow money from relatives or friends, or request a paycheck advance. Some veterinary practices also create client subsidy funds to help in
special circumstances. Sometimes veterinarians have offered to call around to other practices or hospitals to see if the treatment can be done there less expensively.

Although participants told stories of veterinarians in other practices lowering their rates, it was never verified if private practice veterinarians, who have more autonomy regarding setting fees, actually make such compromises. Participants in this research were typically unable to negotiate with owners by offering to lower the price of services because the structure of the teaching hospital does not allow for much financial negotiation in this regard. The charges for services in a teaching hospital are highly regulated through an internal staff review process as well as computer systems designed to prevent veterinarians from entering information into the chart without charging the owners. Participants in this study, however, did perform diagnostic tests “under the table” without charging the owners to help direct their diagnosis. A negative aspect of this strategy is that the veterinarian is unable to record the results of such tests without getting caught by hospital administrators. Hiding tests and treatments from administrators in larger hospitals is especially as an intern or resident whose cases are reviewed by supervisors that might question missing charges from a client’s bill for tests or treatments or inquire as to why certain tests were not run. If the owners are taking the animal home to avoid the cost of admitting the animal, veterinarians might give fluids and pain medication or apply bandages without charging the owners. Thus, veterinarians might successfully avoid disagreements with owners, who would otherwise choose euthanasia due to the cost of treatment, by “cutting corners” to defray costs; however, they are risking reprimand.
Given that pricing structures are not easily manipulated in teaching hospitals, when veterinarians negotiate with owners, it is typically over the number and kinds of services, not the cost of individual services. For example, in order to avoid euthanizing animals without a diagnosis, a veterinarian may compromise the ideal number of tests typically necessary to make a diagnosis in the hopes that one test provides the diagnosis. At which point the results come back unclear, they will have to again consider whether or not to go forward with additional tests or if they feel comfortable enough to reconsider a euthanasia decision. If the diagnosis is easily obtained, such as a broken leg, the veterinarian will first offer the most ideal treatment for the animal (which is usually also the most expensive) which, in this case, involves orthopedic surgery to repair the break. Next, the veterinarian might offer the less expensive- but obviously less ideal- limb removal surgery. Finally, the veterinarian may even propose restricting movement to allow the fracture to heal on its own, as this veterinarian describes:

If they can’t afford surgery then we can try bandage changes, which can end up being almost as expensive as surgery in the long run. I had a cat that got hit by a car with a fractured pelvis that the owners couldn’t afford surgery but it was urinating and defecating fine- which is the main concern when their pelvic canal is crushed…It wasn’t a break that could be bandaged because it is the pelvis and so it came down to what else can we do? We euthanize the animal or think of another plan so I had them put their cat in a box for six to eight weeks- with pain meds- and it will heal. It will heal incorrectly but they will still have a functional cat- hopefully. Obviously you warn them that it may not and we may end up euthanizing but we gave it our best shot given the situation.

As this veterinarian suggests, this option is considerably less ideal as euthanasia may later become necessary if the risky treatment is not successful. Many veterinarians think of treatment options as existing along a continuum with the most effective (and often the most expensive) treatment at one end and the least effective (often the least expensive) treatment at the other end. The ideal treatment plan is often jokingly described as the “Cadillac” plan as these medically ideal plans can be a luxury to do if most owners can’t
afford it. Having to do the least optimal plan due to financial constraints, however, can be a frustrating compromise for veterinarians. Nonetheless, the discouraged veterinarian may decide to give the animal a chance on the hope that they will survive and avoid euthanasia, as this veterinarian demonstrates:

I will offer the Cadillac treatment and, if they decline that, I will say, “Let me revise the estimate and we will be more conservative and it is not going to be ideal, but let’s see what we can do.” And I will keep squeezing the estimate down. I will bargain my way down and if there is a decent chance they will make it and that is the only thing the owner can afford- that is always a better option than just euthanasia...You learn what animals you can treat on less quality of care. Sometimes the animal is too far gone with a treatable condition or there is only one way to treat it so the choice is Cadillac or euthanasia. There are ways that you can cut corners and you don’t want to but it depends on how sick the animal is so- Can you get them through the night with something really minimal? You will go for that rather than the euthanasia. With many money cases- you are hoping for a little bit of luck to intervene on your side and you are hoping that the animal will just rally and so you decide to do this kind of compromised care that you are hoping will be enough to squeak them by until they can get to their regular vet, which is a little cheaper. Now, if he is really sick or they’re flat out- I would never negotiate if I thought the pet would go home and not do well. Is it ideal? No, but you give ’em some pain meds and hope.

As this veterinarian explains, vets rely heavily on their clinical knowledge to inform them which animals are likely to survive or do well with a compromised, less ideal treatment plan. If there is a fair chance that the animal can heal and have a good quality of life, many veterinarians are willing to compromise quality of care and gamble on the chance that the treatment will be successful. Thus, they are able to avoid confrontation with owners whose financial status causes them to choose euthanasia.

Refuse Owner’s Request. Sometimes after trying several strategies, the only plan the veterinarian feels as though they have left is to oppose the client’s request and insist on another course of action. Veterinary practices can have differing policies regarding refusing to euthanize animals and, for some, no official policy exists, leaving decisions entirely in the hands of individual veterinarians. One hospital allowed individuals to decide if they were comfortable with the owner’s request, but, in another hospital,
administrators “strongly discouraged” veterinarians from refusing owners’ euthanasia requests. The different policies of the hospitals reflect two different opinions; the former reflects the idea that veterinarians should refuse to euthanize some animals because of their obligations to animals, while the latter reflects the idea that it is the veterinarian’s responsibility to carry out owners’ wishes. Veterinarians who support the latter opinion also consider a veterinarian’s obligations to animals, but they believe that an easy death is a better alternative for the animal than suffering from lack of treatment, the owner abandoning it, the animal going to a shelter only to be euthanized due to over-crowding, or, in the extreme scenario, an owner attempting euthanasia at home. Additionally, even though the former hospital allows veterinarians to refuse owners’ request for euthanasia, some stipulations in the policy favor accommodating the wishes of owners, as this veterinary administer explains:

People are going to come in with pets and requesting euthanasia for lots of reasons. If the reason is convenience, my personal stand is that I would not ask you to do something that is antithetical to your personal beliefs. If you are not comfortable euthanizing that cat because they are moving or it is two-year-old puppy or whatever then you may decline to do that, however, you should make an attempt to find another veterinarian in the building who will accommodate the owner. Chances are they are just going to go somewhere else. You may recommend alternatives if it is truly a healthy pet with no problems. You can discuss their surrendering their pet to the shelter, but you need to go and talk to the shelter first and tell them the situation and find out if this is a pet that the shelter can accommodate…We are attached to an animal welfare organization but we do have limited resources. If a client comes in without any money, the shelter might decide to fix it, but everyday we are still euthanizing healthy animals so they don’t have the ability to provide care to lots of sick animals. Asking for funds for some sick animals can be point of contention because it is a drain on resources so for them putting lots of resources into a few sick animals is hard when they have to euthanize healthy ones every day. We have aid for people and CareCredit, but you have to have a deposit and you have to qualify. I don’t like it but you may have to euthanize an animal due mostly to lack of funds and this may happen to you I am sorry to say. Don’t refuse without thinking if you can find a better option for this animal.

Thus, given all of the caveats of the policy, many veterinarians felt this strategy could only help resolve disagreements in a minority of cases in which the animals were largely healthy. Despite their frustrations with the limiting factors of the policy, most
veterinarians would rather work in a hospital that had such a refusal a policy. In fact, one intern refused a competitive residency program because hospital policy did not allow veterinarians to refuse euthanasia requests. In the case of healthy, easily adoptable animals several veterinarians refused owners’ requests for euthanasia, resulting in either the owner leaving the hospital with their animal (usually angry and upset) or the animal being released to the care of a local shelter. In a few cases, despite the veterinarian’s belief that the local shelter will most likely euthanize the animal, the veterinarian felt the owner’s rationale was illegitimate or reflected disregard for the animal so they refused the owner’s request against the hospital policy. In these cases the veterinarian was upset with the owner and comforted by the thought of having “given the animal a chance” to be adopted, no matter how small the likelihood.

While nearly all veterinarians had refused to euthanize at least one animal thus far in their career, none refused to stop treating animals, even if they believe that it is better for the animal’s welfare to be euthanized. In fact, most veterinarians will carry out treatment regardless of how imprudent it may seem to them or how bleak the outcome appears. When it comes to keeping animals alive despite their own apprehension, most veterinarians feel obligated to treat the animal or, at least, oversee their pain management to the best of their ability. Most veterinarians will, however, refuse to release an animal from the hospital because they believe that the animal will suffer too much without medical intervention. As was the case of a 9-year-old German shepherd who was brought to the ER because he collapsed at home:

The dog was in septic shock, had a fever and a necrotic mammary mass so she needed a central line, intensive fluids and antibiotic therapy and maybe a blood transfusion and she was probably in DIC. I discussed multi system organ failure with them...and he was a doctor so I had the discussion with him in medial terms on the doctor-to-doctor level so we had to discuss the success rate of curing dogs in septic shock because he knows the
human data...I could get a sense in the exam room from his posture, his demeanor, everything, that I almost felt like I was insulting him by saying, “The dog is suffering, if you don’t want to treat her, then we need to euthanize her.” And he was mad at me for recommending euthanasia. Even being in the medical field, he still wanted to negotiate with what else could we do. And then I said, “I’m fortunate to be able to offer you euthanasia because she’s suffering.” They were basically saying, “Well what about an antibiotic? Can we just take her home?” and I wouldn’t let that dog leave. There was not going to be any negotiation on that pet leaving this hospital. I looked at them and said, “Listen, if this was a human being, there would be no negotiation of her leaving the ER. You wouldn’t send this person home with antibiotics.” They euthanized her but it was really sad, horrible actually.

If the owners insist on taking their animals from the hospital, the veterinarian will ask the owner to sign an “AMA” form, meaning that the owner is taking the animal home against the medical advice of the veterinarian. In extreme cases, a veterinarian might report an owner to the local authority assigned to deal with animal cruelty. Most often, however, negotiations do not take such a confrontational turn. The veterinarian will make an initial suggestion of euthanasia to the owner who rejects the offer; instead making a counter request for continued treatment or longer palliative care. Later, after additional tests and monitoring indicate that the animal’s condition is worse, the veterinarian will make another attempt to carefully argue for euthanasia. Regardless of how improbable it seems for the animal to recover, some clients continue to disagree with the veterinarian and the negotiation continues at a later date. This process may be repeated several times lasting days, weeks, or even months, depending on the disease process, until either a decision is reached to euthanize the animal or the animal dies on its own.

Abide by Owner’s Wishes. Although the veterinarian may reluctantly agree to euthanize an animal they would rather not, the vet will often use this opportunity to remind clients that the decision to euthanize is their choice and they believe the animal deserves veterinary care, as this veterinarian explains:

If there are financial considerations I will usually try not to make the owners feel guilty about it, but tactfully say with no reservations, “This is a treatable disease.” Then I don’t really feel like I am letting them off easy saying, “Well there is nothing we could.” If I
think they get that, but they just can’t do it financially and there are no other options so we have to consider euthanasia, then I won’t push it that hard. If they are taking it cavalierly then I will say this is a treatable disease and I understand that you cannot treat for financial reasons or you are not willing to treat for financial reasons but I do want to let you know that this is something we could treat and there is a fair chance that Fluffy could do well. I think it is ideal to go this way. I am quite willing to say that for my own ethics so that they don’t walk away feeling like euthanasia is the best option when it is not. Part of pet ownership is a responsibility to them including financial responsibility to provide their health care so I try not to let people get away with that.

Given that for some clients having a veterinarian euthanize their animal is seen as approval of their decision by a medical professional, the veterinarian feels as though they have fulfilled their obligation to the animal to the best of their ability by reiterating their reluctance. In these cases the disagreement is assuaged for the veterinarian, but for some clients, such a strategy is not affective because the veterinarian believes that realization would have no impact on the owner because they don’t view animals as deserving of veterinary care.

At some point trying to bargain with the owners to euthanize a sick animal or treat a curable one required more confrontation than the veterinarian was comfortable initiating. For example, veterinarians have to balance between getting enough information to feel comfortable doing the euthanasia and feeling as though they are “interrogating” emotionally distraught owners. Dr. Peters explains, “Often when they come in and they know they want to euthanize you don’t want to interrogate them too much. I tend to ask a couple questions so I understand the situation and can personally feel okay with it.” Veterinarians sometimes reach their bargaining limit because they believe that further urging owners could create problems in their relationship with the client, as this veterinarian explains:

In the end if it is one of the unacceptable cases then we are going to find a way around this or you are leaving this building. If it is not one of those unacceptable ones, but is in a grey zone, you eventually want to preserve the relationship. In the end you have to be working together so even though there might be like a little tension or confrontation in
the sorting out of what the plan is, once you get the plan- you have to work together for it. With euthanasia if it was something that I kind of disagreed with and I was pushing them to do something different but then once I am clear that that is what they have decided and that is not going to change and there are no other options left to fight for- then I am not going to keep being contrary and making them feel guilty. I am going to go into euthanasia mode.

Other times veterinarians reach their bargaining limit because they believe further urging might cause additional problems for the animal such as an owner getting upset and taking their sick animal home where it may not get the proper care it needs. Sometimes, even though the veterinarian believed that the animal’s health concerns were manageable, the owners failed to give the necessary treatment properly at home causing the animal to suffer:

But this was one that had come in where the dog was pretty bright, but had pretty severe hypothyroidism. As a result, the dog had some very severe skin infections and was obese and wasn't really able to walk very well. It was in a pretty poor body state, looking pretty neglected. And those are some of the ones where you almost ask yourself should I report this case? And it just seemed like the owner hadn't been able to treat it, even though it's not a difficult treatment it's daily medication she hadn't been able to…And that one I was a little conflicted about, but if it had gone to a shelter it wouldn't of been adoptable either. I think either way this animal would have gotten euthanized. You can't save the world. You learn to save what you can and to fight when the alternatives are reasonable.

In cases such as these, the veterinarian may not have originally felt euthanasia was appropriate, but, after the owners made several attempts to treat the animal’s condition, they will typically agree to euthanize the animal because it is unlikely that it would be adopted due to its condition. Thus, if further consultation reveals that the owners do not want to treat the animal because it is difficult on them to provide proper care, a veterinarian may change their opinion for the animal.

Although some veterinarians euthanize healthy, well-behaved animals because their owner’s no longer want them, many are morally opposed to this practice. In cases where they would rather not euthanize, most veterinarians will attempt alternatives to euthanasia first but may reluctantly do the euthanasia if other options have been
exhausted. The veterinarian may perform euthanasia if they feel that it is unlikely they could find an agreement with the owner or a better solution for the animal, as this veterinarian explains:

Sometimes euthanasia may be the better option like say it is a chronic renal failure cat who needs fluids everyday. What are the viable options for this cat? Is it adoptable? No it is not. If this owner doesn’t want it and isn’t going to take good care of it it is reasonable to elect euthanasia. Say if you have a case with say a 17 year old dog who has some health problems but is getting along okay but is 17 and the owners are moving and it some kind of bullshit convenience thing what are you going to do with a 17 year old dog? Are you going to put it in a shelter? Are you going to take it away from everything it has known? Is that a kind thing to do? It is actually not. It is not fair to really old pets to put them through that kind of a change and that kind of stress, not to mention that they won’t be adopted. That means they will spend the rest of their lives in a cage and it sucks that the owners are abandoning them at that age for some reason that doesn’t have to do with a health concern but at the same time that is their right and realistically there are no good other options for this animal. You might look at it realistically and say what is the ideal thing for this animal? The ideal thing is that the owner would not fucking suck but the owner fucking sucks so there are no good options so you do the euthanasia cause there are really no other options.

Some veterinarians have a more practical approach: “If I am pretty sure this animal is going to get euthanized in the shelter anyway I might as well get some money for the hospital by doing the euthanasia here.” Often the major reason veterinarians reach their bargaining limit and agree to abide by the owners wishes to euthanize is because the shelter will either refuse to take the animal or take it on with the understanding that the animal will most likely be euthanized rather than adopted.

**Conclusion.** Often clients and veterinarians are in agreement as to when it is most appropriate to euthanize animals. However, disagreements between veterinarians and owners are inevitable because circumstances in which euthanasia is considered legitimate can vary dramatically as well as definitions of “suffering” and “poor” quality of life. Despite advances in scientific understanding of animals’ feelings and improved methods for assessing quality of life in both humans and other animals, even veterinary experts can reach different conclusions when judging an animal’s quality of life.
Moreover, considerable disagreement exists regarding the status of animals in society as well when it is appropriate to kill them. For many pet owners the decision to euthanize is an exceptionally difficult decision, while others seem unaffected or indifferent to the decision. Some pet owners may comment to spending relatively little on veterinary care, while others, with little hope for their animal’s recovery, may drive several hundred miles or spend thousands to get the specialty of care and advanced diagnostic technology offered at these hospitals. When a pet faces a life-threatening illness, it can be an emotionally difficult time for both the client and the veterinarian and disagreements between the veterinarian and pet owner can heighten these emotions. Veterinarians patiently and tirelessly worked to empathize with, and educate clients so that an understanding can be reached.

Most negotiations that begin with disagreement, end either in favor of the veterinarian’s judgment or the veterinarian is satisfied that every reasonable alternative to euthanasia has been exhausted. In a few rare circumstances amicable solutions to disagreements cannot be reached regardless of the efforts of the veterinarian, however, in most cases the veterinarian is able to use one or more strategies to help negotiate a harmonious arrangement. Sometimes disagreements are easily dispatched using only one strategy. For example, when owners mistakenly believe euthanasia is in the best interest of the animal and, after hearing the veterinarian’s information, they often change their opinion regarding euthanasia. These cases of simple misunderstanding are often easily settled, but in other situations, several strategies may be necessary to come to a conclusion both parties support. The level of vigor with which the veterinarian argues
their case, as well as the number of strategies they attempt, is usually dictated by how strongly the veterinarian disagrees with the decision.

Given that the owners’ perspectives were not obtained in this research, it is impossible to determine what constitutes successful interaction for the client. This information would provide a more complete evaluation of the effectiveness of any given strategy for managing conflict between the veterinarian and the owner. Veterinarians often hypothesize that the style and strategy of individual veterinarians can have a strong influence on owner’s decision-making, as this veterinarian explains: “We all know people around here who are better overall at getting owners to treat and those of us who are better at getting owners to euthanize. We all say things like, ‘Have so and so work on your case cause they will close the deal’ versus ‘Don’t have so and so work on it cause they can’t’ or ‘Don’t have Dr. Death get near those owners cause they will just end up euthanizing.’ There are some of us who will definitely end up having more critical cases go through versus have more euthanasia. It can be very individual, but there is no one wrong or right way to approach it.” Yet, veterinarians have all experienced unsuccessful euthanasia related communication which threatens subsequent interactions and potentially causes lasting resentment towards the veterinarian.

The traditional role of the veterinarian is to provide a list of options for the pet owner that range in cost, quality and sophistication and leave the decision entirely up to the owner, but the role of the modern companion-animal veterinarian is changing. Increasingly veterinarians feel obligated to be advocates for the best interest of animals just as pediatricians are expected to be advocates for the best interest of children. In fact, people are willing to trust that the advice from their veterinarian is what is best for their
pet and pet owners often report to trust their veterinarians more than their own physicians. Nonetheless, veterinarians continue to have different opinions as to how much authority veterinarians should have over decisions made regarding pet animals. One study assessing quality of life determinations in veterinary practice found that, for some participants, respecting the client’s autonomy in deciding what was best for the patient weighed heavily in their decisions, while others felt that the veterinarian is the best assessor of quality of life and felt justified in being more paternalistic and “convincing” clients to follow a certain course of action. Evidence from this research, however, suggests that veterinarians take on different roles. For example, most participants in this study place a high value on client autonomy, but found paternalism mandatory at times. Although additional research is necessary to make more definitive determinations, perhaps respecting client autonomy also requires an evaluation of the client’s abilities to make “appropriate” decisions for the patient.
Chapter 4: Creating a “Good” Death:
The Dramaturgy of Veterinary Euthanasia

As demonstrated in the previous chapter, Negotiating Euthanasia, the actual act of euthanasia comes after clients digest the bad news and make the often-difficult decision to go ahead with the euthanasia process. After the decision has been made to euthanize an animal, the veterinarian must manage the various steps of the physical process from the killing of the animal to dealing with the dead animal's remains as well as managing the impressions of the owners. This chapter intends to describe the role of the veterinarian in staging and ritualizing the death of animals and well as managing the impressions of the owners. Due to the finality of the event there is no opportunity for a second chance to get it right so the veterinarian must make certain that their performance is near perfect as possible. To do this they employ the use of backstage preparation, props, tailored spaces, and specific rhetoric. No matter how standardized or ritualized euthanasia becomes, however, each drama must still be brought off on its own with all the opportunities for error. In addition, while part of creating a “good” death for owners involves tightly controlling the technical circumstances of euthanasia, the other part involves changing the sterile medical environment into a personalized and intimate one. Thus, by adapting existing rituals to personalize the experience for individual owners veterinarians enhance the performance as well as make it more intimate. Euthanasia, although precarious, can be deeply rewarding for the veterinarian and satisfying for the owner.
Changing Expectations of Animal Death

The option of euthanasia in veterinary medicine guarantees that the veterinarian will be present at the death of their patients coupled with the owner’s demand to be present adds an additional challenge for the veterinarian in the management of the death of their patients. In response to the emergence of the owner witness euthanasia modern veterinary clinics have created grieving rooms or spaces specifically for euthanasia in veterinary hospitals and clinics that resemble spaces one might see in funeral homes. These rooms are important because, as the veterinarian below points out, veterinarians don’t have a “status shield” in which they are able to pass on the “dirty” work of the death of their patients to other occupational groups like funeral director and grief counselors:

Most of what we do in euthanasia with owners is not technically a part of our job as veterinarians. I know this stuff is above and beyond, but I feel like that is my job. It’s like that is our part as part funeral director. It's not like we’re just doctors. We’re part grieve counselor, part funeral director. And I think in fact human doctors don't take that role seriously enough because I've heard horror stories about bedside manner when it comes to patients dying where the doctor is just like yeah, my work here is done. Doctors I don't really think they feel that responsibility to families like we do for clients. But we obviously feel that responsibility a lot more closely because we are obviously present at the death, always with euthanasia. And we show a presence there and we're immediately involved so it's like of course we have that feeling that is our responsibility to make euthanasia go well.

As does the veterinarian above, veterinarians often compare their role in euthanasia to that of a funeral director performing “funerals” for pet animals. In fact, throughout the chapter, parallels will be drawn between the work of those in the funeral business in the performance of funeral rituals and the work of veterinarians in the performance of euthanasia. Veterinarians, for example, take on the responsibility of preparing animals’ bodies for disposal and in many cases actually dispose of the remains. Both veterinary hospitals offer owners private cremation services and a choice of several styles of
memorial urns for pet ashes. Some even offer other memorials such as containers designed for storing clippings of hair or equipment to make prints of an animal’s paw. Although handmade animal caskets and coffins are sold commercially, none of the clinics in this study contract with these vendors, however, one hospital provides cardboard coffins to transport the body for home burial.

Veterinarians and funeral directors use similar language to describe the goal of “good” or successful presentations. Through sophisticated preservation and restoration techniques those in the funeral business take pride in their ability to create a “memory picture” for the family such that bodies that look the most “lifelike” are considered the most successful (Howarth 1996; Turner and Edgley 1976). Although not as extensively as funeral directors, when owners choose not to witness the actual euthanasia but would instead like to “visit” with the animal’s body, veterinarians also take physical steps such as closing open wounds (discussed later in the paper) to create a specific “peaceful” image of the animal to present to the owner. Similar to funeral directors goals of a good “memory picture,” veterinarians feel that euthanasia is an important experience for pet owners because it is the owners’ “last memory” of their pet and they feel it is the responsibility of the veterinarian to manage clients’ overall impressions of a “good” death for their animals: “Euthanasia is final and it is the last moments and those are important to people. It is the owners last few minutes with their animal and that is what they are going to remember as their last few minutes with their animal so it our responsibility to make sure it goes peacefully.”
The goal of a “good” euthanasia for the veterinarian involves a gentle slipping into death, which looks like an animal is quietly and painlessly falling asleep. One veterinarian sums up his version of a typical good euthanasia (as well as a bad one):

The ideal euthanasia is when you bring the animal to the back; you put a catheter in no problem. Go to the owners, they spend five, ten minutes visiting. You can go in and you talk to them and you leave them alone with the pet, then you come back, they're ready, you're ready, the dog’s ready, you give the solution, the heart stops. There is no drama associated with the animal dying like it just falls asleep. It doesn’t even move afterwards, nothing. That's usually when the dog doesn't have any twitching or anything associated with the euthanasia solution, and it's usually when the owners would cry but they are not hysterical wailing, and everything just goes smoothly. Then you might leave for another few minutes to give them a couple minutes alone. Owners visit five, ten minutes and they leave. That's ideal, that's the best way to do it. Owners are thanking you. You never saw them before in your life, but they are thanking you because you did a good thing for them. The worse ones are the ones where they need three, four hours to visit and won’t let you put a catheter in. You finally put one in, and then you're about to euthanize but they are still arguing with you kind of or asking are we doing the right thing? Something technical goes wrong during the euthanasia. Then you finally euthanize them and of course, those animals are the ones that are going to be like breathing heavy, like twitching afterwards, giving that “last breath” ten minutes after you euthanize it, which, of course, freaks out the owners even though you warn them. And the owners are visiting for three, four hours afterwards with the dead animal. Those are nightmares. That's the worse case scenario.

Euthanasia is considered successful when the animal dies peacefully, the veterinarian maintains an appropriate presentation, and the owners are thought to have a “good” last memory of their pet.

In order to start preparing an animal for euthanasia, appropriate forms must be signed for the procedure to take place. Ideally, the owner pays for the procedure and makes decisions regarding what to do with the remains, while the veterinarian takes the animal to the back for preparation. After the necessary backstage work is complete, the pet re-joins the owner in a predetermined place. The owner may spend some time alone with the pet if desired. When the owner and veterinarian are ready the euthanasia solution is administered through an IV catheter or with a needle and syringe. Without a catheter in place, the assistant holds the pet and puts a slight amount of pressure on a vein, usually in the foreleg. This allows the veterinarian to see the vein better and aids in passing a fine
needle into the vein. Euthanasia solution is primarily a concentrated anesthesia solution that provides not only the same effects as general anesthesia (loss of consciousness, loss of pain sensation), but suppresses the cardiovascular and respiratory systems. Usually within six to twelve seconds after the solution is injected the pet will take a slightly deeper breath, then grow weak and finally lapse into what looks like a deep sleep (giving rise to the euphemism "to put to sleep"). Ideally the euthanasia solution is delivered smoothly and death comes peacefully in a matter of minutes. The veterinarian listens for the absence of a heartbeat and pronounces the animal dead. The owner is allowed to remain with the pet for final private goodbyes. At the end of this time, the owner calls the veterinarian or staff member who takes the body to the back and the owner quietly exits the hospital.

**Creating a “Good” Death**

**The Use of the Backstage.** If the goal of a successful euthanasia is to come off as “peaceful,” “painless,” and “respectful” then the audience will have to be kept away from the areas where animals might be subject to procedures that are interpreted as painful or the corpse is stored in ways that might be interpreted as disrespectful: “It is pretty easy to inject euthanasia solution if nobody is watching you. If I am putting an animal to sleep without the owners there, I don’t put an IV catheter in, but I would if somebody’s watching. Poking around to find a vein is not what you want the animal’s last memory to be or an owner’s memory to be of their animal.” Goffman (1959) reminds us of the need to deliberately separate the frontstage from the backstage region because the preparations for performances, if seen, may contradict or destroy the impressions fostered frontstage. The backstage region is a space hidden from the audience, which generally involves
masking certain information that may conflict with the goals of the performance. The backstage areas in veterinary hospitals are typically rooms located behind the entryway lobby and individual exam rooms. Exam rooms are not backstage areas per se but they are separated from the lobby and waiting areas and are used primarily to privately speak with owners and perform basic physical procedures, such as taking the temperature or the weight of the animal. Most backstage preparatory work for euthanasia such as inserting an intravenous catheter takes place in areas designated as “treatment” rooms (if the patient is an outpatient) and “Critical Care Units/Wards,” also known as the ICU, CCU or CCW (if the patient is an inpatient) where access by the public is strictly regulated.

Treatment rooms are typically large rooms whose walls are lined with storage for various medical supplies with several work tables or stations designed so that technicians and staff can easily move where needed with easy access to medical equipment. Owners are never allowed in “treatment rooms,” but they are allowed in the CCU during specified visiting hours and approved special occasions to visit sick animals housed there for intensive monitoring and care. The walls of Critical Care Wards in veterinary hospitals are typically lined with stacked steel cages where dogs are generally housed on the bottom units and cats on the top units. The center of the room has workstations similar to the treatment rooms except with more equipment commonly used in emergencies and critical procedures.

All of the body care after the euthanasia takes place in backstage areas. Owners may choose to take the body home for personal burial, but they most often choose to leave their deceased pet with the veterinarian for cremation. After choosing cremation the owner has a choice between either “private” cremation in which the ashes are
returned to the owner in a selection of possible urns or “general” cremation in which the ashes of multiple animals are collected and disposed by the facility. If the facility does not on site have a crematorium, then the bodies are typically stored in large refrigerated storage units until they are taken to the crematorium. If the animals are going to general cremation, the bodies may be stored in large buckets or plastic containers and, if they are going to private cremation, then the corpse is typically stored in labeled, black plastic “garbage” bags in cold storage. One intern describes his first exposure to the backstage of body storage: “It gives you the chills the first time you see that bucket of dead animals or the first time you see an animal’s body put into a bag. Now it doesn’t really bother me that they are put into bags. I don’t think there is a more appropriate means of disposal. I don’t find it disrespectful but it does take some getting used to.” Like the intern above, most veterinarians “get used to” the reality of the backstage procedures for handling bodies, however a few have never become completely comfortable with the discontinuity between front and back stage handling of bodies:

At my internship where there was a really high volume and lots of death and euthanasia, we had that awful big bucket of bodies. (Laughs.) That was horrible and I wasn’t shocked by it but maybe a little grossed out. Treatment of the bodies and stuff kind of made me sad in a way that we go through all these efforts to euthanize someone’s pet with all this respect and then it is impossible to go through all the body handling process with that same level of care and respect especially if you have a pretty high case-load and I totally understand for practical reasons but it is just kind of sad.

Despite growing accustomed to backstage treatment of bodies, it is not uncommon for veterinarians and staff members to make exceptions for their own pets: “Many of the staff I have worked with request that their animals not be put in plastic bags but rather they go in a cardboard carrier before they get transported to the crematorium. If the thought of their animal being in a plastic trash bag is that disturbing to some people who are used to it everyday then imagine how upsetting it would be for owners to think about.”
**The Rhetoric of the Backstage.** Veterinarians and staff safely in the backstage areas sometimes employ different behavior and language not shown to the frontstage audience because it is assumed that such talk could upset and/or confuse owners. Conversations around death and euthanasia are serious and somber in the frontstage, while conversations encountered in the backstage can be lighter and even humorous. For example, when an intern inquires as to how much sedative to give a dog she is about to euthanize, a resident jokingly responds, “You don’t need to titrate a dose. You can give them a big slug of (thighlozene) because what is the worst thing that can really happen? You might kill him?” References to euthanasia solution are strictly medical and technical when talking to the public, but may be referred to backstage as “pink juice” or “blue juice,” depending on the color of the dye. Similarly, euphemistic references to preparing the body for cremation in the frontstage are referred to as “bagging and tagging” in the backstage. One intern remembers his early experiences with backstage rhetoric; “Thinking back to my first day on the job I was disturbed by everyone so nonchalantly saying, ‘we need a bag and tag.’ But I guess after awhile you just sort of get used to it, I mean that is what you’re doing.”

Animals nearing death in frontstage conversations are brave and strong in the face of their illness, but in the backstage they may be referred to as circling the drain (a patient near the end), making the Q sign (patient who is deteriorating or dying with tongue hanging out), or having a case of BSBF (Buy Small Bags of Food because patient’s death is near). Similarly, animals with medical conditions that historically have a very poor prognosis are referred to exclusively with technical medical terminology such as “disseminated intravascular coagulation” or “DIC” in the frontstage, but in the backstage
the condition may be called “Death Is Coming” or “Dead In Cage.” Only in the backstage would dead animals be referred to as “going PU” or “going paws up.” One veterinarian shared her experience with backstage rhetoric: “We all use these terms sometimes, but the only term that has ever made me literally feel like I am going to vomit was when I worked with a veterinarian last fall at [my veterinary university] and when he would refer to euthanasia he used the term nuke like ‘I need to go nuke this dog.’” As this quote demonstrates, not all veterinarians feel similarly about the use of certain backstage rhetoric, however, slang provides important functions for veterinarians.

Backstage talk and hospital slang are important tools for communication among medical workers because, as Gordon (1983) suggests, “Hospital slang for patients does not express insensitivity or lack of concern for patients; it is often used to create a kind of routinized, but not necessarily personal, rapport among medial staff through the use of humor and the derogation of those perceived as a common source of frustration” (21). Laughter and the use of humor among nurses and doctors are well documented as a common way to deal with uncertainty, anxiety, and death experiences (Astedt-Kurki and Luikkonen 1994; Coser 1960; Francis 1994; Harries 1995; Mallet 1993). Exploring the use of medical slang among physicians (Coombs et al 1993), researchers identified five major functions of medical slang: “(1) creates a sense of belonging to a select inside group, (2) establishes a unique identity, (3) provides a private means of communication, (4) is an exercise in creativity, humor, and wit, and (5) softens tragedy and discharges strong emotions” (992-993).

Slang functions similarly for veterinarians. At the beginning of the year many novice veterinarians expressed surprise and discomfort at the use of slang and “black
humor” by more experienced veterinarians but by the end of their first year in practice, they too use similar expressions. At times such slang was used to intentionally intimidate visiting veterinary students or separate groups such as interns from residents, reinforcing group solidarity. Veterinarians commonly refer to purpose or function of backstage talk as a quick and efficient method of communicating between staff members as described by this veterinarian:

When I am running five exam rooms in the front and we are three doctors down it is quick and easy to say “I need an assistant for a bag and tag in room two” and everyone back here knows what I mean. It is just a quick and easy way to say it. If I am bringing a dog to the back to euthanize, all I have to say to people in the hall when they ask what is up with the dog is ‘Oh it’s just a PTS’ and they generally leave it at that depending on the tone of your voice. When owners come into the hospital just to euthanize on the list they will write WPTS or PTS to let us know it is euthanasia so we can just walk in and everybody is on the same page. It is just easier and it saves time.

Backstage talk is almost exclusively reserved for the backstage, but on rare occasions it is used, although disguised, in the presence of owners to communicate between insiders about sensitive topics. For example a veterinarian may suggest to a technician that they have a “CSTO” or “DSTO” (cat/dog smarter than owner) generally indicating that the owner is not considered reliable to report on the condition of the animal. Thus, backstage talk can have practical purposes as well.

Veterinarians consider their backstage talk to be a cathartic expression that allows them to “vent” frustrating aspects of their job:

We use that humor to survive but I am really clear that it is not professional for anyone to ever know that we do that. It is not that we don’t have respect for the situation and it is not that we are not sad about the situation. In fact we joke actually because we have all these emotions that we have to deal with in someway. That is why we joke. We don’t really make light of it in the sense that we don’t care and it doesn’t matter to us. It is because it matters to us and because we care and because it is awkward and tense and stressful and it is a big responsibility and we take it so personally an all those things that is why we have to come in and (big sigh) and say “whew” thank God it is over and it may come out as something funny sometimes. I think any person that routinely deals with death must laugh about it sometimes.
Backstage talk allows veterinarians to express, among themselves, their disagreement and frustration with the decisions of owners regarding euthanasia providing a way to “let off steam.” For example, veterinarians may communicate backstage that because an animal is believed to be suffering and little can be done medically to improve its condition, its owner is wrong to continue treating it. Despite their disagreement, often expressed with sarcasm and humor in the backstage, the animal is spoken of as an obviously beloved pet during frontstage encounters with owners, but whose condition may be discussed in the backstage jokingly. One veterinarian carrying a skinny, sickly looking dog to the back for further testing might say to another staff member something like, “I want to slip this poor fellow the juice.” The other veterinarian communicates agreement by jokingly asking the dog if he would like to eat some chocolate cake, a treat that dogs often enjoy but can be toxic to them, especially if they are already ill. The veterinarian in charge of the case uses slang term and backstage talk to deflect feelings (anger or frustration) that are not considered appropriate in the frontstage. Similarly, sarcastic humor may be used backstage when it is not immediately clear why a seemingly healthy animal is being prepped for euthanasia.

Researchers suggest that backstage rhetoric can be a way to distance professionals from the role they are performing. Turner and Edgley (1976) describe the possible functions of role-distance behavior among funeral directors; “Such role-distance behavior may manifest alienation from the role but the opposite can well be true: in some case only those who feel secure in their attachment may be able to chance the expression of distance. Expressions of distance may serve also to relax those attending the task and/or convey an atmosphere of ‘just another job’ in what otherwise would be a situation
permeated by anxiety and tension.” If the same is true for veterinarians then it is not surprising that the majority of veterinary slang and backstage talk centers on death and euthanasia, topics characterized by high levels of tension and anxiety.

**Maintaining Strict Boundaries.** Obviously some of the backstage rhetoric, preparatory work, and body storage would likely upset or shock non-professionals or those emotionally connected to the deceased. And, if the goals of a successful euthanasia are to come off as “peaceful” and “respectful,” then the audience will have to be kept away from the areas that might disrupt this image:

You have to restrain the animal to find a vein and you will have to do that to the pet regardless of whether it is in the room with the owner or in the back, but having the owner back there while you struggle to find the vein is not more or less distressing to the animals. The idea is to keep that separate from the owners. This is the same reason you would not just put the animal in the bag in front of the owners. There is no need for them to see that. You don’t put it in a bag and walk out the room. They don’t want to see that. After the euthanasia, I always stay with the animal as the owner leaves the room. The owner knows that no one is going to sit there with their dead pet till it gets cremated. They know that is going to happen, but they don’t really want to be reminded of it. It is not like we all walk out together and Fluffy is dead on the floor. They don’t want to think that.

In addition, great care is generally taken to prevent outsiders from hearing backstage talk as expressed by this veterinarian:

There are a lot of things like that with euthanasia that you try to keep hidden. It is annoying when they [owners] are questioning, questioning, questioning and they are concerned about everything and they are real high maintenance and they have asked me the same question twenty times and I am acting like this is all totally normal. I understand of course you are worried and I am happy to answer all your questions. Of course I can explain that all over again for the tenth time if you need me to. I get in the back and I fucking roll my eyes and I am like these guys are nightmare high maintenance clients. I would never want the owners to know that I said that or feel like that. You have to vent it out but you are not even really upset at them per say especially when their concern is legitimately strong for their pet. I don’t want the owners to hear my comments about their picky personality but I really don’t want them to hear it when it involves the death of their animal. I also don’t want other clients to hear me joking about death. Of all the things that I would not want people to know the biggest one is that we ever joke about the death of their pet. I am always really careful. I will get into ICU with the door closed and they have the door closed in the exam room and I will still whisper it to someone else or I will motion the nurses into the very back room and be a little louder but I will never do it when we are walking out the door or in the hallway. We are really careful about that because that would be so awful if any of my animals were just
euthanized and someone was laughing about it, I would fucking die. I am so acutely aware of that. It is really my pet peeve and I will make sure not to ever joke about those kinds of things with the type of person like a nurse or another doctor who I don’t trust to have some tact. Our nurses are awesome and I know they feel the same way I do and they are going to wait until we get into the ICU and they are going to keep their voices down. The kind that might make a comment on the way out the door I won’t even have them close to me. I will make it really clear that it is not cool to be so careless around owners. I will give them the look of death. It is so unacceptable to me. Those are things that you have to be aware of and you have to be in control of the other people so they are not giving the wrong impression either.

Overhearing the backstage colloquy or seeing the backstage areas where animals are prepared for euthanasia and bodies are stored afterwards could have serious consequences not just for the immediate performance of a successful euthanasia but also for the hospital as a business. Of course, slips do happen and, when owners overhear backstage talk, offending staff members must either engage in face saving behavior or apologize to the owners.

The behaviors within the backstage regions of veterinary hospitals, like the backstage region of funeral homes (Howarth 1996; Turner and Edgley 1976), are considered private and are protected from public observance by similar mechanisms: doors, curtains, locks, and “employee only” signs. Sometimes outsiders are allowed into backstage areas such as during visiting hours to the CCU. In these cases, steps are taken to guard against accidental clashing of the front and back stages such as hospital rules that no “outsider” or owner be allowed into any unauthorized area except by escort. Also, curtains are drawn as a signal to workers of the proximity of outsiders and hence a need for cautious talk. Aside from the use of coded door locks in veterinary hospitals, language is used to disguise the reality of certain backstage procedures such as an autopsy: “We have to get their permission to do an autopsy, but it is best not to be specific as to what an autopsy involves. You usually use the word ‘complete,’ without
getting graphic. You want to be careful about how those things are phrased.” Language is also used to create a more pleasant image for outsiders regarding the storage of the body:

We have our little morgue, which is the freezer. We never say it is the freezer to owners. We call it the morgue. It is not like the morgue on Quincy where they have their own little shelves. You may go in there and it looks like something out of Godfather with a horse or sometimes well just a horse head. (Laughs.) Monday morning there may be a pile of bodies and dogs with their heads cut off, but owners don’t need to know that. We don’t obviously let them see that area. If they ask where the bodies go, I just say they go to our morgue.

In the case of another hospital, bodies are temporarily stored in a main hallway whose door is carefully labeled as the “groom room,” disguising its true function to outsiders. Also, when owners choose to take pets home, the bodies are placed into specialized cardboard containers rather than the plastic bags used backstage. Thus, physical and linguistic steps are taken to prevent the viewing as well as knowledge of backstage regions that have the potential to undermine the desired impressions.

Even though the specifics of the backstage region are a mystery to most people, they understand that more information could make them uncomfortable thus most of the time outsiders actively participate in maintaining the boundaries separating the backstage from the front. Most outsiders rarely express interest in the workings of the backstage area and those who occasionally make inquires are generally satisfied with the nondescript answers typically offered to them by the veterinarian. Occasionally an owner will push for more detailed information, which can be challenging for the veterinarian, who is not used to answering such questions and making backstage behaviors palatable for outsiders. Veterinarians deal with this potential problem by being obscure and borrowing from the language of a human mortician as the following veterinarian explains:
I have had some people push me about what we do with the body afterwards while they are waiting to be sent off to cremation and I just try and brush it off as, “Oh we take them to our morgue here where we hold the bodies until they can be sent to our crematorium.” That generally works. They probably don’t know what that means necessarily which is probably better just because I think the average person would probably be upset to think of their pet in a garbage bag in a freezer. Calling it a morgue is something they understand and so far that seemed like an adequate answer for everybody.

As the quote above reveals the veterinarians hoping that clients find solace in the nondescript but familiar language of human morticians.

*Controlling the definition of the Situation in the Frontstage.* When the environment is arranged to successfully separate the frontstage from the backstage, the veterinarian is best able to control desired definitions. Veterinarians, for example, hold similar standards for what constitutes “respectful” handling of animal bodies in the front and back stages, but they take extra care to ensure that owners interpret their behavior as respectful and see the animal’s body as restful. When an owner will be present for the euthanasia special care is taken to prepare animals that have been sick in the wards:

The obvious things we do to prepare the animals are to make them feel comfortable so like I said the big fluffy beds or if they need pain meds. I usually prefer to not have them too sedated so their owner can interact with them but if they look like they are suffering I will give pain meds before they stay and visit with them. Also, cleaning them up to the extent that you can without making the animal uncomfortable. You don’t want the animal all bloody or shitty or pee soaked, and the send it in to visit with the owner before you euthanize it. Again, I am not going to put it through a bath right before I euthanize it but to the extent that you can kind of clean it up with pee pads and maybe just do damage control. And then often cover the relevant bits with a blanket so say they totally have a urine stain or diarrhea stains like, we’ve basically got them clean but it stains the fur, like the rear end or something. And that’s happened while they have been sick, it’s not how the owners want to remember them. So I’ll usually position them so they have a blanket over them, it looks like they are nice, tucked in, and kept warm, but it’s really covering the offending bits. Similarly, if their belly is all bruised from surgery or something, same thing. Or hit by cars. They don’t want to see that, cover it.

Owners who choose not to be present during euthanasia may wish to view the pet’s body after the procedure is complete. Backstage, special care is typically taken to present the animal’s body to the owner in the frontstage in a manner intended to demonstrate respect and peaceful rest. A quick exchange with an intern while we were bringing an animal’s
body to the owner reveals the typical veterinarian’s awareness of the body presentation:
Intern: “Hey, does this cat look dead to you?” Researcher: “Well I guess so it is actually
dead.” Intern: “I know but I don’t like it if they look too dead. It is better if I can make
it look like they are just asleep or something.” In order to achieve this restful look, the
animal’s eyes are closed and the body may be washed, shaved, or groomed to create a
more pleasing appearance. The veterinarian may even sew up or cover any surgical
openings or open trauma wounds. Any feces or urine excreted after death is wiped clean.
The body is sometimes covered with a sheet of disposable absorption padding, towel, or
blanket and a few interns have even designed pillows out of this material so that the
animal appears to be sleeping or resting comfortably. The insertion of a “pillow” and
more frequently the covering like a blanket is an interesting touch because most animals
do not typically sleep with a blanket and pillow thus it sustains the impression of slumber
typically reserved for humans. In fact, it is the hope that after an animal dies, it will
appear as though the animal is sleeping and that is certainly the intended definition of the
presentation.

The body is typically either positioned neatly on a gurney and wheeled into a
private room or carried delicately in the arms of the veterinarian wrapped in a blanket or
towel. The veterinarian is mindful to avoid a tail or paw hanging loosely off the gurney
or the animal’s head hanging limply from their arms in order to preserve the impression
that the veterinarian is “respectfully” attending to the animal’s body and the animal is in a
“restful” sleep. The intern does things very carefully to give the impression that they are
showing respect to the animal. While they may treat the bodies in similar ways when the
owners are not around, they move much more quickly and they don’t take the same pains
to make it appear as though the animal is delicate or that they don’t want to disturb their restfulness.

With strict separation of spheres, the veterinarian is easily able to control desired impressions, but the more fluid the distinctions between the front and back stages, the more difficult it is for the veterinarian to control the definitions that arise. Explaining the importance of separate spaces and privacy in order to maintain a “peaceful” definition, one veterinarian describes the consequences of a fluid environment such that the activities of the backstage are close enough to interfere with the activities of the frontstage:

Noise from other animals or people is kind of irritating because I really do want it to be peaceful and because it’s stressful for the patient. Although most of the time the patient is not stressed out but mostly it’s stressful to the owner, not just because the barking is stressful to them but because of how they perceive it affects their patient. So, if it’s a cat the owner is going to be upset if there's fucking dogs barking and when one dog is barking it starts more dogs barking. The problem for the staff is that we are so used to those sounds that we tune them out but when I am in the exam room doing a euthanasia I am acutely aware of how they sound. Otherwise I might not even notice. And I feel like my techs are in a space where they don’t even notice them, so often even when I ask them to do that [keep the dogs quiet] they don’t do a very good job. And it's irritating because I am in the exam room with the owner doing the euthanasia and I am not going to run out and be like can you shut that dog up. But I asked you to keep those dogs quiet. Why is there someone barking back there because any dog, if you go up to it and interact with it, it stops barking. So all you have to do is literally just walk over to the cage and talk to it. So it’s really irritating for me when that doesn’t happen and it happens way too often. Even though I told them not to have any barking. They still just have other shit on their minds and they aren’t as conscious of it as they would be if they were in an otherwise quiet exam room trying to do a euthanasia with freaked out owners.

Veterinary clinics and hospitals are increasingly building or converting exam rooms into rooms specifically designated for witness euthanasia. These “comfort,” “memorial,” or “grieving” rooms are designed to make the pet and the owner more comfortable and at ease. The rooms are usually located in low traffic areas of the hospital and when possible have a separate exit so that clients can leave the hospital without walking past the reception area. Unlike sterile medical exam rooms, the walls are painted with soothing
colors and are usually decorated with “peaceful,” scenic photos. The room typically has non-florescent, soft lighting and a supply of facial tissues but may also have plants or other greenery, a bowl with cat/dog treats, scissors for clipping fur, or clay for making memorial paw prints. The rooms are usually equipped with comfortable seating and some may even have padded mats so owners can comfortably sit on the floor with their animals. Such designs are ways of establishing comfort and impressions outside the usual ones of sterile medical exam rooms.

The designated euthanasia room is typically preferred for euthanasia because it allows for the strongest separation of spheres and, when it is in use, the veterinarian will chose a quiet exam room as far away from noise and distraction as possible. However some patients are not stable enough to be moved from the backstage CCU area to the frontstage euthanasia area so euthanasia has to be done completely in the backstage with the owner present:

Sometimes you have patients that you have to euthanize in the ICU because they will die if you move them or like the critical patients who are down with a spinal fracture and it wouldn’t be right to move them so wherever they are is where you need to euthanize them because it's cruel to move them. You have to do it in the ICU. I’m not going to take them off oxygen for the euthanasia. Some animals you can trail the oxygen line in an exam room, but for some it’s not quite right to move them like those on a ventilator for instance. Most of the euthanasias I do without the owner present I do in the ICU because mostly it’s going to be critical patients who have crashed and burned. And they’re critical patients you don’t want to move because they have like fifty things on them. They got a nasal oxygen line in, they’ve got EKG leads all over themselves, they’ve got a blood pressure tape cuffed on, they’ve got a temperature probe in their butt and you don’t want to bother them to take all that shit off just to move them into a room so they can be uncomfortable to euthanize them. Don’t move them; you know they are feeling shitty you just go and do it right there in the ICU as quickly as you can. So that’s why you're going to euthanize them in the ICU.

Because these euthanasias take place directly in the backstage, the risk of offending behavior ruining a performance is higher compared to euthanasias in more controlled frontstage areas:
I have had euthanasia before where they have been in one part of the CCU and we literally had another critical patient on a table right next to them. Right after I had injected the euthanasia solution, I had that patient arrest. And so I didn’t want to ask the owners to leave, I didn’t want to abruptly kick them out so I just let them stand there while I did this whole CPR thing because I didn’t -- you know first of all my focus immediately went to the CPR. I didn’t even have time to be like get them out of here. But I would have normally have been like I am so sorry I am going to have to ask you to just wait in the exam room we can bring Fluffy in so you can spend sometime to say goodbye and then owner's will spend sometime with the body afterwards in the exam room. But I didn’t even have time to say that. Fortunately I had already done the euthanasia. I wasn’t in the middle of it, but it was still really awkward timing because of literally the instant after. Usually there’s that somber moment and you escort them and say I am so sorry and then after when they are in the ICU, after they have been euthanized, I’ll take everything off, put them on a nice soft blankie, curl them up on a bed if they are a little patient, and move them into an exam room for people to visit with the body afterwards. So it’s like of all the things that you really want to have happen in a euthanasia is difficult in an ICU setting.

Another veterinarian explains problems associated with euthanasia in the backstage:

Euthanasia in the CCU sucks because there’s not peace, there’s not the privacy, no matter what happens unless it’s a really slow night. Even still there are techs running around doing things, treating other patients. I feel bad but I can’t stop the commotion. I like to keep any really intrusive noise down but I can’t stop the commotion, so there is still commotion, business, and stress. There’s not that kind of like peace and quiet and tranquility that you would like and that sucks.

Euthanasia in the ICU or CCU are generally considered less ideal locations because these spaces do not allow for privacy and often foster impressions of business and stress opposite of those desired in euthanasia.

When euthanasia must be done in backstage areas, the veterinarian has to take extra steps to ensure that the performance goes as smoothly as possible. The veterinarian might directly address problems with euthanasia in the CCU with the owner by acknowledging the situation as less ideal and taking steps to improve the owner’s experience:

And usually I will address that [with the owner] and say I am so sorry that we have to do this in the ICU, just know you are welcome to spend as much time with Fluffy as you want and just let us know if we can do anything for you. And I bring the stools over so they can sit with their patient or whatever, whether they are sitting cage side or sitting up with the patient on the table, one of the treatment tables. So they can just relax and tell them you are welcome stay here you are not in the way or anything like that, you are welcome to stay here. I’m just sorry that there is so much commotion.
Unable to rely on the privacy of a frontstage specialized room, the veterinarian will ask CCU staff to create an isolated and private area for the euthanasia to the extent that this is possible.

I might take technicians and assign them a patient to shut up and tell them to help make the ICU quiet when we euthanize this pet. If there’s a husky howling in his cage, I will grab a tech assistant and I will say Candice I want you to sit with Bobo, sit with him, sit by his cage, and keep his muzzle shut until we are done. I’ve learned that the hard way and of course this depends on how busy we are as to how much damage control you have time to do. When we’re crazy, busy and I know I don’t have staff to spare to be doing that so, that’s why on it's on emergency-- euthanasia can be more complicated than you would like it to be and you have to make more compromises.

Because the CCU or ICU is a busy emergency ward, some necessary conversation is expected to continue. However, talking is done in a comparatively quieter and more somber manner, compared to how the staff might otherwise speak when owners are not present. Euthanasias in the backstage are also complicated by the interference of backstage rhetoric:

Another really bad thing is when people in the ICU are laughing or joking. I’ll always tell all the techs but you can see there’s a lot of staff on a busy day there and there’s a lot of shit going on. But one time I hadn’t told the receptionist there was a euthanasia going on, they didn’t know and one of them waltzed back there, and didn’t realize what I was doing and said something totally inappropriate, loudly started talking about something totally inappropriate. And it was such an awful situation and I was so helpless. I was literally right in the middle of the euthanasia so I couldn’t stop what I was doing to tell her to shut up and what I was kind of irritated about was I would have expected one of the techs to grab her and fucking you know take her out of the room. But no one did, we all just kind of stood there and then I told her later I wasn’t mad at her because she didn’t know and she was like you guys should really let us know. I’m like fuck it never occurred to me. I told all of my staff that was in the ICU. I was like heads up people we are doing euthanasia over here so, before I bring the owner back, keep everyone quiet, let’s not do any procedures, but I don’t think to tell the receptionist that.

Obviously, doing the euthanasia in the CCU, particularly during visiting hours, significantly increases the likelihood of undesired behavior or rhetoric ruining the experience. Unaware of the presence of outsiders, staff members’ joking and laughing might disrupt the somber mood of the performance. Typically, when this occurs
offending staff members recognize the seriousness of their norm violation and engage in face saving behavior to acknowledge their mistake and apologize. This is usually done with a head nod and empathetic facial expression to the owner and other staff members, or sometimes they express verbal concern with expressions such as “I am so sorry for your loss.” During visiting hours and when outsiders are present in the room, curtains may be drawn around the treatment area or other measures may be taken to indicate to insiders that the public is present. This distinction cuts down the amount of accidental interruptions by unknowing staff members.

Private euthanasia rooms isolate, not only the public, but also backstage workers from potentially uncomfortable displays of grief and awkward interactions with grieving owners. One veterinarian describes a euthanasia in the CCU as being uncomfortable for visitors and staff:

You remember that Mastiff. There were a lot of people in there working on that dog and I don’t know how they got back there right then but the owners came in and there were a lot of clients in there when they came in. They were UPSET which made everyone uncomfortable. It is a little uncomfortable to be standing there when people are just screaming and crying and wailing when their dog finally was euthanized. People wailing make me a little uncomfortable and when they are just inconsolable, they don’t let you off the hook. I can’t look at them directly in the face. You don’t want the owners to feel like they are making a spectacle even though they are. You don’t want them to feel like you are staring at them. You want them to feel comfortable to react however they need to so you make it look as though they are not making a spectacle, but they certainly are. We, all of us who work in CCU, won’t stare and make a spectacle but we don’t want the other clients to do that either. Normally in the euthanasia room, you just stand there, quietly and awkwardly, and wait for them to calm down. If they don’t you just slowly ease yourself out of the room, but if you are in the CCU you just can’t leave them alone in there and so everyone just stays there uncomfortably.

Thus, as the above quote illustrates, euthanasia done in the CCU limits the amount of control veterinarians have over both the quality as well as the quantity of the time they spend with clients during the euthanasia. Another veterinarian explains how designated euthanasia rooms function to give owners more freedom to express their own emotion without embarrassment while also providing the veterinarian increased control over the
time they need to spend with owners as well as increased control over desired impressions:

I try to make time appear as though it is not a concern for me when in reality it is a concern. I think we can definitely do that easier with our grieving room or meditation room because not only is it a nicer more relaxing place for them to be but also it is sort of away from and separate from where we are seeing emergencies. We can kind of leave people in the meditation room either to visit with the pet before we euthanize and some people want to be with them afterwards as long as they need or what while we can still deal with the emergencies that are coming in. Because it is a separate room and away from the emergency section it is easier to give them as much time as they want.

The designated euthanasia room provides a private space that the veterinarian feels comfortable leaving owners alone closed off from the rest of the action in a busy emergency room and owners are left with the desired impression of not being rushed through the process and the veterinarian freedom to move on to other duties. If the environment is successfully arranged, the veterinarian is in the best position to control the kind of desired definitions that arise in the situation such as “peaceful,” “quiet” and “tranquil.” Thus, most of the frontstage work of euthanasia takes place in either an exam room or a specially designated euthanasia room securely separated from the backstage areas of veterinary hospitals.

Threats to a “Good” Death and their Management

Veterinarians and other members of their team, such as veterinary technicians, resemble actors whose job it is to stage a performance in such a way so that the audience (the owners and possibly other friends and family) perceives the death of the animal to be peaceful and painless and assigns competence, sincerity, dignity, and respect to the veterinarians’ actions. As with any other performance, the concern is likely to be with whether the show comes off or falls flat. Every effort is made by the veterinarian to
ensure that the euthanasia experience is arranged in a way to create favorable images and impressions. However, there are many things that can happen that have the potential to contradict the ideal “peaceful” performance. Threats to a good euthanasia can be placed into two categories those that involve the animal and those that involve the veterinarian. Animal type threats to “good” euthanasia involve the failed management of problematic biological reactions of the animal as well as technical failure. Veterinarian type threats involve the failed presentation of self and desired impression management on the part of the veterinarian.

**Animal Related Threats**

*Technical Failure.* All veterinarians develop their own way of technically doing euthanasia, so that it goes as smoothly and appears as peaceful and pleasant as possible in the presence of owners. No matter how standardized the euthanasia ritual becomes, however, each drama must still be brought off on its own in spite of all the opportunities for technical error with the animal. There are three major threats involving technical failure. The first potential technical threat to a peaceful euthanasia involves the route of administration for the overdose of sodium pentobarbital. There are three common routes for administering the euthanasia solution including intravenous (administered into a vein), intraperitoneal (administered into the peritoneal cavity within the abdomen housing the intestines, stomach, and liver) and intracardiac (administered into the heart), however, the vast majority of veterinarians consider animals that require IP or IC administration inappropriate for witness euthanasia because they consider these methods a significant threat to a successful euthanasia:

Owners can understand what an IV is cause they have been in the hospital or they have had blood drawn so they can accept seeing you inject into an IV catheter like we do with dogs and cats. I try not to have owners present with exotics just because we don’t really
have venous access so a lot of times we have to do IP or IC, which I think, is upsetting for owners to see. It is upsetting for me to do so I would imagine that it would be upsetting for them to see me hold their bird or hamster or whatever and stick a 12-gage needle into its abdomen or heart. I think that would be perceived as maybe cruel to the owner. Most vets try not to offer witness for exotics. It is harder to make it look peaceful.

When deciding on a route of administration, the veterinarian considers their own skill and comfort, the animal’s species, the behavioral nature of the animal, the degree of injury or illness as well as how the animal’s death may appear to the owner. Intravenous (IV) administration is the method most often preferred for dogs and cats and is generally considered the most rapid (usually under one minute), predictable, and aesthetically pleasing route for drug administration. Intraperitoneal (IP) is a method most often used with exotic animals (pets other than dogs or cats such as rabbits, hamsters, birds, mice and reptiles) or dogs and cats for whom it is too difficult to gain access to a vein or who have poor circulation and is considered technically simpler compared to an IV injections but less efficient (taking as long as a half an hour) and less aesthetically pleasing. Intracardiac (IC) administration is the least often used route and is considered comparatively the most stressful and painful to conscious animals (typically done in deeply sedated or anesthetized patients), technically challenging (to accurately hit a heart chamber in an awake animal on the first try), and aesthetically displeasing especially to non-medical persons watching.

While not typically expected with the euthanasia of dogs and cats, problematic routes of administration (IP and IC) may be necessary in the euthanasia of dogs and cats with certain conditions making it impossible to administer the euthanasia solution in the preferred intravenous route:

A few months ago I had this ATE cat who came in agonal because he had thrown a clot. And often the stress of throwing a clot that put them into congestive heart failure. And this cat came in such bad shape from the congestive heart failure that he was literally
drowning from the fluid on his lungs...He was so, labored, and [drawing deep breaths] he was purple and drooling and just awful and screaming and it was just awful...I said we have to put in an IV catheter you are welcome to stay...but when you are in heart failure there are a few different possibilities. You can be in congestive heart failure where the heart output is still pretty good but the some fluid has backed up on the lungs and you can be in both congestive heart failure and low output failure where the heart is not pumping blood for it well and your blood pressure is starting to drop. And this cat was in low output failure, so its veins were non-existent, literally, you shave, and you look and where you would usually see that nice blue vein; there was nothing. And so I had a very good tech on and both the tech and I tried on three veins while the owner is standing there. We are just trying to get a vein to give the euthanasia solution and we couldn’t hit a vein with a butterfly, and the cat’s too stressed to really reposition for a jugular stick but thankfully the owners were understanding that he’s got really poor perfusion. And honestly, us poking is the least of his problems. It’s the gasping; it’s the drowning that is hurting him so much and the pain of his legs. So he doesn’t even care that what we are doing, we just obviously need to end his suffering and I can’t. I don’t have access to a vein. I can’t do it. And so I finally just say, we are not able to get venous access on him and what I want to do is actually just gas him down. So I ended up putting him one of our induction boxes and gassed him down with cebo and then doing the heart stick. But obviously, I don’t want the owners present, it’s like he’s dying in a gas chamber. So I gave them the option, I said we are going to put him, I showed them the little box, he’s going to breathe in the gas and then he is just going to pass out. You are welcome to stay but I don’t think necessarily that’s the best thing. But that was so awful, we were all aware, you know, they knew that we were not fucking up, it was just a bad situation. We were all aware that we just wanted the cat’s suffering to end as soon as possible. But I felt so bad; it was so difficult to achieve that. I just felt so bad because the owners had to watch him suffer and even though they had made the decision to end the suffering, it was so complicated getting that done. And then after all that they weren’t able to be with him and reassure him in his last moment. It means he had to pass out in a box. And so that was really sucky but I didn’t feel like a failure because I knew I had done the best that I could, but it was just like one of the worst situations I’d ever seen. Now say I had seen that same situation in like a rat for instance right, I might have been like you know we have to gas him down, but it would have been expected more than in a cat. It’s rare that both the tech that was on and I, who are both really good at getting catheters in, can’t get catheters in patients. But with crappy blood pressure, really dehydrated and such it is a lot more difficult. This cat just his heart had just failed and there was hardly any blood pressure at all. And that’s why he was dying right in front of us and that’s why we couldn’t get any kind of a vein. I just felt so bad that it went that way. You know talk about a shitty euthanasia experience.

As in the case above, owners are typically discouraged from witnessing euthanasia of pets for which the necessary method of administration is considered unable to provide a “good” or peaceful presentation. While the majority of veterinarians deal with this potential problem by “strongly discouraging” owners from witnessing the euthanasia of pets who require IP or IC injections, several veterinarians outright refuse to allow owners to watch euthanasia unless they are able to gain access to a vein backstage in order to administer the euthanasia solution in the preferred intravenous route: “If a nurse can get a
catheter into a bunny or a ferret I will [allow an owner to watch] but I won’t do an inter

cardiac stick in front of an owner. I won’t allow it...I outright refuse them. I tell them I

will get another doctor if they feel more comfortable doing it in front of them but I won’t
euthanize with them present. You have to do an injection in the heart most of the time
we are not good enough to get it right away.” The veterinarian who refuses to allow the
owner to be present will typically offer the owners an opportunity to view the body: “I
tell them it is not an option. I say I don’t recommend that you watch but you can visit for
as long as you want before hand and you can have her body afterwards if that is what you
want. They are usually okay with that.” A common strategy to discourage owners who
might want to witness is to reassure them that the animal will not be in pain but that the
necessary procedures are “disturbing” and “upsetting” to watch.

You know lots of times owners come in with the idea that they are going to watch it
[either IP or IC euthanasia] and when I describe it to them, they change their minds. I tell
them that they have to go under general anesthesia using gas anesthesia so they are asleep
so they don’t feel the needle going into their abdomen so it is not painful but I think that
it is kind of disturbing for them to watch. I also don’t like to do the cardiac stick to
awake animals and so far I have successfully talked exotic owners out of watching their
animal be put to sleep that way. (Knocks on the table) I have not had anyone completely
insist on it. Knock on wood. It kind of looks weird when the animal succumbs to gas
anesthesia. And sometimes they kind of claw the side of the thing, which feels awful,
obviously. It looks like they are trying to escape the gas chamber. And you don't want
them to see that. I kind of advise them and say things like you're welcome to stay but just
so you know, I don't think that you probably want to. I just think that it is better for the
animal and better for the owner to not have to watch that.

A few veterinarians compromised with the owners by allowing them to be present when
the animal dies but not when they give the injection: “If they really push to be present for
it, I will actually give the IP injection in the hallway and then bring the pet to them
because it usually takes a longer period of time like three to four minutes for it to actually
kill them. Technically it is a lot more difficult to be able to euthanize the pet with the
owner present and have it look smooth and be very peaceful.” Because IP and IC routes of
administration make it nearly impossible for the veterinarian to feel as though they can successfully manage the desired impressions of the euthanasia for the owners, most veterinarians rely heavily on strategies designed to keep owners from viewing the administration of euthanasia via IP or IC methods.

The second technical challenge to a successful euthanasia involves gaining access to the vein in a manner that does not contradict the appearance of a peaceful, painless death. Although intravenous is the preferred route of administration many veterinarians consider it problematic to directly “stick” a vein in front of an owner for two reasons- it requires restraining the animal and accuracy is difficult. Although, most non-witness euthanasia in clinics and hospitals are done intravenously with a direct needle stick, when an owner is going to be present for the euthanasia, an indwelling catheter is frequently placed in the pet's vein to ensure that the euthanasia solution is delivered quickly and accurately:

I think that usually if you are doing IV euthanasia(s) without an owner present you may just want to hit a vein directly cause it is quick and easy. If you are going to do it in front of the client, you might take the time to start the catheter then you don’t have to struggle restraining the animal in front of the client trying to hit a vein. You can allow the owner to hold the animal in their lap and give the solution right into the catheter. If you have to place a catheter you can try two or three times before you get it into the vein but not in front of the owner. They are there to euthanize their animal so the animal doesn’t feel anymore pain and the last thing they want to see is you stick it two or three times to hit a vein.

Unless a catheter is already in place inserting one is extra work for the veterinarian but many consider this backstage prep work necessary in witness euthanasia particularly if the veterinarian is not confident they can “hit” a vein on the first try in front of an owner:

When owners are not around I use butterflies because it just gives you leeway. With a butterfly if the animal moves at least you can kind of move with it and it's not like this rigidity of just a needle but it is not as secure as a catheter. And chances are it’s going to come out but it gives you some slack; that's all. In front of the owner I like the catheter because then you eliminate that pressure. You're like oh, it's -- we're going to just borrow your pet for a minute and come back and it's in. And then you don't have to worry about
Comparing the differences in euthanasia where the owner is not present to “witness” euthanasia reveal behaviors like the use of catheters strictly done for the benefit of the audience. For the sake of the animal, the veterinarian would rather gain access to a vein on the first try, but recognizing mistakes hitting the vein are always possible, the catheter functions as a way to ensure that the audience assigns competence to the veterinarian and “peacefulness” to the death of the animal.

The third potential technical threat to a good euthanasia involves issues of restraint because the more restraint that has to be used during euthanasia the more difficult it is for veterinarians to feel as though the death appeared peaceful to the owner, but restraint may be necessary to euthanize an animal. In witness euthanasia(s), for example, wrapping animals in blankets or towels to restrict movement is thought to be more appealing than assistants restraining animals or putting muzzles on them. One novice veterinarian describes how she learned the importance of minimal restraint during euthanasia:

R: One vet I worked for--I don’t know if she just didn’t have any common sense or--or what but she thought it was acceptable to euthanize cats using the jugular vein with the owners present. As the assistant trying to help her I felt uncomfortable watching her euthanize the people’s cats with them present using the jugular vein and I hope that she’s refined her technique.
I: Why was it uncomfortable specifically?
R: Just you know you have to restrain the head; there’s a lot more restraint involved and it’s not like the people can be at the head petting the animal. I mean for the animal it’s probably the same either way besides the extra restraint. I just think for the people it’s not as--as like aesthetically pleasing in terms of them being able to watch their pet being restrained by the head like that.

Most veterinarians, however, take steps to assure that they use as little restraint as possible in the presence of owners. Because the needle is already in the vein, inserting an
indwelling catheter is one backstage step that can be taken to avoid restraining the animal in front of owners.

Another backstage step that can be taken to avoid restrain in front of owners is the use of sedatives. Animals that appear anxious, painful, highly stressed, aggressive or dangerous can be given a mild sedative or tranquilizer prior to euthanasia so that less restraint is necessary in front of the owner and also to avoid the use of a muzzle: “I would rather sedate a dog than muzzle them because if they are muzzled they are awake and aware and they will still struggle. It is really hard to watch.” Students learn in a lecture on euthanasia to use sedatives instead of physical restraint, and even the choice of sedative should be considered in witness euthanasia because different sedatives can differently affect the appearance of animals:

I am pretty sure you don’t want somebody’s last moments with their dog watching you wrestling their dog down to get an IV in them. If [the euthanasia is] witnessed you can give them a drug like (thiopental?). Propofol is okay but it makes them look creepy. Don’t give ACE. ACE is a stupid drug to give because it takes a long time. If the dog is being a dick or they are really mean and you think you can’t get a needle in them, you don’t want to wrestle with them in front of the owner. Give them like five mills of ACE sub Q but you should explain to the owner that we need to give him something, which will make it take a little bit longer, but it will be better for him. Really it is better for them so they don’t have to watch the dog struggle.

Thus, prepping the animal backstage with a catheter or sedative can help control the animal’s physical reactions so that they appear consistent with a pain-free and “peaceful” death.

Almost every veterinarian can share a series of “horror” stories regarding the above three technical challenges regarding the animal that have gone wrong during euthanasia, however, veterinarians generally draw on recovery techniques that are successful in saving the show. Catheters, for example, can be excellent in helping euthanasia go smoothly, but they are not without failure:
I had a horrible euthanasia where we took the cat in the back and put an IV [catheter] in and I gave the solution and the cat is staring at me. This cat is still breathing. This cat is totally alive. I can look at it and know it's totally alive. He didn't get a drop of that euthanasia solution. I take the cat back and have somebody else put another IV in and go back and the same thing. I take the cat back again and come back with another catheter and finally it worked. I had that one where the catheter had come apart, but I didn't know so I kept on giving injections and um, the pet was just sitting there and obviously that was not what was supposed to happen. The owner was holding it in her arms and the dog was still breathing for a long, long time. Somehow, in those -- right before I checked it, and her hugging the dog, it pulled the T piece out. So I felt that the wrap on the catheter was wet so I had to unwrap the entire thing in front of the owners and put it back in. That was embarrassing.

Despite this obvious mishap, the veterinarian took steps to save the euthanasia from failure:

I just explain that the catheter got loose and I am very sorry and we will have to give the medicine again because she didn’t get any of it just now. So I had to be like, “he’s very comfortable, but we just need to readjust the catheter.” And I had to unbandage it in front of her. Replace the T piece. Sometimes I take the pet away, but I didn’t want to because she kind of thought he was already dead. So I’m just trying to fix it without her looking. I let her just pet his head and I’m like trying to adjust the catheter. And then I said calmly, “spend a couple more minutes with him” and I left and got some more [solution].

Other veterinarians try to avoid calling attention to the mistake if possible: “Say the T-port does comes off, you will have to find a way to recover like I might put my hand over the catheter and I will push the T-port in and cover the fact that some of the euthanasia solution has leaked out and I will give the rest hoping they don’t notice.” Another recovery technique involves pretending as though a technical mistake is a “normal” part of the death process:

A few times when I tried to euthanize a hamster and a bird and I didn’t go into the right cavity. With both of the two, it is harder to hit the right area or if you put the solution under the skin instead of into the abdomen and you think you are in the abdomen but you are not. That is hard to tell sometimes, but I pretend that it is normal and if I made a mistake, I pretend that I didn’t. I make it normal and they don’t know that it is not normal. Even if it is not normal, I pretend it is.

When technical mistakes occur most veterinarians believe the best recovery is to directly address the mistake; “Some people honestly don’t handle those situations well but you
kind of have to know how to handle owners when shit happens and overwhelming the
owners have been so cool about those kinds of things like way cooler than I would have
expected. Sometimes I see things as totally disastrous and they take it in stride so you
have to expect the best in people and just be honest if you make a mistake.”

Some technical mistakes are thought to be particularly difficult to recover from
such as leaving monitoring devices on when euthanizing animals in the CCU; “Once I
forgot to turn off the EKG machine on a dog and that sucks cause then you hear that
awful sound when their heart stops. I have forgotten to turn down the rate on the
ventilator, which means you are basically ventilating for a dead dog. That is horrible for
owners to watch.” Another veterinarian adds:

> When the owners are going to be present for euthanasia of the critical patients in CCU it
is important to turn off any machinery. The last thing you want is to leave the Pulse-Ox
running or to leave the blood pressure or the EKG running and have the alarm go off
when you euthanize the pet. I am so careful about that. I take off all of the alarms. I
won’t bother the pet by taking off all the cuffs necessarily if the cuffs and things are out
of the way. If the cuffs and things prevent the owner from getting good access to the pet,
I’ll take them off. So I’ll take off whatever isn’t going to hurt the pet to take off. And
then the owner has access and doesn’t see as many tubes as they have to and I’ll just turn
the machine off so it is not going to get a reading. And another really important thing is
to turn off the fluid pump, otherwise when you clamp off the catheter to give the
euthanasia, the fluid pump, after three seconds is going to beep at you. So right in the
middle of the euthanasia the pumps alarm goes off. You’ve got to make sure nothing is
going to interrupt you mechanically and make sure nothing is going to register the death.
There’s nothing worse than seeing a v-fib on an EKG and then the EKG alarm goes off.
That’s fucking terrible.

A few novice veterinarians squirted owners with euthanasia solution early on when they
were unsure about the correct amount of pressure to put on the syringe with time and
practice this technical mistake was considered easily fixable. And while these technical
mistakes may have ruined one particular performance, novice veterinarians consider them
valuable and poignant lessons that they will not forget to attend to in the future.

*Failed Management of the Animal’s Biological Reactions.* The euthanasia
presentation can be tainted or ruined when the animal’s physical reactions do not *appear*
consistent with a pain-free and “peaceful” death. Emphasis is placed on the word appear above because most of the veterinarians believe these potential problems are primarily about an owners interpretation of pain rather than an animals actual pain as explained by this veterinarian:

The witness [euthanasia] is always going to be more stressful. A witness is different in the sense that I know from a medical standpoint that the animal is not aware of what is going on and I honestly do not believe that the animal is suffering. When they make noises or have seizures, I know it is just the body relaxing and that is how it relaxes and there are sometimes where they make horrible noises and they take gasping breaths but owners don’t know even owners that you prepare for it, it is still disturbing. On an emotional level for me it is the same but just on a practical aspect owners can be very stressful because I am going to be anxious about that unpredictability that you have in how the animal is going to die. When owners are involved there is nothing worse than the animal doing these weird gasping noises or screaming out and there is nothing better than a very peaceful euthanasia where it seems like they just go to sleep.

Although the animal may experience some mild discomfort with the injection of a needle or a slight burning sensation if the solution goes outside the vein, for the most part, veterinarians are confident that the animal is not going to actually suffer during the euthanasia. One vet explains the rationale:

Sticking an animal multiple times is much harder for owners to watch than it is for the animal. Most of our issues with stuff like that are psychological because of the anticipation that we have as humans and the animals just don’t have that. They are just like, ‘oh I just got poked’ and ‘oh I got poked again.’ Last week I got bit by a dog and that was much easier than getting a shot because I didn’t expect it. It hurt but if somebody told me, ‘hey this dog is going to bite you in like five minutes so get ready for it’ that would be worse. Seeing their animal get stuck is far worse than what the animal is actually going to go through. If you have to sit there and try it two or three times it is going to be much harder on the owners than it would be for the animal. Doing that in front of a client is no good. It is not somewhere where you want to screw up.

Despite this belief that the suffering is mild, they share a concern for the appearance of a peaceful, smooth death for the owner. Just as funeral directors hide the realities of death from owners in an attempt to make the body more presentable veterinarians take

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2 The exceptions to this include euthanasia by IC or IP injections as many veterinarians believed them to be painful or at least more uncomfortable than IV injections. These routes of administration were typically avoided except when medically necessary in which case the veterinarian tried to avoid questions as to whether the experience was painful for the animal. When directly asked by owners, however, most made the pain out to be less significant to the owner than they expressed to me in private.
steps to hide aspects of the death of animals that they believe are stressful or may be confused as “painful” by non-medical outsiders. Recognizing that the animal is often the most unpredictable player in the scene, veterinarians manage owners’ impressions of the animal before, during, and after the euthanasia.

Before the euthanasia the first potential disruption to an ideal euthanasia happens when an animal’s bodily presentation is considered poor. As suggested earlier, veterinarians may respond to this problem by grooming animals in the backstage or taking steps to hide exposed injury in order to create a more pleasing appearance for the owner. Animals may also disrupt desired impression if they are thought to look either “too sick” or “too well.” In either case, the veterinarian is prepared to manage the owners’ impressions regarding the condition of the animal by saying things to ease their concerns:

I think sometimes for us people and not for the animals, it makes it easier when they are having a bad day, but when they are having a bad day that is when they are suffering. It is harder on me when the animal doesn’t look sick or seem sick on that day. I think that is hard for the owners too, but it depends on the owner. There are some owners who are like, “she is having a good day today and we want to say goodbye on a good day.” She has had some bad days and some good days but she is heading back into those bad days and we know they are headed back in the direction of a bad day so we are going to have her go out on a good day so she doesn’t have to have another bad day. It can be heartbreaking though when they gobble down treats like you wouldn’t imagine and still wagging their tail even though they are sick. Even though we know that the dog is sick, when you see it eat its treats and give us kisses it is hard for us and the owners too but we have to help them feel okay about it.

Thus, if the animal looks particularly sick then the veterinarian might say, “well at least he won’t be suffering anymore” and if the animal looks particularly good the veterinarian might say, “well it is better that his last day was a good day and our last memory of him is a happy one.”
During the euthanasia, the veterinarian must continue to monitor and manage the impressions of the owners regarding the animals. If the goal of a “good” owner witnessed euthanasia involves a gentle slipping into death, much like falling asleep, then performances are considered ruined when it appears to the owner as though the animal suffered or the owner interpreted the animal’s behavior as “unpleasant” or “disturbing.” For example, it is thought to be disturbing to watch a standing animal (especially big dogs) fall to the ground as they die so the veterinarian usually has the animal lying down when they give the solution to avoid them falling to the ground or potentially off the gurney or table as they die. Another potential problem for the veterinarian are the noises or “vocalizations” sometimes made by animals during death:

You have seen the extensive rigidity and the [howling noise]. I fucking hate that because it sounds so painful, even though I know what it is. Is as the anesthesia affect on the brain, just like people have hallucinations, hallucinations as they are going under anesthesia, and the dog was, it was just like his brain -- something made him wail but it wasn’t pain, it’s different when your neurons are telling you something strange and you do something weird. You might wail under normal circumstances because of pain but not when you are going under anesthesia. And I tried to explain that to the owner afterwards because I wanted them to understand not that I didn’t want them to be mad at me, but I wanted them to understand that their dog was not hurting and even though it looked weird and I am, sorry that was upsetting. I do want them to know that their pet was not hurting. But when the patient does something weird that sucks.

With barbiturate euthanasia an animal is expected to transition through five stages, however, the animal can get stuck in early phases sometimes causing these vocalizations when the animal is “stuck” in these phases such as the “excitement” phase. Novice veterinarians learn that the speed at which a drug is given can in some cases influence the likelihood of an animal getting “stuck” and vocalizing: “The speed at which you inject is important. You don’t want to inject too slowly because you don’t want these patients to go into stage two anesthesia. You don’t want the excitatory stage to come out and like any other anesthesia agent that is what you will see if you give it too slowly.”
When these problematic biological reactions do occur during or after the injection of euthanasia solution the veterinarian must make sure that the owner doesn’t interpret it as painful thus the veterinarians tells the owner that the pet is no longer conscious and doesn’t experience it as pain. Another common response is to reassure the owner by telling them that every reaction is typical or “natural” as demonstrated in the story below:

This couple and their kid bring their nine-year-old Irish Setter who not unable to walk in for euthanasia because the neurologist had pretty much said it was a brain tumor. I gave the euthanasia solution and the dog when through all these horrible neurologic signs that were probably related to the fact that it did have a brain tumor, but it not been worked up. The dog was still lying on its side, paddling, and looking horrible. They wanted their nine or ten year old kid to be present. But as I euthanizing the dog, I think, because of the neurological disease, it just did all these horrible things that dogs shouldn't do, like its head slid back, it started to howl, all of its legs started to paddle. The little kid freaked out; it was awful. It screamed and it paddled and it’s head arched back and it was horrific for me to watch and the little kid was screaming the dog’s name and hugging it and then was hiding in the room under his jacket. It was awful. I had to be like, “Yeah this is normal for dogs with brain tumors.” I actually never had that happen before. (Laughs.) I didn't know if it was true or not. I got to warn them there could be some muscle twitching, but I did not warn them the dog might scream. It was awful. And the little kid ran around the room screaming. Yeah. That's when I was like I wish the owners weren't here. You try to stay calm and tell people that it is normal and that they are not feeling anything and sometimes you are completely making it up.

Sometimes animals have reactions that surprise the veterinarian as in this story told to the researcher after euthanasia:

Remember that English bulldog? I had never seen that before. The dog was laying down; he was having trouble breathing because of his heart failure condition and we injected the euthanasia solution and--most of them would just kind of collapse and fall asleep, but this one got really agitated, stood up, gave out this like retching sound like he was about to vomit, but thankfully he didn’t and then just collapsed and died. And it was just the most shocking thing. I had never seen that before; they always just usually fall asleep. Some of them take a big breath and then--and then pass away but this one like got really agitated and got up and made this god-awful noise [Laughs]--retching sound and then passed and it was just awful.

Despite being “shocked” and surprised, during the euthanasia the veterinarian told the owners that the response was common to dogs with heart failure. Another veterinarian shares a similar experience: “Once this cat was bringing up foam and sort of vomiting foam and I didn’t really prepare them for that, but I had never seen that happen before. I
told them that with a heart condition these things are normal. I don’t know why I said that cause it is *not* normal.” Due to each animal's individual health situation, biological reactions can vary from animal to animal so the veterinarian must be prepared to manage the owners’ impressions of the animal as they die.

Even after the animal has died, the veterinarian must continue to manage the impressions that owners have of their animals. Announcing the animal dead is considered an important step in the euthanasia process as expressed by this veterinarian in a training seminar on euthanasia at City Hospital: “Afterwards you have to officially pronounce them. He may be very clearly gone to you but you want to make the presentation because sometimes the dog is clearly dead but they don’t get that. You should say something like, ‘he is gone.’ People don’t really realize what is going on so you need to take the stethoscope and actually say, ‘he is gone now’ and then they start sobbing because they didn’t know he was actually already dead.” Ideally the veterinarian listens for a heartbeat and in less than a few seconds confirms an animal’s heart has stopped, however, sometimes the heart continues beating for a prolonged period of time due to severe cardiac or circulatory deficiencies. Veterinarians dislike this because it forces them to listen multiple times or for a lengthy period of time before the heart stops, a behavior that owners often believe indicates that something might be wrong with their animal. Thus, deciding when to listen to the heartbeat is important to a successful presentation as explained by this veterinary professor to her students: “Heart may continue to beat for a few minutes. It can take a few minutes so be mindful of this and you may wait to check for heartbeat because it may worry the owner if you listen too long. The owners get nervous. Make it seem like you are just taking your time and wait
a few minutes before listening for the heart. A few times I have listened to the heartbeat and then I think about going to get more but just wait longer. It can take a few minutes for the heart to stop.”

A final disruption to an ideal euthanasia happens if owners are shocked by what they see. Several veterinarians believe that popular television images of death shape owners expectations of what the death of their pet may entail, thus adding an additional complication when the pet’s death contradicts this image: “Hollywood makes death seem like it takes a long time to die whenever people get murdered. People don’t actually understand that it is really quick and may not be as neat and tidy. They don’t show you the reality of death like the person releasing their bowels.” After the animal dies, there is complete muscle relaxation, often accompanied by urination and defecation: “And then like the diarrhea thing, that kind of thing sucks but it’s a normal, natural process but you hate for the whole scene to be seen like not as respectful because there is like bloody diarrhea all over or vomit. You just wish that would have never happened.” Thus, if owners are going to hold animals in their laps, veterinarians will often place a diaper on the animal or wrap them in a towel or blanket to collect any urine or feces often released after death. Chemicals normally stored in nerve endings are released causing occasional muscle twitching in the early post-mortem period. The animal may appear to “breathe” after the veterinarian has pronounced them dead as explained by this veterinarian:

Different patients will act differently. The patient just kind of gasps and I think oh that is not good. Their heart has stopped clearly but they will just have like nerve and muscle reactions after they are gone. Of course, people view that like ‘Oh my god. He is alive. He is suffering.’ I always warn them about it but even when it happens that I warn them, it is still like weird and embarrassing. It is uncomfortable. (Laughs nervously). It really sucks. You just wish you had more solution you could pour into there to make it seem like you are not done but you don’t need it. You know he doesn’t need it, but it is awkward not to do something. It is annoying because even though you warned them they might gasp they still ask, “What’s that?” You have to re-explain that you already warned
them about it and the heart has stopped. We have already talked about this. This is normal. It is not painful. They want you to repeat it.

Another veterinarian describes a case of when an animal appears to breathe after death:

I euthanized this cat and every five it minutes it was like [mimics how the cat was taking deep breaths]. That is normal. It is reflex. The animal has no heartbeat but damn it if the owners don’t get really upset and every time the cat did it, the owner kind of jumped back. I said, “mama it is just reflexes” and I was thinking damn won’t this cat just stop. That sucks cause the lady was nice and she was very understanding afterwards. She was very thankful and saying thank you but that sucks for any owner to watch the animal go through agonal breaths even though they know he is dead but it looks so bad.

As with the vocalization most veterinarians resolve this problem by giving medical explanations for physiological actions of the animal and reinforcing that the animal is dead:

It sucks when I have already listened to the heart and it has stopped and I pronounce him dead and the animal takes those breaths. I usually say that there is nothing to worry about and that they are not in any pain. He is gone but it is just that oxygen is leaving the muscles. The diaphragm is a muscle so it can almost look like they take a breath.

A few veterinarians will even give additional solution to appease the owners’ concerns:

And so the animal starting doing like spastic, what they consider breathing but it was just their muscle reflex then that was kind of hard to describe to them. No, your pet is gone. This is just soft muscle spasms and they just happen. They basically didn’t believe me so in order to convince them otherwise I drew up more solution and gave it because otherwise they weren't going to leave...It was clearly not necessary I mean I gave a hundred pound dose to this thirty-pound dog. It was ridiculous. But that was the only way it was going to convince them that their dog was gone.

Given that these potentially problematic biological reactions are not easily altered or hidden, almost all veterinarians agree that warning owners neutralizes the effect of witnessing them unexpectedly:

All of us we sort of talk about it that we have a routine in euthanasia. You change it so that you say the things that will make the owners comfortable. You need to inform them about the things that are going to happen that sort of surprise people because they can't envision what they’re going to see ahead of time and you don’t want surprises when you’re doing that kind of procedure. I tell the owner the whole procedure and how the animal is going to react because a lot of people don’t realize that most of the time the eyes don’t close and that upsets them. So telling them how the animal is going to react-- that the eyes may not close, they may urinate or defecate; they might give out one last breath; they may see some initial excitement before the whole dose is given-- takes the shock value away from it. I have had lots of people yell whenever they are petting or stroking their newly deceased pet and it takes an agonal breath. That is startling for
people but if they know that that could potentially could happen then they won’t think, “Oh he is not dead!” That is what most people say whenever they are not expecting that to happen. Warning them helps it go smooth for the owner.

In an attempt to neutralize shock and surprise post-mortem, many veterinarians create a euthanasia speech intended to manage surprise. Typical euthanasia speeches cover the common things to be aware of as death occurs that owners might find shocking; the pet’s eyes don’t close, there may be a last gasping breath called an “agonal” breath which is more of a muscle spasm, there may be vocalization, there may be muscle twitching, the heart may continue beating for a short period after breathing has stopped, and finally the urinary bladder and possibly bowel contents will most likely be released. Owners may also be warned that death generally happens more quickly than most owners expect (less than a minute), but can take up to several minutes in some animals. Although most veterinarians warn owners as a strategy for preventing negative reactions from owners, there is disagreement over exactly how much detail is necessary: “At one point I did tell clients all that stuff like they will gasp and have reflexes and loose control of their bowels and they don’t want to hear all that. One time somebody actually told me ‘I don’t want to hear that’ so I abbreviate it and say sometimes they have reflexes after they are gone but they are gone and I ignore the rest unless I have to explain it when it comes.” Another veterinarian describes her lack of detail:

If you warn an owner then they freak out because they are worried that it is going to happen. If you don't warn an owner, and it doesn't happen, it's not a big deal. But if you don't warn an owner and then it happens they may still freak out. And they may or may not believe you when you tell them the animal is gone and that's just air moving over their vocal cords. I don't go through all of the potential complications like I don't tell them that the animal could vocalize anymore. I don't take quite as much time to explain the whole process. I tell them the general idea. But sometimes I forget now to tell them that their eyes don't close...I don't think that it's not worth it aside from going through some of the side effects that could happen that don't seem to very often happen...It's just easier to say that sort of thing as it happens so that the owner is okay. Usually if they are really shocked and they are like putting their hand on their pet you can just put your hand on theirs or just you know you kind of gesture towards them and say, you know it's okay.
Otherwise, they just get more stressed out about the situation that they are already a little bit stressed out about in the first place. Yeah I just started to back up because I recognized that they were getting a little more anxious about the situation rather than calming down.

The key to the successful speech is to find a careful balance between being “too graphic” causing the owner undue anxiety and not supplying enough information such that the owner is shocked.

**Veterinarian Related Threats**

Good backstage preparation is critical to successful performances, but it is in the frontstage where the performance needs final touches. While veterinarians believe that they can ruin the experience for the owner by not maintaining proper control of the animal’s physical reactions, they also believe the presentation can be ruined by their own faulty presentation. In a lecture at City Hospital on euthanasia, interns are told, “Leave your ego out of it. Euthanasia is not the time to worry about how you look in front of clients.” Ironically, it is in euthanasia encounters that students are keenly aware of how they appear to the audience. In fact, most veterinarians report to be more consciously aware of the impressions they are giving during euthanasia compared to most other veterinary encounters: “In a regular appointment I don’t think as much about my behavior at all. I just do my job without worrying that they might get the wrong idea. With euthanasia I think about how I am acting much more. I have a different tone and speed when it is not for euthanasia. I speak quietly during a euthanasia and I try to give the impression I am doing things slowly and carefully.” Veterinarians are keenly aware of their own impression management during euthanasia as demonstrated by this veterinarian:

> You really have to put on a show really. It is not like you are acting but you have to have a specific tone about you. It can feel like a performance though. You walk out of the room after you euthanize an animal and I can smile and laugh with everyone back here
about whatever and then I go back in there to get the animal and I have to be like (somberly), “How are you guys doing? Do you need a few more minutes?” I care about them and their feelings but it does at times feel like a performance. You walk into the room with a vaccination and you are like (excitedly), “Hey little guy! What’s up? You are wagging your little tail.” You are very excited and interactive and you walk into one of those appointments where you know you are going to euthanize and you are like (quietly), “Ahh how are doing little one? How are you feeling? It is okay. We are taking care of you.” Your inflections go up when you are trying to convey something playful and they go down when you are trying to convey something more melancholy. You can totally feel it right when you go into the room. The air is different. You change the way you act and the way you talk and you are aware of the way you look and what your eyes are doing and your body language is doing. When I am examining and talking to owners and getting a history I am standing or doing other things all at once, but when I am talking about euthanasia I am always at their level. If they are on the floor I am with them or below them and touching their pet and trying to demonstrate to them in some way that this is not insignificant. I try to always pet the animal. When I euthanize an animal I try to make a point that I am looking at their pet and there are the pains that you go through to demonstrate that you are keeping her comfortable. You scoop down and you very, very carefully get under to lift them up and even if they are not in pain you do it. Hell after they are dead you even do it to the body and we all know that it feels nothing but you do it anyway. I don’t do it to appease them but I do it cause I can sense the fragility of the situation and I guess it just sort of manifests itself in those actions. In that sense it is a lot of extra work.

Given that the desired impressions given off during euthanasia are quite different from other veterinary encounters, veterinarians frequently try to avoid being seen by owners of animals that were recently euthanized when they are not in “euthanasia mode” as expressed by this veterinarian:

If it seems like the people are going to be there for a bit [after the euthanasia] I tell them there is an exit to their left and I say don’t worry about Max, I will take care of him when you leave. Usually they are ready to leave so I wait on the couch. They leave. I call clinic. They come and bag him. I almost never walk out with them. I call the clinic and tell them there is a body here and then I look out the window and make sure they have left and are in the parking lot and then I go. I hate going into the hallway or the front desk to see the next owner and they are there again. It is awkward to be like, “Hey how are you guys doing?” Shit! I just euthanized their animal. You do it instinctively. You recognize them because you just saw them but you just didn’t connect and you go off and wave like an ass with a big smile. I make sure they are gone and then I leave the room. If they leave out the other door and go through the waiting room I just avoid the waiting room for a little bit and I just don’t go out there until they are gone. We have severed our relationship. They are gone. I don’t want to see them again right now because I am not in euthanasia mode anymore. I hate it when they see me especially when I am laughing with another owner or a colleague or something. They are thinking wow that person wasn’t affected at all by our euthanasia. That guy doesn’t care. He has already forgotten about Max and now he is laughing. That is not right for them to see me like that after euthanasia.

Encouraging owners to leave the building immediately afterwards helps veterinarians avoid awkward interactions later that could threaten the impression that the veterinarian’s
expressions of empathy are sincere: “I like to have all that stuff done first and then I just send them out the side-door. If not, it can be weird if you are walking around right after and you run into them [the owners] while you are taking the next case and they see you turn right around and be all happy with another pet right after you euthanized their pet. That is something you just don’t want them to see you doing.” As demonstrated by the veterinarian above, successful performances are those that appear sincere as well as consistent even after the euthanasia is over. Goffman (1959) refers to a performer’s ability to maintain a consistent performance as having “dramaturgical discipline.”

Veterinarians experience three major challenges to their dramaturgical discipline and ideal presentation of self during euthanasia: a faulty presentation of their emotions, appearing rushed and coming off as robotic, bureaucratic or rehearsed.

The first challenge to an ideal presentation involves the veterinarians’ own spontaneous emotions that conflict with desired impressions. Goffman (1959) describes disciplined performers as having the ability to disguise their own spontaneous emotions for the sake of managing the owner’s impressions. Veterinarians believe that hiding their own emotions if they are not congruent with the impression they are trying to maintain is essential to a good performance. Thus, veterinarians carefully monitor their own expressions of emotions. Emotional displays of anger, for example, are considered important to suppress:

I know it is the right thing to do [show sympathy to clients] but I am not sure that I show sympathy all that well if I am angry with clients. If I am in that situation where I am frustrated I don’t know that I show sympathy very well. I still say I am sorry. I say I am sorry that your pet had to go through this but I definitely don’t feel sympathetic in that situation. At first I used to try to fake it a lot more, but now it is easier not to be nice if I don’t agree with it.
Some requests owners make may be seen by individual veterinarians as “shocking” or “weird,” yet veterinarians try to suppress their shock as was the case for this veterinarian below:

The thing that really was the most shocking thing for me when I first got here from the west coast was--because of our geographic location we have a lot of Hispanic clients--and they want to take pictures with the animal before and after death, which was brand new to me when I got here. I was completely unprepared for that whole phenomenon of pictures of the dead body and wanting to take pictures while they are crying over their animal before a euthanasia. That was shocking to me. You realize that there is a lot of carry over culturally from funeral rituals with people. Someone wanted to take a picture of me and their dead dog. Several times people have wanted to take pictures during and after the euthanasia. That is really weird. Why would you want pictures of your dog being put to sleep? I don’t understand. During the process it is the most disturbing thing I have ever experienced ever. I tried to act like I am okay and it is normal, but it is a very, very strange request.

Laughter is rarely considered appropriate in euthanasia, yet some veterinarians find themselves having to restrain the desire to laugh:

Sometimes owners can be really funny and make you want to laugh. So this one time a husband and wife were sort of fighting over what to do with the body of their dog. We filled out all the paperwork and I asked her what she wants to do with the body and she goes I want--I want to cremate him and I want the ashes back. And I was like okay, well what container do you want? She was like well I want him--I want to bury him; I’m going to bury him with my father. It was my father’s dog; I’m going to bury him with my father. And the husband is like you can’t bury the dog in the cemetery; they won’t let you. And she’s like I’m going to do it anyway Henry. I’ll go there at night and you’ll come with me won’t you? And he’s like okay, yeah; I’ll come with you at night and bury the dog. (Sarcastic tone of voice.) And she’s like you have to come with me--will you really? He’s like yeah, Meredith; I’ll come with you with my mask and flashlight and bust into the cemetery and bury the dog and just--. He’s like Damn it Meredith! You can’t even plant a flower; why do you think they’re going to let you bury the dog? So they fought over where they were going to bury the dog’s ashes, which was somewhat funny and sad but it was particularly hard not to laugh.

The personality of the client can be funny...like some funny personalities that are commonly encountered in veterinary medicine like the super anxious high maintenance owner who brings their animal in every time it gets a hangnail. Most of us have an understanding of that kind of owner so we might make fun of those owners and their personality. With euthanasia you can always have the unexpected kind of thing and mostly it is touching but it can also be kind of funny when you have this big, gruff man who is like “Yeah I got to put Old Butch to sleep” or whatever and he starts fucking sobbing like uncontrollably. I may have a nurse in the room with me and we will be totally dead serious while this man is sobbing...this grown beefy man is sobbing over his pet and he transitioned like that as soon as you euthanized his pet. He went from this man who would think had never cried in his life to a little child who is just wailing. You are all serious in the room and you know you pat his shoulder and you say I am so sorry and you tell him to take some time and you walk into the ICU and you and the nurse try to look at each other and you just fucking like crack up and it is not funny (laughs) but you know how unexpected things can be humorous. Those are like the incongruity
between what you are expecting and the reverse reaction can be really striking. You will have a couple and the man will seem very reserved and he will say, ‘oh this is my wife’s cat I am only here to support her.’ He will be all like, ‘Honey it is the right thing to do. He is old.’ And then you give the euthanasia and the woman calmly says, ‘Goodbye Fluffy.’ And the man is in tears and hysterical and you are like wow I didn’t see that coming. You know what I mean? (Laughs.) The attitude and the roles may change completely. It is things like that that are just fucking humorous.

Sometimes it is hard to control your reaction. Most of the time you can predict how people will react but there was this one lady with her cat and all the sudden she just broke out into this--I think it was some kind of Latin song or prayer and she just kept like chanting over and over again and that really surprised me. It was obviously a very hard thing for her, but I just didn’t expect it at all. I kind of bit my tongue a little bit because honestly it was hard not to laugh. It’s awful to say but sometimes you are just so uncomfortable it is hard not to laugh.

Regarding the patient...well there are horrible things that can be kind of funny like maybe an animal falls in an awkward position and you are thinking “Oh shit that didn’t just happen.” They might have like blowout diarrhea and that is horrible things but (laughs) can be in a way funny. Yet in the privacy of the ICU away from the owner and away from that sanctity of that room, some acts are hilarious and you have to vent because sometimes it is so awful that it is funny.

Unfortunately the stressful things and things that can go wrong can be somewhat humorous at times. (Laughs.) You just try to not laugh and you go on like when you fart or an owner farts or the dog farts. (Laughs.) When certain things go wrong like the animal farts, most of the owners will either laugh along with you because what else are you going to do aside from cry and when the animal is doing something funny you might as well laugh. You kind of follow the owners lead. You don’t want to be the one laughing while they are crying. If they chuckle then I feel a little bit better about chuckling too.

Thus, laughing, although it does break the somber mood, does not always ruin a performance. Owners for example might tell a funny story about an animal and then laugh or they might make statements intended to be amusing in which the veterinarian will usually respond by laughing or with a funny retort. For example, during the euthanasia of a particularly feisty dog known to bite, an owner comments while simultaneously laughing and crying, “That dog was a real jerk. He will probably bite dogs in heaven” and the veterinarian responds in kind, “Well you know that dog across the ward is relieved because he hated him and we all know how much he wanted to bite him.” Although veterinarians might laugh with owners they typically don’t laugh or make comedic statements unless the owner initiates.
Euthanasia can be sad for veterinarians particularly when the veterinarian has known the pet for a long time or has invested significant efforts to make the animal well again. Sadness and tears are usually not considered problematic expressions, however, the quantity of their expressions are limited. For example, veterinarians, as expressed below, never want to show “more” sadness than the owner or “more” sadness than expected of their relationship with the animal.

Never do I want to be showing more emotion than they are because I don’t want them to feel like they should be. I want to make it as comfortable a process for them as possible. I am supposed to be the one who does this every day. I think some emotion is better than nothing and sometimes I struggle when I have nothing left and I am not really showing any emotion. I am okay if I am teary eyed and they aren’t, but I don’t want to be unable to have some composure and be able to speak when I need to talk. I don’t want to be like having to blow my nose while they are just sitting over there watching me euthanize their pet. It just doesn’t seem appropriate to show more emotion than they do even if I feel pretty attached to their animal.

You don’t want to get to the point where you are making the client uncomfortable cause you are crying. I think that there is a certain point that you can let yourself get to and then you need to then check it. There was a patient that I had seen in the first half of the internship and for like six months this cat was in and out of the hospital and I really loved the owners and when it came time to euthanizing I told them that I am going to cry like a baby just so you know. It was fine but I think for the most part there has to be a line that you can’t cross. You are the one doing it. You are the strong person. You are the one person that is trying to make them comfortable and you are a blabbering idiot then that is not very comforting.

Sometimes the veterinarian will feel sad during euthanasia with owners and animals with whom they are much less familiar: “I try not to cry if I think I am going to especially if I don’t know the animal very well. Remember the one where the woman told her dog that she missed her already? You lost it a little and so did I, but I really tried not to cry. That one was sad. It is hard not to loose it sometimes but it feels really weird when you are crying and you just met this owner and this animal a few minutes ago.” While sometimes successful presentations may require veterinarians to mask or tone down their own emotions like being so sad that they might display more emotion than an owner, other times veterinarians need to work in order to express emotions like sympathy even if they
don’t feel it. If they fail to do this, the ideal euthanasia is disrupted, however, the desired emotional impressions of compassion and sympathy can be difficult to deliver:

You just need to be at the top of your game every time for euthanasia. It is always an emotional thing and a sensitive topic and the end result is always death. You are going to kill the pet now for the overall good of the pet and the people who own it. There is no other outcome. It needs to be as pleasant as possible. Euthanasia is different [from other veterinary interactions] because you need to have compassion at all time while you are doing it. You need to show it even if you don’t really feel it like if you are tired and it is your tenth one today or whatever, it is the owner’s first one of the day and maybe of their lives. You have to be sympathetic looking even if you were just arguing with them five minutes ago.

I used to watch that show ‘Six Feet Under’ and I imagine what it must be like for funeral directors because they are always expected to feel sympathy for the family or at least look like they are sad. There is only so much of that you can maintain day after day. For me it comes and goes but I can sure identify with them on the issue. I always feel something but some days more than others. You always empathize with them even if you are in a different mode, but you make the effort to transition into that mode if you are not there yourself. I could be joking around with a friend right before I walk into the room, but as soon as I walk in I change immediately.

Because laughing and expressing shock or anger is thought to contradict desired impressions during euthanasia when veterinarians laugh or express shock or anger they are “breaking frame” (Goffman 1961) and it is considered difficult to recover performances in which the veterinarian was unable to properly manage their emotional expression. The veterinarian below describes a situation in which she considered asking another veterinarian to do the euthanasia because she was angry with the owners:

And so I really did not want her to euthanize this dog because I was so mad at them because his diabetes was really unregulated and they obviously did not make the necessary efforts to care for him. So I asked [Dr. Smith] to be on standby incase I couldn’t do it. And the only reason I didn't want to do it was because I did not think that I could give the owners the support they needed. Even though they were making what I thought was a bullshit decision; they were still killing their dog that they had for 12 years. And I didn't think that it would be right no matter how mad I was at them you can't not be there if you can't help them in that situation. I warned the owner. I was like listen, if you're going to come in for euthanasia I just want you to know that I have another appointment so there's a chance that I might not be able to come in, but I have another doctor that is willing to come help you and do it. But by the time they got there, I was ready. I was about to call [Dr. Smith], but I ended up just coming to terms with it myself. I feel like sometimes when we are angry with them it is not the right time to show it. You need to put yourself in their shoes to stop your emotions from really showing through. Some of them are unreasonable and that makes it a lot tougher. I actually had an owner that I could not convince that they really needed to put their 16-year-old dog that is trying to die by suffocation to sleep and then when they came back they didn’t want to see me and I was so relieved. I didn’t want to see them either because they are so
unreasonable. I would not have wanted to do that euthanasia because I was really annoyed at them. It would have been a challenge to be sympathetic.

Thus, as with the veterinarian above, in rare cases where the veterinarian can predict that they will have difficulty with their presentation, they may seek another veterinarian to perform the euthanasia so as to avoid failed impression management.

The second major challenge to a veterinarian’s presentation of self is when they are particularly busy because a euthanasia performance is considered ruined if the veterinarian appears rushed. The veterinarian wants to give the impression that they are taking their time during euthanasia and they are not concerned about time during euthanasia. They want owners to feel as though they can take as much time as they desire before, during, and after the euthanasia. When possible euthanasia is scheduled during a time when the veterinarian is not in a hurry with other appointments or surgeries, but this is not always possible. In these cases the veterinarian has to either pretend that they are not rushed or actually slow down despite pressures to be quicker as described by the veterinarians below:

I like to slow down a lot [during euthanasia]. I am usually a pretty fast paced person and you know I like to hurry up and get things done and deal with other patients and things like that in a pretty fast paced manner, but with euthanasias I think I am a little bit slow in how I explain things. I think I take more time with the clients than I would maybe in just a regular appointment for something that is just otherwise healthy and straightforward. Pretty much just slowing down and taking my time with them and giving them as much time as they need instead of trying to push through a regular appointment because there are other emergencies to be seen or for whatever reason.

It is hard when you don’t have the time to really sit in there for a few minutes. If you don’t have the time you have to make it seem like you have the time. You took the time. They feel better about that. I tell them you take your time in here and then when you leave tell the front desk and I will come and get your animal. Then, when they are leaving the room you are there getting their animal and they always say ‘thank you’ and ‘you are very kind.’ When you really don’t have the time to be in there with them, rather than leaving and having someone else come in and do it you were the one that was there so it seems that you took more time. Making sure they know you care when you are busy is tough.

If you have critical patients and this is just something that you have to do and you don’t have a relationship with these people and it is an old decrepit animal. You are trying not to rush it but you are trying to rush it. You know? You try to get out of the room. It is
weird because you are trying to make them comfortable and you are trying to make this as easy as possible and as comfortable as possible and yet your rushing in and out of the room and your attitude is different. You have other things on your mind. Disruption can be external like when things go wrong with the animal or it can be internal.

Veterinarians strike a balance between efficiency at work and spending adequate enough time with owners to foster desired impressions. Veterinarians typically do this by setting up periodic check-ins with the owner:

With euthanasia I am more relaxed and open to their needs and I let them talk even when they go on and on. Definitely in regular exams I will be very different and much more efficient. I will sometimes cut people off and try to make them hurry. The only easy way to be efficient in a euthanasia is to keep asking if they need more time and then to leave. That is a good way to be efficient about it (laughs), which I definitely do when I have to.

In most exams we try and control everything from the conversation on. We control the direction. We control the pace. We control what happens, but with the euthanasia you let them run the show. This can be very difficult on a busy list shift. I am not going to lie. If it is really, really busy and I take a WPTS off the list I usually take that and another case at the same time. I have the people just visit with their animal and I take it and put a catheter in and I leave them for as long as they want. When I euthanize the animal I give them the option of whether they want to stay with the body or not. I never hurry them. I will sit with for like five minutes and if they take much longer than that I will go and do something else and come back but I don’t rush them. I have had people where I have kept checking in on them for hours so that is when I give them the number to page me. I tell them not to rush but to call 5348 when they are ready and have me paged. It works out well.

Performing the euthanasia in a private room where the owners will not be disturbed allows the veterinarian the most control over how much time they need to spend with an owner while protecting the desired impression that the owners need not rush through the euthanasia process.

The third major challenge to a veterinarian’s dramaturgical discipline during euthanasia involves avoiding the impression of appearing bureaucratic, robotic or rehearsed. In dealing with any modern institution people expect bureaucratic forms and certain “necessary” paperwork to be required for most services, however, veterinarians consider the timing of paperwork and money collection to be important for the sake of efficiency as well as impression management. Before any euthanasia, hospitals require a
consent form be signed releasing the hospital of any liability in the event that the person might change their mind regarding the euthanasia. Hospitals also requires a decision be made regarding the disposal of the body (general cremation where the ashes are spread or disposed, private cremation where the ashes are returned, and no cremation where the owner takes the body home). If the owners choose private cremation they must also pick a storage container ranging in choices from a simple wood box to engraved marble containers. Several veterinarians expressed significant disdain for collecting or asking for this money because they felt that doing so was unsavory and could make the euthanasia seem like an impersonal act of business ruining the desired impression of euthanasia as a caring and personal act. In fact, many actively tried to avoid this task, as is the case with the veterinarians below:

There's always an interesting point in the conversation where it shifts from they've decided to euthanize to what are the technical details of that now? So you want you euthanize? Yeah, I want to euthanize. So do I sign something? I guess I'm probably not very good at bridging that gap, cause I don't want to be like, so, okay just come on in and we'll get the papers for you. Here are some urns and this is what it costs and you need to sign here and here. And so I don't like to deal with that end if I can avoid it. -- I don't know it's always very – It is always awkward working those details.

I am not taking a credit card from someone if I am about to kill something. When it comes to those people who come here just to euthanize the front desk people will take care of the bill and the body paperwork...When the decision is made with me during an exam, I ask someone from the front desk to take care of that stuff for me and I try to have it being done while I am getting the catheter in. Sometime the decision is made in an emergency and in those cases I tell them to walk right past the desk and go home. I say that we will bill you and I will take the heat for it, but I never really get in trouble for it because these people usually do pay. I try to avoid at all costs any sort of formal or administrative interaction after they have watched their pet die.

Thus, delegating the task of filling out paperwork and collecting payment to other staff allows veterinarians to separate themselves as medical professionals from the bureaucratic and impersonal act of paperwork and money collection. Although delegation was the most frequent method of dealing with the intrusion of paperwork,
sometimes veterinarians could not avoid the responsibility. In these cases the timing of the paperwork helps maintain desired impressions.

Tackling bureaucratic issues before the euthanasia can be more efficient but also ensures that the intimacy so carefully fostered during euthanasia is not broken down afterwards. At the beginning of the internship, many interns were so uncomfortable with the paperwork aspect that they often put the task off until after the euthanasia: “It is hard to talk to them about the body when their animal is still alive, but you need to present those options. In the beginning I used to avoid talking about it until after but after it happens they are very upset and some of them hysterical and the last thing you want to do is try to get them to make decisions. Now I finish the paperwork up before the whole thing so that they can go home afterwards right away.” Thus, taking care of the paperwork before hand also allows the veterinarian better control over the amount of time they must spend with grieving owners afterwards. Asking owners to do paperwork after a euthanasia procedure can intrude on the intimacy of euthanasia ruining the informal, personal, unique and caring relationship that the veterinarian has carefully constructed. Questioning people about how they wish to handle the body are delicate matters and the discussion threatens breakdown of the emotional control of the owners. Handling these issues beforehand ensures that the experience will be shorter than it would in the event that the owners are unable to control their grief afterwards.

Veterinarians do not want to come off as rehearsed or have owners interpret the mechanisms to avoid mistakes as “robotic” or cold as expressed by the veterinarian below:

I have my way doing euthanasia so it goes smooth and I wouldn't say its like rehearsed, but I'm so used to saying it, it's kind of like just one part of the speech I give during the time. And I feel like it helps me too, so it's methodical and it just gets done. Where if
one-step gets ahead of the other one then I feel like I'm a little -- I feel like I'm off. I don't
call it ritualistic but it kind makes it go smoother knowing that this is next this is next.
That way there is no --. When something in the ritual is out of step it makes you feel
uncomfortable. Or if the owner's try to like push go to the next step before you're like no,
no, we got to do this first, then this, then this. You create this pattern because you want it
to be a pleasant experience for the owner to remember and for the animal to go through.
I mean you don't want it to be uncomfortable for anyone. I guess that's really why. I
think there's a lot of pressure for you to make that moment something. It doesn't have to
be something special, but it's just you don't want it to be a horrible memory of their cat
screaming at the last second. You need the routine to get it right but you have to be
flexible so you don’t come off as a robot.

For some vets customizing helps clients feel as though the process is personalized: “What
are clients looking for when they come to the vet to euthanize their animal? Personalized
treatment tailored to the individual. I do these special things because I don’t want it to
seem like a machine. They don’t want to feel like a cog in the machine and the death of
their animal is just routine. They want you to notice their animal is unique. Everyone is
different and their relationship with their pet is different. You are tailoring the standard
process to the individual.” Thus customizing is a way for veterinarians to shape a
presentation that leaves the owner feeling their unique relationship to their pet was
recognized.

Veterinarians often go to great lengths to create as pleasing, personalized and
intimate an experience as possible for the owners as expressed by this veterinarian:

Everything about witness euthanasia is technically beyond what the job requires of us as
veterinarians- everything above and beyond me walking into room and shoving a needle
in their vein is beyond what the job requires. But to me, within reason- meaning it won't
hurt me or take way too much time or cost way too much money, or be way too
ridiculously annoying for the staff and the situation, everything short of that is
reasonable. So they can take as much time as they want. You know if they ask for chairs,
blankets, or pillows, if they want to camp out in the room, I've had that- or if they want
me to bring them some water or a cup of coffee or a last meal for their pet. I've literally
listed menus before. I was like, we have chicken, and we have tuna. We have a food
called AD and it is for anorexic animals. It kind of tastes that pate, and it's delicious. If
they like Kibble, we have all sorts of Kibble. I can bring them a little buffet. I'll bring
them a plate of different foods and just let them gorge themselves if they're still eating.
So I'm like- any requests? No, request is too much. If [an owner] asked, would I be like,
yeah, we don't really have time to give Fluffy a last meal. Who the fuck would say that?
I'm sure there are people who would say that, but never would I ever say that. (Laughs)
Not when it comes to euthanasia.
Many veterinarians often “go the extra mile” for their clients during euthanasia in order to make it an easier experience by giving them choices in which they can customize their experience: “What they want is what we do and we should make it clear that they have options. The dog can be standing on the floor or if they want on a blanket or if they want them in their lap or they might want to lie on the floor next to him. We do whatever is going to make you and the dog the most comfortable.” Most veterinarians commonly offer owners the opportunity to hold their pet despite the potential for the animal to bite:

I never have owners hold their animals for vaccinations and such, but you try to make exceptions for euthanasia. Cats in particular are epinephrine driven and lots of things can set them off. They may freak out and bite the owner. If they want to have the animal on their lap, it would depend on the demeanor of the animal. If it is a 15-year-old cat who is old sick and quiet, I probably would let them. From a liability standpoint, lawyers would tell you never ever, ever let the client hold the animal for anything because if they get hurt they will sue you. That is a judgment call. An old sick friendly Golden Retriever that has lymphoma, I would let the people put it on their lap. It may get excited and bite them, but that is a judgment call.

Sometimes veterinarians offer the owners an opportunity to enjoy feeding animals a last meal of their favorite food item:

This dog- his favorite thing was cheese so I went back to the hole [intern office] and got some string cheese. And the owners went to the little vending machines and got everything they knew he always liked, like an ice-cream sandwich, and a hot pocket, and chips. And the dog ate gung ho in the room. And they hung out with him for most of night, just kind of feeding him and talking with him. And I stopped by, and they showed me pictures and shared stories, and they were there for a good four hours or something. But it was so good.

In an attempt to make the euthanasia seem more personalized a few veterinarians might offer to perform the procedure in an owner’s home or under a favorite tree in their yard:

“I really like the idea of at home euthanasia with a terminal animal. The owners love it and it is pleasant and dignified and people are really happy about it. It is nice to have the pet in its home environment and not as stressed. It is sometimes stressful to have them come to the clinic so I think at home euthanasia is better if they can do that and they can foresee that time when it has to be done.” When it is not practical for veterinary doctors
to go to clients homes as is the case in emergency hospital situations, many of these
veterinarians will offer to do the euthanasia in the owner’s car or outside in a grassy area:
“When I can I sometimes go to local parks or I definitely will go to any place in or near
the hospital. Sometimes owners request that I come out to the car so that the animal does
not have to come into the hospital or that hospitalized animals be taken outside under a
tree.” One young veterinarian shares an experience where she decided to offer to take the
owners outside for euthanasia:

We ended up taking the dog outside. I suggested I we take him outside. So she and her
husband, we went and sat out under a tree over in the corner. He actually walked outside
really well. And was a big change from how horrible he had looked in his run. If you’re
sitting in the CCU in one of the runs it's very dark. There's things beeping and barking
everywhere. I don't know why I did. I just suggested it. I said do you want to go outside?
Otherwise, I probably would have taken them to the euthanasia room. I still would of
searched for somewhere quite. In there is always lots of noise which is hard to take when
you're -- then you're very crunched in that tiny little room especially with three people.
And based on some of the stories she had told me when we had been talking a little bit,
she had talked how he used to go hiking. He'd recently been up to New Hampshire with
them on a nice hike. And when we talked about it and signed the papers, they were going
to take the body to New Hampshire with them and that's where they were going next to
bury him. And so I asked her if she wanted to go outside and then we did, and took a
blanket and went outside. And the dog was -- he was slow but he meandered out on his
own. When he got out he tried to sit on his owner, which made everybody laugh. And
we let him go and I got the most amazing letter from them. (Crying.) They were so
thankful.

Because most of the “extras” of euthanasia are time consuming, veterinarians
place limits on the sort of customizing they typically offer to clients. Some veterinarians
only offer “extras” when they believe it might make the euthanasia easier for the animal,
the owner, or themselves. Home euthanasia, for example, may only be offered to owners
whose animals become severely agitated in the clinic environment decreasing the chances
of a successful euthanasia in the clinic due to the behavior of the animal. Some
veterinarians are more conservative about what they are willing to offer owners fearing
certain requests could have negative effects on their ability to stage a successful
euthanasia. In order to accept relocation requests, for example, the veterinarian must be
comfortable in their technical skills as they are without the back up medical supplies and technical support of the clinic environment. Although veterinarians may limit the options they offer to every owner, they regularly welcome owner’s specific requests and wishes when designing the euthanasia event. In fact, if an owner makes a specific request most veterinarians will go out of their way to honor it. For example, veterinarians frequently made extra efforts to try to keep dying animals alive long enough so that the owners may be present for the euthanasia:

There was a patient that I had and the owner was just flying back in town and I had to wait all day and the dog was potentially on too much fluids and it had kidney failure and we could put him into fluid overload even though he needed fluids so we were really scared the dog might die before the family could get there. For the entire day we had him completely off of fluids and as soon as I knew the owners were coming I pulled the urinary catheter cause I just wanted to keep him stable and I didn’t want anything to push him over the edge. He was extremely sick and I knew the owners really loved this dog and they both really wanted to be there. I didn’t want them to think he had to go through much just because they couldn’t get here right away so I pulled the urinary catheter. I was trying to make it easy for them and I didn’t want them to think the dog suffered because they wanted to be there with him.

Animals are frequently given oxygen or IV fluids to just long enough for the owner or their friends to get to the hospital to be with their animal in its last moments. Although most veterinarians would prefer euthanasias to have only a few people, decisions regarding who will attend witness euthanasia are typically left up to the owners and whole families often come in for euthanasia including children, friends and neighbors.

To me because it is like their last moment, no request is excessive. And I really try to and this may seem obvious again, but I try to put myself in their position. I’ve had whole families in the room. I’ve had 13 people in a room. Okay, you want your whole family there- it’s perfect. And they say, oh I’m sorry are there too many people, do you want people to leave? And I’ve actually seen situations where the vets are like this is ridiculous, but I’m like well of course, what’s the problem with that? And I’m like no, no, let me squeeze in right here. And I just squeeze between people. It’s fine just short of it being ridiculous and not practically accomplished.

After the animal is dead veterinarians may be asked to cut fur or hair off of an animal to give to the owner. Some owners request that their pets be cremated with certain items such as a letter or poem from the pet owner. Some owners may want to take photos of
animals; “One was really sad when this woman convinced her husband to go down to the
Seven-Eleven and get a camera to take pictures of the cat’s ears because they never got
pictures of the ears and they thought he had great ears. I didn’t mind waiting because I
thought it was really sweet that she wanted to remember her cat’s ears.”

Rarely did veterinarians turn down specific requests made by owners; however,
there are limits to how much customizing any individual vet is willing to do:

I can't think of any requests that I would decline unless I thought it was harmful to the
patient. I guess the one thing that I have kind of declined the client, not because it was
inconvenience to me, but because it was harmful to the patient. I had patients who I felt
were really sick, and really suffering that I had owners say, like I just want to wait until
my husband gets back from his business trip in two days. Or I've had them say, I just
want to take them home and spend time with them through the day today, but they need
some kind of care in the hospital and without it, they are going to be uncomfortable. And
then it's not so much that I say no, I usually start out -- I preface the situation with them
that they are faced with. Obviously, this is your decision, Fluffy is your dog and it's your
decision but I do want you to know that I think Fluffy is really uncomfortable and I think
that it would probably be better not to wait. And I'm so sorry; I really understand why
you want to have your husband here with you. But I just really want to let you know that
my concern for Fluffy is that either he is not going to make it until your husband comes
home or I think he's going to be really uncomfortable until then and I know that's not
what you want. So you have to make it clear in a really sensitive way. And not be like,
why are you making your pet suffer? You have to look out for the patient and the owner.

One veterinarian told a story of how she refused a request to cut the throat of an animal
after they were dead for the purpose of letting its soul out. All of the veterinarians
reported either hypothetically or actually refusing requests to remove body parts such as a
rabbit’s paw or cat’s tail to keep as a memorial or for cloning purposes:

I have had some very bizarre requests from people for things from the animal’s body that
they want. Lots of people, and I am surprised by the amount of people, who want me to
cut fur off. That is something that for me would never occur to me to be something I
would keep, but lots and lots of people do that. There are people who want us to keep
tissue so they can clone their animals, which we will not do. That is the one thing we
actually won’t do because we have taken a position against the cloning of pets for
personal reasons. We won’t do that. We tell people if they want to take the bodies they
can do that but we will not collect tissue after death for them to be able to clone their
animals. That I just won’t do.

Only a few veterinarians reported getting requests for an owner to give the injection and
they all refused as did this veterinarian: “For the most part I am okay with anything they
ask but this guy really pissed me off. This man asked if he could give the injection himself. It seemed clear that he had no emotional attachment to the animal at all. He just wanted to see what it would be like to kill something. I can honestly say that is the one and only time where I said absolutely no can do in a euthanasia. It made me feel ill.”

**Conclusion.** As discussed in the *Entering Perspectives* chapter, veterinary students learn in classes, from storytelling and from watching the behavior of experienced veterinarians, that almost every aspect of owner-witnessed euthanasia is aimed at managing the final impressions of the clients and creating a “peaceful” death scene. At they began their internship interns considered managing the impressions of owners to be crucial to a successful euthanasia and they were quite anxious about their lack of experience in this area. Throughout the first year novice interns gain significant experience doing euthanasia and become a great deal more comfortable performing them in front of owners. By the end of their internship, most of the interns were confident in their ability to stage successful euthanasia as expressed by this intern at the end of his internship:

> I have gotten good at doing it [euthanasia] well. I guess it sounds sort of heartless but I feel like I have developed the right things to say and what not to say. I think I have gotten a very good feel for what works and what doesn’t work. All of my euthanasia experiences go very smoothly now. I know which animals I have to put IV catheters in and which ones I can just stick in the room and I know how much time to give owners. It is all sort of a sixth sense that I have developed about people and euthanasia. You just learn this through the experience of the year. I have gotten good at that and I know that it is as valuable a service as giving a vaccine. I have gotten a good routine down and I do a good presentation.

Each veterinarian develops a core set of rituals, but they are also highly adaptive to fit individual needs and wishes. Ritual aspects of euthanasia are important for a successful performance for the client as well as fostering the desired impressions of the veterinarian. Also, as is the case with funeral directors, the design of the premises and the separation of
the front and back stage regions work as a means of avoiding potential conflict between “bereavement” and “interactional” work and body handling tasks. Separating the front and back stage areas allows the veterinarian to better control various aspects of the quality of the performance such as noise interruptions, the separation also allows greater control over the quantity of time spent by the veterinarian on a euthanasia without sacrificing quality. Goffman’s dramaturgical metaphor offers an interpretive framework that serves to illuminate meaning and function often hidden behind the ritual communication embedded in social interactions of events such as those of veterinary euthanasia. The separation of the front and back stages as well as the interactional rituals developed by the veterinarian helps limit the potential for disorder, instability, and uncertainty and works to maintain order, stability and predictability for the veterinarian. Thus, dramatizing and ritualizing the event adds weight and significance to the event for the owner and enables the veterinarian to avoid making mistakes.

Due to the one-shot nature of euthanasia, and the impossibility of doing it over in the event of mistakes, the veterinarian must attend to the performative aspects of this service in the presence of the owner. Effective staging of the show helps guard against mistakes and leads the audience to a favorable impression of the veterinarian and failed performances, veterinarians fear, could cost their professional relationship with the client. In these respects the performative nature of veterinary euthanasia is quite similar to the performative nature of funeral directing (Cahill 1999, Howarth 1996, Turner and Edgley 1976). Unlike the funeral director, however, the veterinarian is not in the business of death. Although they are aware that they will be asked to euthanize animals, veterinarians go to veterinary school to learn to help sick animals and this focus
constitutes the vast majority of their training. In fact, veterinarians learn very little in school about this aspect of their job. Also, unlike the funeral director, the veterinarian does not profit primarily from euthanasia and their income is not dependent on successful euthanasia performances. The euthanasia itself is not an expensive procedure and the result means that they will no longer be able to earn money from treating the animals they euthanize. Interestingly, though, veterinarians and veterinary educators are beginning to see the importance of successful euthanasia experiences in terms of the potential repeat business with future animals as expressed in a story by this professor to third year veterinary students:

When I graduated from vet school, I went up to a large private practice...and one of the first things one of the vets told me was, ‘You know Ray. There is only one thing that you need to do well as a veterinarian.’ We were in a strictly small animal practice and I said, ‘What is that?’ He said, ‘How to euthanize an animal.’ That’s it. The one thing he said. He said, ‘If you can euthanize an animal well, gracefully, and with respect and compassion, when they go home and have that visceral response, they will think, ‘My God. I really love my veterinarian. He really understands how I feel.’ Even though it was a negative experience or an extremely emotional experience, they will feel that way. Those are the experiences you need to handle well. They absolutely will remember that compassion when their future pets need services.

Many of the veterinarians in this study consider euthanasia performances important for building long-term relationships with clients, however most veterinarians do not report repeat business to be their primary motivation. Instead, the ability to stage meaningful euthanasia experiences for owners is, for them, a reflection of their identity as “good” or successful veterinarians: “We have to remember that this is not an animal profession but a people profession that happens to be in the service of animals. We are in it to help animals and if this is the best of what you can do for them, you are going to do it really well. Good vets all have a real sense of duty both to the animal and to the owner when it comes to euthanasia.
As discussed in the previous chapter, veterinarians work to manage owners’ impressions of their animal’s death such that owners have a “good” last memory of their animal and think of euthanasia as a positive experience. Aside from managing owners’ impressions, veterinarians consider managing owners emotions to be important to the creation of an overall “good death” or successful euthanasia. For example, helping owners feel comfortable with their expressions of emotion is critical to a successful euthanasia. For many owners anticipating and dealing with the death of their companion animal threatens their emotional control causing a disruption of normative standards of conduct typically displayed among strangers in a professional context. Despite the extraordinary circumstances of euthanasia, owners express significant discomfort with their lapses in emotional control while obviously working to preserve a non-emotional front.

Veterinarians restore this treat to the interactional order brought about by the open expression of problematic emotions by managing owners emotions in such a way that legitimates almost any expression of grief. Thus, after the decision to euthanize has been made, veterinarians expect (and consider warrantable) the expression of feelings associated with grief from pet owners over the loss of their animal and, thus, find their display acceptable or, at least, tolerable. However, before a decision to euthanize has been made, owners’ emotions (particularly grief and guilt) are thought to hinder the decision-making process and are strongly discouraged by the veterinarian. As a result,
veterinarians use different emotion management strategies at different points in the euthanasia process in order to achieve both instrumental as well as expressive goals.

Moreover, veterinarians continued attempts at expressive emotion management highlight an interesting contradiction regarding intimacy among strangers. On one hand, owners continued attempts to sustain desired impressions even under the exceptional circumstances of euthanasia, and the permission to freely express their emotions from the veterinarian, is quite impressive and speaks directly to the extent to which individuals are dedicated to the presentation of self and the social order (Goffman 1959, 1963). On the other hand, owners frequently surprised even experienced veterinarians in their eventual willingness to display such an intensity of intimate emotions as well as intimate sentiments and informal touch in a professional setting with people who were basically strangers. For example, regardless of their level of experience, veterinarians consistently report surprise by the number of people who will eventually weep openly in front of them, reveal intimate details of their lives, ask to phone the veterinarian at work or home, or seek to hug the veterinarian. Grief emotions, most often expressed through crying, are often accompanied by other intimate interactions such as touching, hugging, and the sharing of personal information with gradually increasing ease from the owners. Thus, the use of expressive emotion management strategies may restore the breakdown of professional interaction brought about by the open expression of problematic emotions, but it also encourages (or at least accepts) the emergence of further intimacy into the encounter.

Although these acts of intimacy are almost always defined as legitimate, it does not always follow that that the owners will feel immediately at ease with the situation.
Nor does it follow that the veterinarian will actually be able to deal with the owners’ emotional displays or be comfortable with their requests for further talk or intimate touch. Experiencing emotionally distressing situations in the presence of strangers or non-intimates can make an owner feel uncomfortable, ill at ease, or even embarrassed by intimate exchanges. From the perspective of the veterinarian, being confronted with the emotion of a stranger or non-intimate can feel equally uncomfortable not to mention adding a request for further intimate verbal and physical support (i.e. listening or giving an owner a hug). In fact, the majority of veterinarians experience the intimacy during euthanasia as at least mildly uncomfortable. Nevertheless, the incorporation of intimacy between relative strangers into an environment that is, under ordinary circumstances, a sterile, formal professional encounter is frequently and successfully accomplished. The purpose of this chapter is to examine the ways in which intimacy is displayed and managed during the fragile interactions leading up to the decision to euthanize as well as during and after the euthanasia encounter.

Outside of euthanasia encounters, the “normal” or typical interaction between owner and veterinarian is marked by a distinct lack of intimacy similar to that of most public interactions between strangers (Goffman 1963; Lofland YEAR). In animal emergency and referral hospitals, clients and veterinarians are likely to be relative strangers meeting only during medical emergencies or when referred from their regular veterinarian for the highly specialized care offered at large hospitals. In light of the typically busy schedule of emergency veterinarians, the content of conversations are generally limited to discussions relating to the animal’s current medical condition and only occasionally, when the veterinarian is under less time constraints, will they engage
in “small-talk” conversation. In fact, in many situations veterinarians have to work to keep the conversation focused on information they find relevant to the animal’s condition. For example, anxious or “high-maintenance” owners may wish to provide much more information than the veterinarian finds useful or doting owners may desire to tell stories of their animal’s special traits or unique abilities. When the content is considered irrelevant, veterinarians are quick to redirect the conversation by interrupting with questions that direct the flow and content of the conversation. The definition of the typical veterinary situation as formal, professional, and lacking intimacy is also shaped by the use of sterile exam rooms in which veterinarians wear white medical coats with stethoscopes and present themselves similarly to the medical model of “detached concern” maintaining a professional distance (DeCoster 1997; Leif and Fox 1963). Aside from an occasional handshake, veterinarians carefully avoid touching owners, which can, at times, be difficult when an owner insists on holding their animal while the veterinarian examines it. Much like the content of talk outside of euthanasia, touch is also generally limited to that which is instrumental in obtaining a diagnosis of the animal’s condition. Occasionally this may include some petting of the animal and playful touching, however, this kind of touch is limited inside the typical veterinary consultation.

Veterinary encounters involving euthanasia deviate quite dramatically from the routine interactions between veterinarians and pet owners in that they are typically marked with the exchange of emotional and physical intimacy. During euthanasia situations owners and veterinarians depart from everyday rules of social interactions regulating intimate touch and talk as well as the outward expression of emotion in front of non-intimates, as expressed by this veterinarian; “Euthanasia is a very personal and
private thing and here you are sharing it with some essentially a stranger. You know it is the sort of thing where people will fall apart. People that don’t want to be seen crying and here they are crying and they let you see it so they really have opened themselves up to you and made themselves vulnerable.” Another veterinarian describes how euthanasia changes his routine; “It becomes more like two people talking as opposed to more official [gestures with quotes] interaction where I control more of what they tell me by asking them questions about their animal. I control the pace and the content of the conversation but it is the opposite in euthanasia situations. I let them talk and they can say whatever they want.” In response owners openly express problematic emotions and details regarding their feelings as well as share physical expressions of comfort such as a hug or tight embrace with the veterinarian. In fact, veterinarians suggest that a minimal level of intimacy exchange has become the norm in euthanasia such that they are more often particularly surprised by the absence of intimacy. Thus uniquely intimate and highly emotional interactions between veterinarians and owners during euthanasia provide a rich context for the examination of the ways in which intimacy is dealt with in professional-client interaction.

It would be overly simplistic to say that all veterinary encounters can be categorized as either professionally anonymous or informally intimate. Rather than a dichotomous process similar to the flip of a coin, the level of intimacy that occurs during euthanasia can better be described as falling along a continuum. Veterinarians and owners carefully negotiate the movement from the rational/professional/formal interactions (typical of non-euthanasia encounters) to the sympathetic/intimate/informal interactions (typical of euthanasia encounters). Certainly veterinarians experience
consultations outside of euthanasia in which owners display strong emotion as well as euthanasia encounters in which there are little or no intimate exchanges between the client and veterinarian, however, both of these situations are indeed rare.

Moreover, cases of emotional consultations and unemotional euthanasia are not considered by the veterinarian to be particularly challenging to manage, problematic in character, or even threatening to the interactional order. First, in any situation outside of euthanasia in which the veterinarian believes the animal’s condition is not serious enough to warrant euthanasia discussions, veterinarians are able to more easily manage owners’ emotions so as to discourage them from openly displaying problematic emotions. For example, at times owners come into the veterinary hospital anxious, nervous or concerned for their animals, but usually their concerns dissipate as they learn from the veterinarian that their pet will be returned to health with affordable treatment. Secondly, owners may occasionally express certain types of strong emotions outside of euthanasia that are not considered problematic. For example, owners may excitedly hug the veterinarian or express emotions of great joy and excitement when they come to the hospital expecting the worst for their pet that is successfully brought back to health by the veterinarian, however, these types of emotional expressions are not considered problematic by either the veterinarian or the owner. Finally, while euthanasia interactions that lack intimate exchanges or emotional expression might counter the veterinarian’s expectations, they do not pose challenges to the interactional order between the veterinarian and the owner.
Instrumental and Expressive Emotion Management: Grief

In animal emergency rooms frequently every moment counts in terms of saving an animal’s life who has recently consumed copious amounts of rat poison or been struck by a car, but sometimes deciding to end an animal’s life can be feel just as urgent for the veterinarian. When owners are deciding between a course of treatment or euthanasia, veterinarians most often feel a sense of urgency when the likelihood of success of the treatment is time dependant or they believe an animal is suffering. For example, animals with terminal illnesses in the “end-stage” of the disease, where they are no longer responding to treatment, the veterinarian feels anxious because they believe the animal is suffering, whereas in the early stages of terminal diseases, when they are able to manage the symptoms, veterinarians encourage owners to take their time and monitor “quality of life” considerations at home. Because owners and veterinarians may disagree regarding how to define a “good” or “bad” quality of life for an animal, the issue of when to euthanize can be a complicated matter. Even when there is little disagreement between the owners’ and veterinarian’s opinion, however, hearing bad news about an animal’s irreversibly declining status or condition likely to end in euthanasia, can be emotionally devastating to owners. Veterinarians most often expect owners to express emotions related to feelings of grief and guilt as expressed by this veterinarian:

With euthanasia I think that there is this underlying current of sadness and guilt in there. If they are just sick and have diarrhea or they are in for a normal vaccine or normal blood work or things like that and they are not sick, this is a good experience. I am bringing a healthy pet in and doing the correct thing as an owner. I am being responsible. That anxiety and sadness of losing the pet is not there. I think whenever a pet is really ill and they bring him in they have some of that under current of sadness because of the fact that they realize that their pet is sick. They also realize that they may lose their pet and the pet may die. In euthanasia, that is the end, so it is sad, plus if they choose euthanasia they may not feel like the best owners in the world. That decision carries a bit of guilt with it. Guilt can be a huge problem. When the owners are deciding if they should treat or euthanize I often times find that it is that unsure aspect that is the most unsettling for owners. This part is hard but all I can do is give them the medical facts and they have to make the decision. That is an intense time for them and there is that uncertainty. They
look to us to give them the certainty whether or not it is there and we don’t know what is
going to happen. We have to just be honest and give them the facts and tell them the
odds. They can get pretty upset, but you have to keep them in check and not let them get
emotionally out of control before they make any decisions.

As expressed by the veterinarian above, in many of these urgent cases, veterinarians
believe owners’ emotions (particularly guilt and grief) impair their ability to make timely
decisions. Thus, before the decision to euthanize is made, emotion work is always
instrumental; the veterinarian’s goal is to help an owner to make timely decisions.

In the case of grief, after the negotiation phase is over, veterinarians continue to
do emotion work but its goals change from instrumental to expressive. At this point,
grief emotions no longer impede owners’ cooperation with the veterinarian’s desire for
them to make a choice. The veterinarian’s goals change from trying to inhibit owners’
emotional expression so that they can make decisions to helping the owner deal with the
euthanasia process and ultimately the death of their animal. Thus, emotions were treated
rather differently depending on the situation. In her research on the emotion management
strategies of rescue workers, Lois (2001) describes a situation in which rescue workers
managed the emotions of others differently depending on whether they were a victim or a
family member of a lost victim. In this case, rescue workers strictly required victims to
conform to specific emotional directives and definitions of reality (through “tight”
emotion management), but allowed their family members the freedom to express many
different feelings corresponding to various definitions of reality (through “loose” emotion
management). Lois uses the terms “tightness” and “looseness” to describe the degree to
which rescue workers required victims or their families to respond to their directives.
Loose emotion managers discuss the feelings of emoters with them and work together to
construct several possible definitions of the situation, whereas tight emotion managers
“wield a great deal of authority in defining the situation and, thus the norms and roles that correspond to it. They establish power by taking control and demanding specific emotional reactions from others, from whom they allow little input” (Lois 2001; 139). In order to accomplish the veterinarians instrumental as well as expressive goals, owners’ grief is “tightly” managed before the decision to euthanize is made (achieving instrumental goals) and “loosely” managed afterwards (achieving expressive goals).

Prior to a decision to euthanize, veterinarians work to discourage emotional disruption because they believe an emotional owner will not adequately or accurately interpret what they are told by the veterinarian causing them to repeat information that might unnecessarily delay a decision that the veterinarian would prefer be made as quickly as possible. One veterinarian explains the importance of emotion management at this stage:

It is important that these intense, sometimes philosophical, questions be discussed in a thoughtful, unhurried manner. They are naturally emotion-laden but we try to get the owners to calm down and focus so they make the most informed decision they can. Sometimes they are so distraught and hopeful that they focus on anything you say that is positive or negative, but you have to be very clear with them and go over it as rationally and calmly as you can. When they are emotional we have to go over and over things until their emotions are no longer in the way of their understanding of the medical facts. You just have to help them push through their emotions until they understand what is at stake for their animal.

The strategies for “tight” emotion management used by veterinarians to manage owner’s emotions at this point are primarily “ignore,” “leave,” or “medicalize” (see Table 1 for definitions and examples). At this point, owners’ expression of emotions is largely ignored and conversation is limited to rational discussions of medical prognosis and the animal’s quality of life. In this way, veterinarians tightly managed owners’ emotions: they consistently denied the owners definition of the situation as emotional and upsetting.
and replaced it with their own desired version of reality, establishing a definition of the situation as non-emotional, formal, and rational.

**Table 1: Strategies for Tightly Managing Owner Grief Before the Decision to Euthanize**

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<tr>
<th>Strategy</th>
<th>Definition</th>
<th>Example</th>
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<tbody>
<tr>
<td>Ignore</td>
<td>Disregarding owners expressed emotion and encouraging them to concentrate on the medical problem at hand.</td>
<td>“I know that this is upsetting for you but now is not the time to get upset. We need to focus. We have to think about making the best decision we can for Dolce. We either need to go ahead with the surgery or decide it is time to stop.”</td>
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<td>Leave</td>
<td>Avoiding owner emotional expression by ending the interaction.</td>
<td>“I can see that you both need some time to collect yourself and think about this decision. Feel free to use the phone if you need to discuss things with your son. Dial this number when you are ready or if you have any questions.”</td>
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<tr>
<td>Medicalize</td>
<td>Working to shape the owners’ impression of the veterinarian as an impartial, rational, expert advisor whose advice is based on science and rationality rather than feelings and attachment.</td>
<td>“It is no good to try and sugar-coat it and be all touchy feely stepping around the truth for the owners. You have to just give them the facts and keep them concentrated on what is going on medically with the animal not how much they love the animal. Based on your medical knowledge if you think the animal is suffering you sometimes have to use the word suffering and not sugar-coat it.”</td>
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While owners have always been a part of the decision-making process with veterinarians, they are now more involved in the actual death of their animals as explained by this veterinary instructor:

Euthanasia is different for today’s vets. The old way of doing things was when a person wanted to euthanize their dog, you would take it in the back and it gets euthanized. They would not even mention having children there or doing it at home. The client was really not involved in the process at all. Today people have varying relationships with their pets, but very often they will see their pets as members of their family. They may relate to euthanizing their pets as killing their child. Today’s veterinarian provides information and choices regarding euthanasia. The owners decide when, why, how, and where. This is kind of a new paradigm with regard to euthanasia. We are really getting away from the

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3 A few strategy definitions and labels used in all three tables are borrowed from those operationalized by DeCoster’s (1997) study entitled “Physician Treatment of Patient Emotions.”
old days, but there are still veterinarians that do that. There are still some veterinarians where it is a business thing. You go up front and pay the money and the dog goes in the back and gets euthanized. It is not warm at all. Most people now, however, want to be more intimately involved with the euthanasia. They want it to be a nice experience.

Today’s pet owners certainly do expect to be given the option to witness or be present at the euthanasia of their pet. Surveys of both veterinarians as well as clients whose pet was recently euthanized found that between 70 and 77 percent of respondents strongly believe a veterinarian should provide the option to be present during euthanasia (Adams et al 2000; Martin et al 2004). Once the decision of euthanasia has been made and the owners decide to stay to witness the euthanasia, all of the veterinarians describe how their role as a veterinarian changes from advocating for the animal and helping owners make a decision to helping them deal with the death of their animal. When their animals die, many owners do experience at minimum upset and often report the pain of losing them is as intense as it would be if a close relative had died. Thus, while most veterinarians may encourage the owners to be present, the presence of a pet owner or client can bring additional challenges from the perspective of the veterinarian both in terms of managing the owners’ impressions of the pet death as well as attending to the emotional needs of bereaved owners.

After the decision to euthanize is made, the goals of emotion management change from instrumental to expressive. In dealing with owners grief emotions after the decision to euthanize much of the veterinarians energy was spent on “creating an atmosphere conducive to the expression of emotion” such that owners would not have to “hold in” grief and could feel comfortable with their emotional responses. Because the goals of attending to grief emotions are to “help them feel better” or at least “help them feel their grief is appreciated and appropriate,” most of the veterinarians discussed how they felt
that the context of euthanasia required them to change their demeanor and presentational styles to styles more suited to the new desired definition of the situation as one accepting of emotional expression. In order to create an environment conducive to the expression of emotions, the formality of the traditional doctor-patient/client relationship relied on almost every veterinary encounter must be broken down during euthanasia encounters. Almost all veterinarians describe a specific “euthanasia mode” they tend to take as described by the veterinarian below:

Once they [owners] have decided on euthanasia, you move out of those medical modes, into the compassionate euthanasia mode. It brings in all of that emotion, like the compassion and feelings. With men they I try to like I don't force anything on them but I try to present it so it's okay for you to feel emotional. So you may have used all of your rational facilities to make the decisions to euthanize, but now we're letting that go and we're dealing with the fact that we are letting Fluffy go. I make that transition whether they have made it or not because I feel like that is really is appropriate for one thing. But like again, not that I'm going to force them to be like you have to deal with your feelings or whatever, but I make this conscious transition in terms of the demeanor. I may go from a very business like or intellectual or even slightly argumentative. Like if I feel that they are give me shit and they're not really listening to me, and I'm going to be pushing for my point just a little, but once they've made that decision and it's clear, then I'm transitioning to the totally supportive, totally compassionate person. So that in terms of personas that's where you go and it is really to try and help them out emotionally to let them know it is okay to let their feelings out.

Another veterinarian describes modeling her role in euthanasia after that of a funeral director:

It is so weird how you walk between these two worlds and you are these two different people. I actually walk out of the room out of a euthanasia and grab a chart and walk into the room where you know Fluffy got a thorn stuck into his side and I will be like (high pitched excited tone) “Buddy what did you do! Oh my goodness let’s get that out little fellow.” In euthanasia my voice changes my emotions change and literally the way that I move changes, the pace changes, my attitude changes, my face changes like everything changes within seconds one way or another. I can be a hundred percent different person and I can’t help it and I am not putting on an act either way...I can be a doctor in one room and a funeral director in another...and it is all very real and genuine at the same time.

In all other veterinary interactions especially decision-making leading up to the possibility of euthanasia the role of detached professional is particularly suited to shaping the impression of the veterinarian as an impartial, rational, expert advisor who advice is
based on science and rationality rather than feelings and attachment. Once the decision is made to perform euthanasia, however, it is important to veterinarians to appear caring toward an owner and sensitive to their feelings, thus a detached professional role is no longer considered suitable because it does not foster a sense of care and may even alienate the client.

As soon as the decision is made to euthanize an animal, veterinarians change their own demeanor and presentation but this only the first step to creating an environment sensitive and open to emotional expression. Veterinarians also work to build what feels like an informal, personal caring relationship by altering different formal rules typically enforced outside of euthanasia as well as the ways in which they manage owners’ emotions. Many times veterinarians make special exceptions to formal rules during euthanasia:

With euthanasia I like to be more flexible. I always want to have some level of compassion but with euthanasia I am more willing to bend over backwards and I am going to be even more compassionate about the degree of upset that is there. A lot of people are high-maintenance and maybe their pet is going to be fine or maybe it is really sick but it is not practical to be there [in the ICU] visiting 24/7. Again, with euthanasia I like to be more flexible, so if it is decided that they are going to euthanize, they may want to visit and stay with their animals and say goodbye and, they may be in the way, but I will let them do it anyway.

In addition, the expression of emotions is validated as soon as possible after the decision to euthanize has been made. When euthanasia could be scheduled days in advance, veterinarians often made the following statement: “Euthanasia can be a very emotional time so you might want to consider bringing a friend or family member to support you and drive you home.” Encouraging owners to bring others has a practical function in that it often takes some pressure off the veterinarian to support the owners’ emotional needs but it also informs the owner that emotional expression is typical and acceptable in this circumstance.
After the decision to euthanize was made, veterinarians “loosely” managed owners’ emotions by consistently validating and legitimating the expression of any emotions associated with grief (with the exception of guilt and doubt which will be explained later). Owners were allowed to express a wide range of emotions related to their grief from joy or happiness regarding the past to relief, anger, and nonchalance, and finally to deep sadness regarding the anticipated or immediate loss of their pet. Most veterinarians spent a fair amount of time talking and listening to owners about their feelings with the aim to have owners express their emotions or “get it out” to dissipate the tension, distress and grief felt often felt by owners. Methods include both verbal comforts such as reassuring words as well as physical comfort such as a touch or hug. Veterinarians often employed a variety of strategies concurrently or consecutively to manage owner’s distress (see table two for a full list of strategies). For example, several non-verbal behaviors often accompanied verbal behaviors; a comforting tone of voice and “sympathetic” facial gestures often accompanied verbal expressions of sympathy and empathy.

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<tr>
<th>Strategy</th>
<th>Definition</th>
<th>Example</th>
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<tr>
<td>Sympathize</td>
<td>Stating or expressing an emotion for the owner (feeling for the owner).</td>
<td>“It looks like this was very painful for you. You obviously care deeply for It was a terrible accident and I am here if you need anything.”</td>
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<tr>
<td>Listening</td>
<td>Letting the owners talk and listening attentively to their stories about their animals or whatever they choose to talk about.</td>
<td>“I think just being there makes them feel better to some extent. I try to let them talk. It seems like the right thing to do. There is only so much you can say to comfort a person. You don’t really know them but you can listen to them. That is a gift too.”</td>
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<tr>
<td>Body language/ tone of voice/ Gestures</td>
<td>Using “body language” or changing their tone of voice. Offering tissue to the owner.</td>
<td>“I do worry about how people see me because I don’t think people find me to be emotional and they might think I am insensitive. I just try to look sympathetic and convey through body language that I’m sorry. Taking the time to give them a Kleenex is a form of communication. You are bonding with them through interaction without words.”</td>
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<td>Reassure</td>
<td>Talking to instill confidence in the owner (that their grief is “normal” and legitimate). This often involves acknowledgement of the depth of the human-animal relationship.</td>
<td>“I can see that you really loved him and it is natural to cry and grieve when we experience loss. Lots of people really grieve for their pets. They are important parts of our families.”</td>
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<tr>
<td>Catharsis</td>
<td>Coaxing owner to express felt emotion. This primarily involves talking about the owners’ feelings and encouraging them to “let out” feelings.</td>
<td>“If you need to talk about anything I am here for you. Do you need another minute to say goodbye to Ginger? Would you like me to stay with you?”</td>
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<tr>
<td>Redirect</td>
<td>Encouraging owners to focus on positive memories of their pet rather than thinking about their death.</td>
<td>“I asked them I'm like have you had them since they were a kitten or a puppy? And then I ask like I try to get them to just try to think of those moments like the good times when they weren't sick. And a lot of people like that.”</td>
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<tr>
<td>Empathize</td>
<td>Understanding/identification with owner emotion experience by the verbal proclamation of similar emotion(s).</td>
<td>“I’ve been through this before with my own cat. I lost my cat of nine years to the same kind of cancer just last year. It was a terrible process I know.”</td>
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<tr>
<td>Touch/ Physical Comfort</td>
<td>Putting a hand on the owner’s body (shoulder or hand) or offering a hug. Touch may also include touching the animal.</td>
<td>“If you are not the kind of person who feels comfortable touching the person, then make sure you touch or pet the animal in the process. Do some cooing or wooing over the pet in the process and let the owners know that you care.”</td>
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**Exclusively Instrumental Emotion Management: Guilt**

Both before and after the decision to euthanize is made, veterinarians tightly manage owners’ expressions of guilt for instrumental goals. In the decision-making
phase, guilt is managed because veterinarians believe this emotion limit owners ability to make timely decisions as described by this veterinarian:

If both the option to treat and the option to euthanize are pretty equal like in my medical opinion the case could go either way, I just try and present the options. People can feel guilty choosing euthanasia especially if they think they contributed to the reason the animal is sick. Guilt gets in the way so you have to make sure that they understand that both options are good. You just have to try and help them see some options through the guilt especially people that do it because of money and they have a lot of guilt I think thinking that they are not treating their animal because they don’t want to spend the money. People can feel guilt by just considering euthanasia. The people that come in with a very sick animal the big thing I will tell people a lot of the time is that these are the things we can do but honestly you could have all the money in the world and I couldn’t promise you that you would get back a healthy animal. On the other hand, if treatment is a medically reasonable option as well you have to make both options equally appealing. The big obstacle in a lot of these cases is guilt.

Cases in which guilt is not easily managed can be frustrating for the veterinarian as was the case of Daisy, a Golden Retriever, who swallowed a toothpick. After the first surgery to treat her debilitating case of peritonitis, she relapsed and the intern treating her case suggested euthanasia as a possible option. The owner responded, “I can’t kill her. It is my fault she ate the toothpick. I have to give her another chance.” The intern supported the owner’s choice for another intestinal resection surgery, which resulted in recovery for a week, followed by a relapse of peritonitis. After three weeks of intensive care and two major surgeries, the peritonitis returned. With a spiraling bill upwards of $10,000 and several staff believing it was cruel to continue treating an animal whose prognosis after another major surgery was extremely poor, a supervisor came in to discuss with the intern the mounting bill and the owner’s refusal to euthanize. The intern, clearly frustrated with the situation, responds, “What do you want me to do? Put a gun to his head? He just feels too damn guilty over that fucking toothpick.” Thus, before the decision to euthanize is made veterinarians tirelessly attempt to manage owners’ guilt by rationalizing and re-defining it (see Table 3 for examples), thus transforming their negative feelings towards
the option to euthanize into feelings that benefited the veterinarian’s goal of helping owners make timely decisions.

After the euthanasia some owners can feel a great relief but others experience guilt. When animals were put down for financial reasons, for example, this could weigh heavy on an owners mind causing them to feel a significant amount of guilt. In fact, survey results indicate that simply choosing euthanasia influences owners’ experience of guilt after the death of their pet. Although most participants in one particular study believed euthanasia was a humane option, approximately one-half questioned whether they had made the right decision to euthanize their pet or felt guilty about their decision (Adams et al 2000). If a client expresses his or her feelings of guilt related to real or imagined mismanagement of the animal or doubt regarding the appropriateness of their decision to euthanize, the veterinarian continues to tightly manage their expressions of grief (as shown in Table 3).

After the decision to euthanize, instead of simply denying the legitimacy of their guilt and working to validate all options, the veterinarian exclusively validates the owner’s choice to euthanize. Thus, after the decision to euthanize, the veterinarian even more tightly controls the definition of the situation. In fact, veterinarians responded to any disparaging remarks about euthanasia, by transforming them into something positive as demonstrated in the following exchange between an owner and veterinarian after the euthanasia of the couple’s cat. In response to her and her husband’s sobbing the woman says, “You must hate this part of your job?” and the veterinarian responds, “You know it is really a blessing to be able to end suffering of animals and to help people say goodbye to their pets. I am fortunate to be able to do this for my patients. We went through heart
failure with my granddad and it was a horrible way to go. Really it can be a really special
time for me because I get to see how much people love their animals.” Thus, the
veterinarian tightly managed the client’s emotions by refusing to accept her negative
definition of the situation and by reframing euthanasia as a positive experience.

Guilt and doubt could be threatening to a positive identity as a good pet owner
who acts in the best interest of their animal. Interacting with clients after they have made
the decision to euthanize veterinarians were careful to assure the clients they were
making the “right” decision- shaping their negative definition of self as that of a loving
owner acting in the best interest of their animal. Lois’ (2001) research on emotion
management strategies of rescue workers demonstrated that volunteers were able to
control the realm of others self-definitions in which rescuers managed victims’ and
families’ emotions to help them articulate a positive sense of self. Veterinarians believe it
is important to lend their specific medical authority and expertise to legitimize the
decision as well as the “appropriate” timing of a decision to euthanize even when they
may disagree with the owner’s decision as described by the veterinarian below:

It's often a gray area so if they are struggling with the decision I try to give all the
options...And then when they choose euthanasia I immediately go from I've been arguing
a point to I'm so sorry. I understand this must be really hard for you and Fluffy is a great
dog. Even though technically I might have been totally apposed to it a minute ago. But
all the sudden you align yourself on their side. You have too. You cannot fucking hold a
grudge. That's not fair to them. Regardless, it's a hard decision. And they brought their
pet into a vet for a reason. They obviously care about the pet, so even if it is not the
decision that you would make, it's their decision to make. And as long as you feel like
it's medically justifiable, then you have to support them. And I will transition from
having potentially, usually kind of a tactfully argued for the other side. I will transition
from that to lending them full support and making them feel good about their decision.

By validating their decision to euthanize, veterinarians lend medical authority and
justification to an owner- helping them manage their identity as “good” and “loving” pet
owners acting in the best interest of their animal.
Table 3: Strategies for Managing Guilt Both Before and After the Decision to Euthanize

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationalize</td>
<td>Discussing positive or beneficial aspects of the situation so as to allow multiple options to be interpreted as legitimate. After the decision to euthanize is made the same strategy may be used, but the choice that the owner made to euthanize is exclusively reinforced.</td>
<td>Before: “This is tough decision but you gave him a good home for the time that you could and that is more than he would have gotten in the shelter. No matter what you decide you gave him a good life.” After: “We did everything we possibly could and at least she is not suffering anymore. No more chemo. No more needles. No more throwing up.”</td>
</tr>
<tr>
<td>Re-define</td>
<td>Re-defining the meaning of the present situation (the guilt or doubt stimulus). In this case the owner felt guilty and conflicted because he believed that he might be making the decision to euthanize his pet “too soon.”</td>
<td>Before: “12 years old is really old for a Rottweiller. It is obvious that you took really good care of him and gave him a great life so I know whenever you make the decision, it is the right time.” After: “Many people make the mistake of waiting too late. A big problem we run into is when people won’t make timely decisions and the animal suffers. It is obvious that you love Spike and you didn’t want him to suffer.”</td>
</tr>
<tr>
<td>Reinterpret</td>
<td>Changing emotion label the owner is using for the expressed emotion. In this case the owner is encouraged to reinterpret guilt for love.</td>
<td>After: “Lots of owners who choose euthanasia feel guilt and they doubt their decision, but that is just a sign of your love for Scratchers. It is not a sign that you are making a bad decision but that you care deeply for Scratchers’ best interest.”</td>
</tr>
<tr>
<td>Reassure</td>
<td>Talking to instill confidence in the owner that their decision to euthanize is legitimate.</td>
<td>After: “This is not the wrong decision at all. There are lots of people who can’t afford to do all you have done already. Six thousand dollars is a lot of money.” “This sounds like it is the best decision for you and Garfield. You made a caring and difficult decision.”</td>
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The Display and Management of Intimacy

*The Veterinarian’s Perspective.* By allowing owners to express their grief emotions, veterinarians are allowing intimacy into the encounter through their participation in the owners’ emotionality. Of course participation varies from veterinarian to veterinarian and different strategies required different levels of participation in the owners’ emotionality. For example, common to all veterinarians is an attempt to display sympathy with the client’s feelings, however, their role and involvement in the client’s emotionality as well as other acts of intimacy varies along a continuum from “sympathetic moderator” to “empathetic friend.” Changing the tone of voice was common to most veterinarians as was “body language” to convey messages of sympathy, comfort and support. However, veterinarians who take the role closer to that of “sympathetic moderator” are more likely to passively accept intimacy into the encounter and express their sympathy verbally or through body language, whereas those who take a role closer to that of “empathetic friend” are more likely to believe that owners need to connect with the veterinarian emotionally, possibly in the form of a hug or a touch, to help them through their emotionally difficult time. Some veterinarians might choose a more centrist role between asserting no contact with an owner and direct contact by touching the animal instead of the owner. When asked how she responds to owners distress, one typically centrist veterinarian responds, “I try to at least touch the animal and I look at them directly in a way that conveys I care and I support them.”

The specific role a veterinarian takes along the intimacy continuum is largely dependent upon the personality of the veterinarian, the type of relationship and rapport developed between the veterinarian and client, the veterinarians perceptions of the
owners desires and needs, as well as their own confidence in their ability to “handle” those needs. Some veterinarians often described by others or themselves as “touchy feely” were more likely to initiate intimacy such as a hug whereas other reported that they would never initiate physical contact with owners. Some strategies such as a hug, for example, might seem inappropriate based on the perceived personality of the owner as “standoffish” or unemotional. A veterinarian seeking to comfort an owner might sense that particular owner would be uncomfortable if they initiated touch as intimate as a hug so they might put a hand on their shoulder or arm instead as described below:

My favorite way to euthanize pets is to have an IV in their back leg and to be sitting cross-legged on the floor with the owner sitting with the pet’s head in their lap. I can be away from them and euthanize the pet and still be right there with them. I don’t want to be intrusive and interrupting that relationship. I find that it is an intensely intimate experience because it is so emotional. I get emotional too. Sometimes I hug people. I don’t have a big personal space issue and it is necessary for some folks. Some folks it is not. If a big tough guy comes in I will put my hand on their shoulder and I will feel bad for them, but if they don’t feel comfortable in exhibiting that kind of emotion and they just want to leave and I just let that happen. Most people do want some kind of physical reassurance. If they want to hug me, I will hug them. If they want to shake my hand, that is fine too. I just sort of kind of try to respond to what their body language is and how standoffish they are.

Not surprisingly, when physical strategies were used, they were more frequently used with clients with whom the veterinarian established some relationship or at least rapport. Veterinarians choose the role of “sympathetic moderator” with most owners considered strangers, however, when they develop relationships with clients they may choose the more reciprocal role of “empathetic friend.” Despite the fact that a veterinarian might feel certain emotions towards owners who are strangers they are likely to deliberately suppress or hide those feelings from owners. However, in cases in which veterinarians developed a relationship with owners, they take on a role involving reciprocating expressions of personal and fairly intimate sentiments in kind such as telling stories of
their personal experiences with grief over the loss of an animal. Taking on a role closer
to that of “sympathetic moderator” might simply mean placing a box of tissues within
easy reach of clients or listening to support owners, whereas taking on a role closer to
that of “sympathetic friend” might include the veterinarian expressing their own
emotional connection to the family or the animal through words or even tears.

Given that the veterinarian’s knowledge of an owner’s personality is likely to be
limited, they may base their chosen role on broader social constraints regarding intimate
expressions. For example, male and female veterinarians often report to feel more
uncomfortable witnessing male owners cry and male veterinarians find it more awkward
to hug male clients, thus they are more likely to use more passive strategies with
unfamiliar male owners. When veterinarians are not sure what to say and fearing that
they might further the upset, they are more likely to take the more passive role of
“sympathetic moderator” preferring to use the strategy of listening and taking cues from
the owner as to how, when, or if it is necessary to address their emotional expressions, as
expressed by this veterinarian:

I try and say as little as possible and try and let them initiate because some people don’t
want to talk and I don’t want to get in the way of that. Plus I never really totally know
what to say other than he has passed or she has passed. If they want to say things then I
will talk and respond and carry on conversation if that is how they need to deal with it. I
usually don’t initiate it because I feel like it is their moment, the last moment they have
with their friend, and they should experience it any way then need to. I am just there to
help them through it.

Unlike the veterinarian above, in order to create the same environment in which owners
feel free to express their emotions, some veterinarians choose the more active role of
“empathetic friend” by openly discussing emotional expression using the “catharsis”
strategy outlined in Table 2. Rather than passively listening or actively discussing
emotions, other veterinarians may choose a role more in the middle where they may
choose to talk but the content of the talk is not specifically related to the owners emotions as described by this veterinarian:

There is always awkward silence so I try to help the owners feel comfortable and show them that I care about them and their animal. I usually start by asking a pretty benign question like if it was a Rat Terrier or a Jack Russell, I might ask if he liked to chase squirrels. They will do something like they will laugh they will be about to cry and they will laugh. They will say something like ‘Oh he used to always chase squirrels.’ If it was a cat I think I will say things like...well I have fewer things to say about cats but I will ask something like, ‘Was she really sweet?’ And they will say, ‘She was sweetest cat. She used to climb on my pillow and cuddle next to my head.’ Things like that- you know? That is probably where I usually drop out but I like to get the conversation going in case they want to talk.

In many cases, fearing that they would say something that would cause harm or further upset and being unsure of what is appropriate to say to owners, veterinarians relied heavily on the strategy of listening. Hence, while every veterinarian had the same goal of helping owners to comfortably express their emotions, their participation in intimacy varied along a continuum determined by the specific strategies they used to manage owners’ emotions.

The Owner’s Perspective. The majority of owners who witness the euthanasia of their pet experience euthanasia, as, at minimum, a relatively unfamiliar and undefined as well as stressful situation, thus they tend to look to cues from the veterinarian to guide their own behaviors. Utilizing “tight” emotion management strategies, veterinarians instrumental goals were more easily attained compared to their expressive goals. For example, before the decision to euthanize was made, veterinarians “tight” management of owners’ grief was typically easily negotiated as most owners quickly responded by “pulling themselves together” and worked to maintain the veterinarian’s definition of the situation as one that was inconsistent with emotionality. In this way owners’ reactions are consistent with Goffman’s (1959, 1963) work on the social organization of everyday conduct, which suggests individuals reproduce normative standards of conduct by
regulating their own emotions in order to avoid openly displaying unwanted emotions particularly in the presence of non-intimates. Owners desire to regulate their own emotionality based on norms of proper expression continued even when veterinarians switched to emotion management strategies designed to help owners feel comfortable expressing emotions after the owner made the decision to euthanize. Despite efforts by the veterinarians to help owners feel comfortable enough to “let their feelings out” owners often became embarrassed and continued to make comments and tearful apologies regarding their conduct. Thus, owners did not respond as quickly to expressive emotion management strategies as they did to instrumental emotion management strategies designed to limit and redefine problematic emotions.

Veterinarians made it clear that owners’ emotional display during euthanasia was, given the circumstances, acceptable and legitimate, however, a somewhat common feeling owners experienced during euthanasia was embarrassment over their expressions of grief. If the owner is first to cry or express emotion, they frequently apologize for their behavior and suggest that such emotional expression is not typical especially among non-intimates saying things such as, “I don’t know why I am so upset” or “I am not usually like this.” Many owners seem unsure of the socially acceptable quantity and quality of grief one should express for pet animals and inquire about the behavior of other people who euthanize their pets. Owners might break interaction norms and then negotiate the next steps with the veterinarian as described below:

I think a lot of people are shy about it [crying and showing emotion], and they are aware that it’s kind of weird to want a hug after, from somebody they don’t know, not necessarily after, but, they don’t know that’s it’s normal to be as emotional as they are. Like there are quite a few apologies that go on for just crying and it’s okay. They don’t understand that’s it’s okay. There are quite a few people that are like, “I’m sorry, I’m sorry, I shouldn’t be crying” That sort of thing. It’s like “That’s okay, it’s normal you should be upset this is your dog, this is your baby you’ve had her for this long.” You
know? They are just grateful about; I guess the approach I took and my understanding so that they didn't feel like they had to apologize for having their attachment.

As shown in the example above, the owner expresses emotion generally through crying and immediately acknowledges that their emotional expression is in violation of the previously established norms, but the veterinarian responds by validating any emotional expression as legitimate and indicative of “good” and “loving” pet owners.

Unsure of how veterinarians might respond to their behavior and expressions of grief, primarily in the form of tears, owners often used self-deprecation to manage their embarrassment by suggesting they are “crazy” or that their behavior is “stupid” or “ridiculous” often directly stating things like, “This is so embarrassing. I can’t believe I am crying like this.” The veterinarian positively responds by validating any emotional expression of the owner as acceptable. Veterinarians normalized crying by telling owners “everybody does it” or by indicating that their emotional response is mild relative to other owners’ responses, “Oh this is nothing. We see a lot worse everyday.” A few owners even experienced rare, but particularly embarrassing, physical reactions to the euthanasia experience including urinating, vomiting, choking, and fainting. Interestingly, even when an owner urinated, vomited, choked, or fainted the veterinarian helped owners manage their “spoiled identity” (Goffman 1963) similar mechanisms, telling these owners “that this kind of thing happens more than you would think” or “don’t worry about it” because “we are used to this kind of thing” despite the fact that, unlike crying, they rarely occurred. Veterinarians created an environment open to the expression of emotion and helped those owners who felt embarrassed by their expressions in front of non-intimates “save face” (Goffman 1955) by redefining any expression of grief as “normal,” appropriate given the situation.
Any attempt owners made to manage their emotional disruptions or “save face” was repeatedly met with veterinarians varied strategies to manage owners’ emotions by legitimating (and sometimes actively encouraging) any emotional expression. Owners gradually began to express emotions with increasing ease so much so that they frequently surprised veterinarians in their eventual willingness to display such an intensity of intimate emotions as well as intimate sentiments as expressed by the veterinarian below:

There are things that are really surprising to me about how people show such an intensity of emotions. Sadness is always there but it can shock you the ways people express it. They will say things that will just tear your heart out. It is not what they tell me as much as it is what they are saying to their animal as I am euthanizing it. The worst was a woman who halfway through the injection was telling her dog that she missed her already. That was awful. Awful. When they say things to the animal and you know it is real. They say some pretty private things. You really get to see how much people love their animals. It is just their raw emotion and they say things. It can get really intense.

Another veterinarian describes how owners talking aloud to their animals can be intimate:

They [owners] will tell you about when they first got the dog and they will tell you funny stories. That can be really hard, but I think the hardest for me is when they talk to their animals. People all the time talk to their animals in an exam room, but it is different when it is during euthanasia. When they say stuff to their animal during an exam you may think it is funny, but it is just sad in a euthanasia. Plus, when they say things during a euthanasia, the kind of stuff they say is a lot more intimate in a way. They way they will tell them they love them is more- more serious- and they tell them all the things they are going to miss about their animal like going to the park and playing with the Frisbee. The animal doesn’t understand them- so when they talk to the animal- what happens is that they are actually sharing these very personal, private thoughts out loud with me.

Another veterinarian describes the surprise most veterinarians report regarding the range of emotions owners express:

People’s reactions have surprised me especially in their range of emotional reactions. You learn to expect tears and sadness, but I have thought that a few people were going to completely lose it and they keep it together. I have had laughter. Some people try to be really tough and they will break down and sob. There are people that are angry and try to blame you and people will argue like husbands and wives will argue. It is just a range of emotions and that part is freaky...You often have to take a lot of stuff and especially when people are emotional and out of control. They obviously love their pet and that is why they bring them. They are emotional about it and they will show a whole range of emotions they throw at you and you have to quickly adjust.

As this quote suggests, compared to owners’ predictable response to instrumental emotion management, owners’ response to expressive emotion management is much less
predictable. Sometimes owners became so overwhelmed that communication between the veterinarian and the client was completely disrupted such that, despite their best efforts, the veterinarian was unable to restore the interactional breakdown. In some cases, veterinarians felt owners expressions of emotions were more than they felt competent to manage so they would refer the owner to outside grief counseling.

Grief emotions, most often expressed through crying, are often accompanied by other intimate interactions such as touching, hugging, and the sharing of personal information with gradually increasing ease from the owners. Some owners reveal intimate personal details regarding their private lives as expressed by this veterinarian:

They might tell me about their own health problems like right before or right after...Afterwards a lot of them will just leave but others will want to sit with the animal and then they want to talk to you and just talk about weird things—personal things. They talk about everything. I have heard about divorces and all kinds of stuff. It is a bit awkward. What the animal meant to them if they were like a gift or a last connection to a deceased spouse or parent or child or something like that. That is not uncommon. It is awkward when they share things not related to their pet. They see you as a person to talk to so they do and they are really emotional so they talk about everything without filter.

Another veterinarian describes her experience with the intimate content of talk during euthanasia:

People share some unbelievable personal information that I’d rather not hear...People share a lot of personal information that has nothing to do with the pet. I don’t know why. I don’t know if they just need somebody to talk to and I’m in a room with them so they’ll talk? I don’t know if it’s being a vet. I don’t know if they share the same things with their physicians or their families, whoever. But they share, a lot of people have shared information with me that I am not comfortable with like very personal illnesses, personal problems with other family members...A lot of what’s going on in their life. It’s strange. And I don’t know at what point they decide it’s okay to do things that they otherwise wouldn’t. I don’t know why that is. It’s such a personal experience. Very few people are ever that close to death...I don’t think they’re ever been that close to it before so they don’t know how to react. So they react by saying anything that comes to their mind...Several times I’ve sat with people for half and hour, forty-five minutes where they just talk—sometimes about their pet, sometimes about themselves, sometimes about absolutely nothing at all.

Many owners will seek hugs or other forms of intimate touch from the veterinarian as expressed by this veterinarians “Nobody hugs me if I heal their animal or send them
home alive, but in a euthanasia more than you expect will definitely hug. Many will touch me on the shoulder. Almost all will at least shake your hand.” Another veterinarian tells the story of the first time she experienced intimate touch and talk with an owner:

I was shocked the first time that somebody hugged me- and I can’t remember when it was- but I remember being surprised that someone who was virtually a stranger to me reached out and hugged me. I never would have initiated it at that stage of things...Euthanasia can be an incredibly intimate event that most other professionals don’t deal with in that way. I had a guy once whose wife was not present when we euthanized the dog but the two of them had brought the dog in. This relationship was a very surface one as I had not known them before and only just admitted their dog into the emergency room. I quickly made a diagnosis of a fatal situation and can’t remember what the deal was but she had left and the man and I were sitting in the exam room and I had just euthanized the dog and was kind of giving him a minute to collect himself and he says to me ‘you know I loved that dog more than my wife.’ I mean people just say pretty personal things like that. They lose it and there is a very typical pattern once the pet is deceased that people will start to tell you funny stories about the dog or the cat. They will start to tell you how they remember the first time they saw fluffy and they will recount a history and I usually let them go a little bit- but sometimes I don’t have time- but I don’t want to cut them off either. It is an important part of the grieving process.

Owners have even been known to ask the veterinarian for their home or cellular phone number. Thus, while the expressive emotion management strategies veterinarians used to restore the interactional order and ease the owners’ discomfort with their expression of emotions, it also opens a door for further expressions of intimacy into the encounter.

**Strange Intimacy**

Despite the fact that by loosely managing the owners’ expressions of grief, veterinarians facilitate or at least set the stage for the emergence of further euthanasia-related intimacy, the majority of veterinarians experience the intimacy during euthanasia as at least mildly uncomfortable. As explained by the veterinarian below, simply being confronted with the emotion of a stranger or non-intimate can feel uncomfortable:

There are people who sob during euthanasia that I don’t think would ever cry in front of their wives or their closest friends. It is pretty uncomfortable at times. Some hugs have come from animals that I admit and then a few hours later they are euthanized so I don’t
really have any relationship with the owner and they are not somebody I have been working with for a long period of time so it can feel really strange. They are just so emotional, but you would not necessarily have expected that they would feel that attached or comfortable with you in such a brief period of time. It happens. You learn to not be surprised by these things. In the beginning I had never been to a funeral or anything like that so it was really strange to be around such emotional people especially ones where it is my responsibility to deal with them. I think I am more comfortable around people and their emotions- not that it is an easy thing to do- but I am more used to being around hysterical people or very emotional people than I was in the beginning.

Another veterinarian describes her discomfort with requests for further intimate physical support from owners:

I have had owners give me hugs and I have even had kisses...on the cheek but I have had kisses. They kind of creep me out. (Laughs.) Strangers literally put their lips on my face. It is kind of scary. They will want a hug and so I will give them a hug and on the way out they give me a kiss. It kind of hurts (laughs), but whatever. It's just awkward to get a hug from someone that you don't even know. You've only seen their animal for the ten minutes that you saw them like it's just a little weird...There are a lot of people that I've known for a long time that I've never hugged and they are friends so I've never hugged certain friends let alone someone that I just met.

As explained by the veterinarian below, before the decision to euthanize was made, veterinarians held significant authority in defining norms of behavior by tightly managing the expression of grief and sadness, but by allowing owners the freedom to define the situation in any way they choose, veterinarians gave up a certain amount of control and authority:

[With euthanasia] I let them kind of run the show and I occasionally will do some idle chatter and sometimes we really do run into more than we bargained for like the time with the woman and her cat where she went on and on and I didn’t mean to elicit that whole story (laughs). She went there herself but I opened the door for her...that can happen when you leave it wide open like that and let them talk so most of the time you let them talk but occasionally you do have to rein them in. You really have to balance between making them comfortable and letting them go too far. Some owners will try to keep you in there for hours if you let them.

Thus, while veterinarians want owners to feel comfortable with their expressions of emotionality, they have to balance this with becoming overly involved in clients’ emotionality as explained by this veterinarian:

During a euthanasia they get all-nostalgic and tell you all kinds of stories about their pets or they will tell the last time they had to euthanize an animal...so they just want to talk and they will say anything just to keep the conversation going or to keep on talking. Whether it is to make themselves feel better because it is noise and it is not quiet because
once quiet time comes then their animal is going to be euthanized. Or they just want to prolong things and they just talk and talk. It is not uncommon for a euthanasia to take well over an hour but two or three hours sometimes. They need talk and they are not ready and so you go do other things and then you come back and they want to talk and then they are not ready and you come back. We have all had euthanasiass that take several hours. Sometimes you finish your list shift and they are still there.

Most veterinarians feel it is important to spend some time with owners during euthanasia and believe it is important grieving owners to be allowed to express their emotions, however, they also feel pressure to deal with other responsibilities. Learning to balance these conflicting goals is particularly challenging for novice interns. At one hospital a competition developed among residents and interns over who had the “craziest” euthanasia experience or who had the owner who spent the longest time with an animal’s body after the euthanasia, reacted the “strangest,” cried the hardest, sent the best gift, or called the most after their animal was euthanized. In the end, veterinarians learn to minimize interactional disruption by responding to the sometimes uncomfortable intimacy of euthanasia encounters as well as draw boundaries to avoid becoming overly involved in owners’ emotionality.

Despite some discomfort with the intimacy, the successful incorporation of intimacy between relative strangers into an environment that is, under ordinary circumstances, a sterile, formal professional encounter is frequently accomplished. Depending on the situation, veterinarians develop specific ways of dealing with the disruption intimacy among strangers causes for them. With many owners veterinarians may continue to feel ill at ease but accept the legitimacy of intimacy only within the context of euthanasia. With a few owners veterinarians may temporarily reframe the nature of the relationship such that the owner is no longer considered a stranger. Finally, for some veterinarians the intimacy they share with owners (as well as animal patients) is an important part of their identity as veterinarians.
The Context of Euthanasia. Some veterinarians will do as much as possible to avoid intimacy (especially physical intimacy) with most owners, however, even the most “anti-touch” veterinarian will ultimately accept the intimacy within the context of euthanasia to avoid interactional breakdown, as is the case with this veterinarian:

R: I have very clear personal space issues [Laughs], so I try not to--to touch or be touched. So yes; I’ve had people who--who want to hug but that--that just makes me uncomfortable because of my personal space issues. So hmm, not--not physically close; I think handshaking is--is the most routine--. It can be stressful for me if I anticipate that someone might want to hug me. I don’t like to feel trapped. It’s--it’s strange. Some of our group our--our ECC residents, some of them are very physical and they’re hugging all the time and some of us are--are very clearly no--no touching.
I: So what do you do if a client initiates a hug or touches you?
R: I think usually if--if I anticipate something like that I--I don’t know if I consciously or subconsciously change my body language to try to discourage it. Sometimes I can’t avoid it so I do it kind of as a courtesy. I try not to recoil in horror but at the same time I try to make it clear that I’m not comfortable. [Laughs]...I don’t think I’ve initiated contact with--with any of my clients.

Unlike the veterinarian above, most veterinarians will attempt to hide feelings of discomfort from the owners in order to minimize disruption in the encounter, as described below:

It is pretty commonplace to have people want to hug you or some kind of physical interaction that normally you would not really do with a client. But it is okay I think in that context. I am usually okay with hugging usually. (Laughs.) You know how some people will want to hug you or shake your hand. Although I did have a man kiss me on the cheek, which was totally not okay, but I ignored it. (Laughs.) I had the animal’s body in my hands and I was leaving and he was like, “Thank you so much.” He leaned in and kissed me right on the cheek and I was totally freaked out. I just froze like and said, “Yeah. Sorry.” I carried the dead cat out and tried not to let it show that I was totally freaked out.

Another veterinarian adds, “I am not afraid of contact. I certainly don’t encourage it because I don’t want to get sued (laughs), but I would not try to avoid it...I will never initiate it myself but I won’t turn away.” Most veterinarians resign themselves to a certain amount of discomfort during euthanasia for the benefit of the owner because they believe avoiding the request for intimacy will cause more discomfort for themselves and the owner as described by the veterinarian below:
One of my resident mates is like anti-touch and she is afraid of human contact. I am not a huggy or touchy person but I don’t mind it so much. If it helps them to give me a hug or shake my hand that’s fine. It is a little bit odd and awkward but I think they really need it. I think it really helps them so I am fine with that. I am never going to initiate that. It is not like I routinely hug my client and then say goodbye. I often do it and offer condolences and leave, but if they go to hug me, I will go along with it. It is not the time to add awkward insult to injury by being like, “Wow buddy!” It would be more awkward to not hug them...You don’t want any client to feel weird and awkward and embarrassed that they want to shake your hand or hug you and you pushed them away on top of they just euthanize their pet. That is bad enough.

Thus, despite their feelings of discomfort with different types of intimacy, veterinarians feel obliged to participate because the context of euthanasia warrants their inconvenience and rejecting owners’ request for intimacy might disrupt the interaction as well as the veterinarian’s desired impressions. Finally, for some veterinarians the context of euthanasia provides enough rationale for the intimacy with a stranger such that it renders the intimacy basically benign, as explained by this veterinarian: “Tons of people hug us-tons of people. With euthanasia you almost expect them to hug you. It doesn’t bother me because I know that it is not like they are making an advance at me. It is a totally different type of contact. We all know that it is related to euthanasia so it really doesn’t make us uncomfortable.” Although the kind of touch in other contexts may be defined as intimate, in the context of euthanasia it becomes ceremonial or formal for some veterinarians.

While the context of euthanasia may alleviate much of the discomfort veterinarians feel experiencing intimacy with owners, they place limits on both the quantity as well as the quality of the intimacy. Most veterinarians report that they are comfortable with intimacy as long as it is contained within the context of euthanasia and they work to limit the quantity of time they spend with grieving owners. For example, as discussed in a previous chapter, designated euthanasia rooms allow for the containment of emotions in terms of physical space providing privacy for the owner and freedom for
the veterinarian to be able to leave and come back to check on owners allowing them to better control the quantity of time they spend with owners. Typically the intimacy developed during euthanasia encounters in terms of emotional expression as well as intimate touch and talk is temporal and doesn’t last longer than the actual euthanasia. Most of the time the intimacy common to euthanasia ends with a response of gratitude from the owners either immediately afterwards or in the form of a card or letter, however, on a few rare occasions, after the euthanasia of their pets owners have sought to speak with the veterinarian at the hospital and even asked for their home phone numbers. The quality of intimacy experienced is also negotiated between the owner who is experiencing the emotion and desire for further intimacy and the veterinarian who is obliged to participate in it. One veterinarian describes being fine with physical gestures but limits the quality of intimacy she experiences with owners at kissing or giving out her phone number: “Enough bad stuff has happened to them that day that, if they want to hug a stranger, knock yourself out. I would draw the line at now kissing on the cheek and I won’t give my cell phone number. You have to draw the line because clients will call you to talk. I offer them grief hotlines and things like that because afterwards there is not much more I can do for them.” Every veterinarian describes specific limits ranging from listening to grieving owners’ emotion-laden talk to hugging them or calling them at home that other veterinarians would consider standard. Regardless of their comfort with certain forms of intimacy, most veterinarians balance their involvement in the level of intimacy such that they don’t come off as cold and distant nor become too involved in the clients emotionality.
Developing Primary or Intimate Relationships with Strangers. Feeling “connected” to the owner alleviates some of the awkwardness veterinarians experience when owners express vulnerable emotions, share personal details regarding their life, and seek physical contact. One veterinarian explains how her discomfort with intimacy, particularly physical intimacy, is lessened with owners she has developed a special connection: “I would never initiate a hug but I always reciprocate. The difference is with those people I get to know more I would reciprocate and not think about it versus reciprocating and thinking how uncomfortable it is with more of a stranger and be really glad when it is over.” While professional or secondary relationships with clients are more common between veterinarians and their clients, some veterinarians, like the one below, describe how primary relationships with owners can be formed due to the amount and intensity of contact emergency veterinarians tend to have with owners whose animals have serious health conditions:

The ones [euthanasia] that usually have the hugging and real emotional intimacy are the people that I have spent some time with meaning they have patients in the hospital for a week or sometimes more but usually not more than a week. Most are about a week I would say, but I mean it is contact every single day- two to three times a day- or at least twice per day contact. It can be an intense time. You are their connection to their pet when the pet is in the hospital. You are their voice. There are some people who come in and sit with their animal at every visiting hour and beg you to let them stay longer. You can really get to know an owner when they are around like that. The people who come in knowing that they are going to euthanize their animal those can be emotional but it is different. It is a bit strange to hug someone who just comes in off the list [for euthanasia]. Most of the time though it is the inpatient that we did diagnostics on and we find out that the animal should be euthanized and there can be a lot hugging going on. I have my share of cheek kisses too. It is an intense time.

The veterinarian above is not bothered by people hugging her, but says it rarely happens to her that “strangers” hug her because, for her, most owners are not defined as strangers. She defines “stranger” strictly as owners who come to the hospital for euthanasia, but other veterinarians, such as the one below, define stranger much less loosely than the veterinarian above. The veterinarian below, for example, describes a situation similar to
the one above, however, she does not report to experience many “close” or primary-type relationships with owners:

We don’t tend to develop long term relationships with clients just cause of the nature of our service [emergency medicine]. You are a stranger to them really. It is very tough. You sort of bond over the few days that the patient is in the hospital and there is a level of trust and they trust you and your competency and medical judgment but they are still strangers. I think that at least in my position you know being an intern who works mostly emergency hours I don’t think that I have established the long-term relationships with clients. Usually the longest I have ever had an animal in the hospital is you know maybe a week at most. I think that I could be wrong but probably most vets who do that are people who have an established relationship with those people that have seen those animals from a puppy to an older pet or have dealt with them through a long illness. I think for me lots of times euthanasias are in the setting of severe trauma where they brought the patient in and spent a few days in the critical care unit and then they decide to euthanize. I can imagine it would be different if I had more of a relationship with the family or the people.

Unlike the veterinarian above, almost every emergency veterinarian can describe at least one case where they felt particularly attached to an owner and, for some, these relationships occur with every long-term patient that leads to euthanasia. Veterinarians who describe developing “relationships” with owners attribute it to the amount of time they spend with owners in the process of caring for their critically ill animal as well as the specific nature of that time. Managing critical cases could last a couple of hours, several days, or, in some cases, a week or more in which it is common to talk with owners at least once per day on the phone or see them during visiting hours. Obviously the longer an animal is hospitalized or the more often they come back for outpatient treatments, the more opportunities for interactions with veterinarians, however, whether this relationship can be considered primary versus secondary is dependant on a particular veterinarians definition of “stranger” as some veterinarians at the same hospitals with the same exposure and contact with owners as other veterinarians report to never or rarely experience close relationships with owners.
Owners and veterinarians are most likely to initiate physical and emotional intimacy if they feel they have developed a relationship with each other and when the feeling is mutual the intimacy is likely to be the most intensive. In many of the cases where veterinarians feel special connections to owners, they are much more likely initiate expressing intimate emotions and touch as described by this veterinarian: “The euthanasia that I did yesterday I gave huge hugs to both owners. I had known them and developed a close relationship with them. My favorite owner and favorite patient I ended up euthanizing a couple of months ago here, she just clung to me for (laughs)...well we just hugged each other while he went. I was crying while she was crying. It was very emotional and probably the most emotional euthanasia that I have ever done that wasn’t my animal.” In certain cases veterinarians have even offered to go to an owner’s home for euthanasia as described below:

What I’ve done for long-term clients that I have a relationship with- I feel like, of course, I would be happy to go out of my way for you. And of course I can understand why you would want someone that you know there so in that kind of situation I have gone and done at-home euthanasia. One of them I was there for two hours. We were sitting in the garden with her cat and I told her, you tell me whenever you're ready. And I sat there for two hours before she was ready and I didn't charge her anything. The woman was really great and that cat-- I just loved that cat. And it was just so sad. I had actually euthanized another one of her cats. She had three cats and they were all the same age and they all died within a year. She had to have spent easily twenty thousand between the three cats over a few years. The cat I was euthanizing had been in the hospital for two weeks about 18 months before and he had been snatched back from the jaws of death. He had another 18 months of wonderful life and then his kidneys failed again. And he wasn't pulling through that time, so she decided to euthanize. But I knew her from before and knew her from her other cats. I knew him from two weeks in the hospital. I was like; you know what I'll stay here for as long you want. And we were sitting in the garden. It was nice...So in the hospital -- we had a catheter in and everything. And I had arranged with her that she was going to take him home that day, and at the end of my shift, I was going to come over and sit with her...so the sun was setting and it was the summer, and we're sitting the garden. And he had really perked up once he got out into the garden, so he was actually walking around. And this is a sick kitty. He was just walking around sniffing the grass, and then he'd lie down in the grass and look around. And she had one of these beautiful gardens where there were birds everywhere. So he was watching the birds, and I was thinking I couldn’t bring myself to tell her that she just needs to do it. I didn't want to sit there until -- and then finally she said, ‘you know well I guess it's getting to be late and we did want to do it in the garden and I'm sorry I've kept you so long. Let's go ahead and do this.’ But in the end, I was so glad that she took me on my word when I said take as long as you want. It was really special. So anyway, that's a for
instance of going out of your way. But again, I couldn't do that for every client. And obviously, I don't have that time will all clients but there are those clients or there are those situations where you do that kind of thing.

Sometimes the relationship that veterinarians develop with clients can be particularly meaningful to the veterinarian as in the example below:

I always get upset to some degree but the only time so far this year that I personally have cried and have been really upset was a long-term patient of mine whose famous in this hospital, Daisy. She was a Golden Retriever who came in on my shift when she got hit by a car and then everything ended up going wrong that could have gone wrong. She came in on my shift and ended up being in the hospital for about a month and costing about $25,000. She had four surgeries for a broken pelvis and then she also had a really bad wound on her front leg. We were initially trying to save the front leg with bandage changes and then we did a partial amputation. We were going to use a prosthesis and that dog had a lot of surgery and a lot of intensive care because she got so sick. She ended up getting euthanized in the end. I put a lot into that dog. I put a lot of time in with that owner. I had a very strong relationship with that owner. Even after I wasn’t on her case anymore because I was off service and the bill started getting up that high they wanted a more senior clinician directly involved and me not as much. I would just call them to see how she was doing because at one point the dog went home for about a week and a half or two weeks before she came back in to be euthanized. When she was in the hospital he would call to see how she was doing and we would just sit on the phone for like 45 minutes and we would just talk and he would tell me that he thought I sounded sick and was not getting enough sleep and then one night he asked me how many hours in a week I work. We just had a very strong relationship and I did with the dog as well because the dog would get fairly aggressive with all she had been through, but she never did with me and I would take my computer and my paperwork into her run and just sit there and do work once I was off the list. I would just sit there and she would put her head on my lap. Yeah. That is one dog that I will never forget. Ever.

Most veterinarians have at least one story and many have several stories similar to the two above in which they experienced particularly close relationships with owners (and their animals) which led to an increased level of intimacy including going to owners’ homes or to favorite parks for euthanasia, sharing of personal narratives or talk outside of the professional space, and, on rare occasions, attending funeral ceremonies or gatherings after the euthanasia.

**Intimacy Informs Professional Identity.** There are a few veterinarians for whom the intimacy of euthanasia is rarely problematic regardless of their relationship with owners. One such veterinarian describes his feelings regarding physical intimacy with clients:
I am fine with hugging. I definitely try to read people, but I have absolutely no problem hugging people if I feel that the owner needs it. As long as I know it is okay I usually give them hugs unless I know that they would not want that... I don’t have a problem and even if I don’t have a relationship with them, if that is what they need and they come up to give me a hug, I have no problem with that if they need that. I even had a woman give me a kiss on my cheek and I didn’t even know her. (Laughs.) That was a bit weird actually. Whatever. Well that was a little bit much but I would never make her feel uncomfortable because of it. It would be more awkward to be like whoa lady! (Laughs.) If I feel like it would bother them, then I wouldn’t do it, but otherwise I like having my hand on the patient or even on the owner or some kind of touch either the owners acknowledge my touch of their pet or if I feel like the owner needs a bit more support I will touch them. I would always have some kind of contact somehow and most of the time it is the pet I touch.

For these veterinarians euthanasia is an exception and emotional self-restraint is no longer as important in maintaining a professional approach. For these veterinarians the physical contact and intimacy with owner during euthanasia enhances their identity as a veterinarian who is kind and compassionate. The veterinarian below describes how helping owners with their emotions and intimacy with owners and patients contributed to her decision to go into veterinary medicine over human medicine:

R: I hug people especially if they don’t have other family members there with them- if they are alone. I hugged that last guy. He had spent a lot of time and had a lot of hope that this cat would get better and that his clinical signs would resolve and he would be a normal cat eventually, but he just continued to deteriorate. He was really upset. There was just one gentleman and he was by himself and at the end I gave him hug.

I: How did you know that was an appropriate thing to do?

R: I can just tell. I would say that I hug my clients after a euthanasia probably 70% of the time. It is funny you just get that vibe from people. It is not so much that I want to hug them as that I can tell that they want to give me a hug like they will hesitate right before they go or they will touch my arm and you know that they just they feel relieved or sad or want to thank me. When I was in college I always said that I was going to go into human medicine and I would probably attribute half the reason I went into veterinary medicine- not human medicine- is because my veterinarian was a much more emotional person. When my horse was sick he would give me a hug, but my own family doctor probably would not give me a hug if he were telling me that mom had just passed away. Human doctors are more- in my experience- much more emotionally distant and rigid bedside manner that I have never experienced with veterinarians. Veterinarians have always seemed more emotional or comfortable people.

Another veterinarian takes pride in having “more compassion” and willingness to allow intimacy into euthanasia encounters than other veterinarians:

When owners tell you they had their other dog put down with another vet who was just much colder and they appreciate your compassion that is great. What you did for them was nicer and made it easier for them than what they have had in the past. People love you if you kill their animal right. If you save an animal they might be like, “Oh thanks,”
and then they leave. The people whose animals you euthanize and show them compassion and you are nice to them, they love it. I have more letters from people whose animals I have killed compared to animals that I have saved. There are people who are very grateful when you help their animal, but when you euthanize an animal they are much more grateful and much more thankful. It is the compassion and the little things like a hug or going slow and taking the time to listen to them and saying nice things...I don’t mind it but I think that some vets do. Some people are not like that. Some veterinarians I won’t say are not capable but that is just not something that they are wired to do. For me, compassion is a very important part of being a vet.

Even veterinarians for whom intimacy is less easily negotiated with owners, however, report to feel at least two minimal responsibilities as veterinarians when it comes to euthanasia. First, veterinarians consider it their responsibility to “be there” for the euthanasia of patients they have treated, even if just once or twice. Veterinarians often make specific efforts to be the one to perform the euthanasia as described by the veterinarian below:

I had a long-term patient of mine. They were really nice people. I liked them a lot. It was I think Tuesday and they were coming in at like six and I was pretty much done with my day at four but I stayed longer to deal with it. Anyone could have done it. They just spent so much money on this dog and they tried everything and they were diligent people. They deserved that instead of a stranger. Anybody could have done it, but it was just that I felt like I should stay...if I have been the one treating- it is my patient and my responsibility. I have a relationship with that animal and those owners. It is just not something for someone else to do. It is something for me to do. Even if they have regular vets, I have offered to owners if they wanted to euthanize here, I would do it. That dog I sent home the other night knowing that they were going to have to euthanize her, but they wanted one more night at home and I thought the dog would be okay at home so they went home and the next day I had the day off and I told them that if they wanted to come back in to euthanize her here tomorrow with me, I would be happy to do it and I would come in on my day off to do it. I certainly wouldn’t want them to show up on the list as a WPTS [Witness Put To Sleep], but they opted to go to their regular vet, which is probably better anyways. Euthanasia is a very important thing to be done with someone that you have a relationship with because it is a very powerful time.

Secondly, while different veterinarians may have different abilities to do so, most veterinarians consider managing owners emotions during euthanasia to be an important responsibility. For example, most veterinarians believe that it is the responsibility of veterinarians to validate and legitimate owners’ grief over their animal as expressed in the story below:
Remember that guy he was a Microsoft kind of geeky guy who brought in his pet mouse? Basically it was almost dead or it died shortly after getting here and he was devastated. He was crying and crying and crying and I could not do anything to console him. I wound up calling a friend of mine and asking her to take him home because I think he was so upset that he could not even drive. It was just so sad. It was this tiny mouse who was three years old and most mice don’t usually live past two so he was lucky to get that long out of this tiny mouse, but he was devastated. Everyone was like, ‘Oh my god. He is crying about a mouse!’ I thought; we don’t know the circumstances of his life and maybe he has gone through some serious emotional upheaval or he just had a huge emotional connection to this mouse. It meant a great deal to this guy and if we in the veterinary profession think that his grief is strange who else is going to understand what he is going through? It is our job to support his feelings about this mouse and make him feel like it is okay to cry over the death of a mouse.

Several veterinarians discussed their belief that grief over the loss of a pet may be complicated by a lack of social outlets and rituals for the expressions of such grief such that the bereaved owner receives little sympathy and support from society. Sometimes owners themselves suggest to veterinarians it is wrong to grieve as they do for their animal or they may, rightly or wrongly, believe others do not understand their feelings regarding the loss of their animal. In fact, one survey of pet owners found that more than 50% of respondents believed that society did not view the death of a pet as a loss worthy of grief (Adams Bonnett and Meek 2000). Thus it is not surprising that so many veterinarians believe that veterinarians should provide emotional support to owners because they may be the only support that an owner receives due to societal ambivalence regarding grief over animals.

_The Socioemotional Economy of Veterinary Euthanasia._ In most every euthanasia scenario, regardless of the strength of relationship between the veterinarian and the owner, owners felt obligated to respond with gratitude. Veterinarians report that owners are much more likely to offer gratitude and gifts when their animals are euthanized rather than “saved” or healed. If the animal is made healthy the owner’s gratitude response is typically a verbal thank you at the time the service is concluded, however, if the animal is euthanized the owner is much more likely to respond with
gestures of gratitude such as hugs or handshakes, monetary donations to the hospital, gift certificates, flowers, gift baskets, food, photos of the animal, and, most frequently, cards offering of gratitude such as, “thank you for helping us through such a tough time with Sparky,” or “thank you for your kindness, compassion, and understanding” or “thank you for helping us come to such a difficult decision.” The thank you letters most often highlight the two major ways veterinarians managing owners’ emotions surrounding euthanasia- validating grief and the decision to euthanize: “Thank you for your support and understanding and for helping us decide when the right time to say goodbye.”

Owners also make a special point to recognize any “extra” efforts particularly those seen as sympathetically motivated by the veterinarian such as suggesting they do the euthanasia outside or preparing a special meal for the animal before the euthanasia. “When you suggested we go outside in the grass to say goodbye to Winston I knew that you understood the kind of relationship we had and how much he meant to me. You are a wonderful and caring veterinarian and we will never forget the kindness that you showed our family during this difficult time.”

The role that veterinarians played in helping animals to have a peaceful, painless death and helping owners to change problematic emotions into a positive sense of self might explain why owners felt obligated to return. Using Hochschild’s (1989) concept of the “economy of gratitude” and Clark’s (1997) concept of the “socioemotional economy” one might conclude that the owners recognized that during euthanasia situations the veterinarian is offering a service (such as emotional support and management) not paid for in a typical veterinary service exchange. The content of the cards lends additional support to this interpretation as owners almost always cite directly emotion-management
strategies used by veterinarian in their expressions of gratitude such as listening and “being there for me” or “helping me to see it was okay to finally let Peaches go peacefully.” Rescue workers in Lois’ (2001) study did not receive formal gestures of gratitude from family members whose loved one had died because “socioemotional norms dictated that the families’ emotional grief and bad fortune far outweighed the emotional support the rescuers had provided during the mission” (173). Thus when human death occurred, family members felt they were owed sympathy for their misfortune and thus did not feel obligated to offer gratitude for the service provided them. Following this rationale, pet owners should have had the opposite reaction than they did when they experienced the loss of their animal. The socioemotional norms in this case of veterinarians are unique possibly because they involve the death of animals whose social status is ambiguous. Thus, reciprocity norms dictated that pet owners were not “owed” the same kind of sympathy reserved for a death in the family so owners felt obligated to express gratitude in exchange for the sympathy expressed by the veterinarian. Thus, socioemotional norms of euthanasia interactions dictated that owners owed veterinarians for their help, which they most often repaid with gratitude.

Conclusion. Most veterinarians consider the emotion and impression management skills utilized during euthanasia to be particularly important in terms of long-term client satisfaction as well as useful in everyday practice, particularly given the increased involvement of pet owners in the death of their animals in recent years. Yet veterinary schools have been slow to incorporate training around these issues into the curriculum. Veterinarians who support the incorporation of grief management into the veterinary curriculum argue that dealing with grieving clients is unavoidable and might as
well be done skillfully and compassionately so that the clients will remember this thoughtfulness when it comes time to seek veterinary care for another animal in the future, as expressed by this veterinary college professor:

The technical aspects of euthanasia are important, but it is also important to know what is going on in people’s minds and in their hearts when they are going through this. Your success as a clinical veterinarian is going to be how well you interact with your clients during this time. It is not about your rule-out lists or the wonderful technical language that you use. They are going to have a gut feeling about that interaction they have with you and when they describe you it will be visceral. They may say, ‘I like him. I like her. I trust him. I really didn’t like him. He felt creepy.’

For the veterinarian, helping clients manage or change their emotional state and being good at dealing with owners’ emotions has little to do with his or her competence as a professional, yet one of the most interesting findings of this research is that almost every veterinarian thought it was important to monitor owners’ emotional states and every veterinarian commonly used at least one of the emotion-management strategies to manage owners’ problematic feelings. Thus, although a highly technically trained occupation, veterinarians are actively engaging in emotion work with minimal formal training. In fact, at the beginning of their internships very few interns expressed confidence in their ability to deal with client emotions; instead most interns expressed considerable concern that their skill-sets were insufficient to meet the projected emotional demands of the owners. Had veterinary students had more formal training in this area, novice interns might have felt more comfortable earlier in the role as emotion manager. As their internship progressed, however, most interns gained confidence in their ability to react to clients’ emotions, yet about half continued to experience considerable anxiety and stress in their role during euthanasia.

Because the owners were not interviewed for this research it is difficult to determine their subjective experience with the intimacy of euthanasia but it might be
inferred that at least some of the intimacy that occurs between the veterinarian and owners is a reflection of the emotional attachments and strong bonds that people have with companion animals. Veterinarians believe that owners who are strongly bonded to their animals experience significant emotional distress regarding the loss of their companion animal and owners who were more strongly bonded to their animal were more likely to express a wide variety of emotions specifically guilt and grief. Common interpretations of the “human-animal bond” refer to a relationship between a human and an animal that continues over a significant period of time and brings a meaningful benefit to the lives of both the human and the animal. The animal is thought to be less of a pet and more of a companion to the person and frequently an object of respect admiration, trust, devotion, or love. Organizations such as the American Association of Human-Animal Bond Veterinarians (AAH-ARV) are calling for courses devoted to the Human-Animal Bond (HAB) to become a standard part of the veterinary curriculum. Supporters of HAB studies in veterinary education suggest that veterinarians in training should develop an understanding of the importance of the human-animal connection or bond in order to better support grieving owners.

In performing euthanasia for pet owners veterinarians manage owners’ emotions and formed intimate bonds with owners. Veterinarians denied emotions they considered problematic and by managing owners’ emotions veterinarians validated their grief and the choice to euthanize. For example, guilt over the decision to euthanize challenged owners’ identity as a “good” owner, but the veterinarian denied their problematic interpretation and helped them reconstruct their identity as “good” owners who, by choosing euthanasia for their animal, are acting in the best interest of the animal.
Veterinarians were able to reinforce this positive sense of self in owners by reconstructing their sadness and grief as legitimate and “natural” expressions of “good” and loving owners. Veterinarians orient to client emotionality in situations involving pet death, constrain or circumvent emotions to achieve specific goals, and, either actively encourage or passively allow owners to express grief emotions, which often leads to further departure from the formality of the professional/client relationship. Sharing an understanding of owners distressing situation through sympathy coupled with the open discussion of feelings between strangers especially when veterinarians share their own experiences of grief over the death of an animal creates a temporary bond between the veterinarian and the owner such that the owners freely express not just intimate emotions but also intimate touch and talk as well. The resulting exchange of intimate emotions, talk, and gestures typically excluded from interactions with strangers or non-intimates also has the potential to disrupt the interactional flow and render the interaction problematic, thus, veterinarians work to manage owners’ emotions as well as their own discomfort. Researchers interested in intimacy development and socioemotional interaction suggests that listening is an important mechanism for communicating and ones willingness to listen fosters a sense of mutual obligation leading to stronger social bonds (Goffman 1963, Kemper and Reid 1997). Thus, a veterinarian’s willingness to listen before, during or after euthanasia may have enhanced and accelerated the intimacy development. Hence, the roles veterinarians play in emotion management may also explain another finding of this research that intense and intimate bonds between strangers can form unusually rapidly under crisis situation.
Chapter Six: Coping with Euthanasia

Frustrations and Stressors

The goal of this chapter is to identify stressors veterinarians associate with the practice of euthanasia as well as the ways in which they adapt to or overcome the strain that accompanies euthanizing their patients. Over the last three decades, there has been considerable interest among social scientists in categorizing the techniques novices use to deal with the demands and stresses they face when entering certain professions (Anspach 1993; Arluke 2004; Arluke and Hafferty 1996; Bosk 1979; Cahill 1999; Hafferty 1991; Smith and Kleinman 1989; Stover 1989; Wear 1989; Wolf 1988). Researchers in the medical field have identified specific stressors uniquely associated with the care of terminally ill patients and their families (Field 1998; Papadatou et al 2002; Revicki et al 1993; Whippen and Canellos 1991). Similarly to physicians, veterinarians often describe feelings of frustration at having invested large amounts of energy in caring for patients who then die or, as is the case with veterinarians, are euthanized. Also, like their physician counterparts, because they have invested large amounts of time on the animals care veterinarians occasionally have difficulty accepting the fact that the patient’s physical problems can no longer be controlled and, as a result, have a tough time establishing limitations on end of life care- what vets describe as “losing touch with reality” such that they no longer have “reasonable” limits on procedures designed to extend the life of patients. As do physicians who work with terminally ill patients, veterinarians often feel disappointment if expectations for a patient to die a “good death,” however this is defined—are not met. However, unlike principles of human medicine
that assume all patients are in some sense equal in value, there is considerable disagreement about the value of a veterinarian’s patients (Tannenbaum 1995). Because people have such a wide variety of attitudes regarding animals, veterinarians can find themselves in conflict with clients over the appropriate time and rationale to kill animals. Veterinarians are asked to “put animals to sleep” because they are aged, sick, injured, in pain, unwanted, or exhibiting unacceptable behaviors. Reports of interviews with veterinarians suggest that they enter veterinary medicine because they care about animals and have strong desires to help improve animal health (Herzog, Vore, and New 1989; Samuelson 1988), thus, they may experience considerable stress when they are called upon to perform actions that seem to conflict with their desires.

Research among veterinarians has shown that, even when a veterinarian feels absolutely comfortable with an owner’s decision to euthanize, performing euthanasia can be emotionally difficult (Arluke 2004; Atwood-Harvey 2004; Crowell-Davis, Crowe, and Levine 1988; Hart and Hart 1987; Heath 1997; Herzog, Vore, and New 1989; Main 2006; Rollin 1986; Sanders 1995; Sawyer 1999; Schneider 1996). Given that many students of veterinary medicine report to go into the profession because they “love” animals and have formed strong bonds with animals throughout their lives, it is not surprising that many veterinary professionals experience grief over the loss of patients from time to time. Many participants experienced physical signs of grief such as crying, numbness, nausea, tightness in the chest, restlessness, fatigue, sleep or appetite disturbance, and stiffness of joints or muscles. Of course grief over the loss of patients is not unique to veterinary medicine, however, when veterinarians grieve for the loss of their patients, their grief may be exacerbated by the social negation of their loss. Vets often report that
outsiders “don’t understand” their grief over patients as this vet explains, “So many people can’t understand why I get so upset over an animal that is not mine and they don’t get why my job can be so hard because they don’t value animals like I do.”

When veterinarians are called upon to euthanize patients, they suddenly find their role changing from doing all they can to improve and prolong an animal’s life to ending it. One vet describes her feelings, “It is frustrating when owners change their minds or run out of money to treat and…all of a sudden they call and say we want to stop. I get attached. My staff gets attached and then we have to kill this animal we have been working non-stop to save.” British researchers sent questionnaires to veterinarians asking them how they responded to euthanizing an animal they could not save (Fogle and Abrahamson 1990). Eighty-seven percent felt that they were a failure, 67% indicated they felt depressed, and 46% felt guilty. Participants had similar reactions reporting to have “failed” their patients as this vet describes, “I feel like I failed because I was taking care of that animal for a really long time and to give up on them at the end of their life feels terrible.” They also report to have particular difficulty ending a life that they once saved and described feelings of guilt associated with some euthanasia experiences:

If they just come in suffering, ready for euthanasia- you have no control. All you are able to do is to end it’s suffering and you can feel good about that. You don’t have that guilt. When you are in charge of their care and you end their life--In most cases the guilt is baseless but the thing about euthanasia is that it is final and you can’t take it back. You are ending a life. Whether you might have made a mistake or not--it doesn’t matter. It is just the fact that you were in control of their care for however long and you feel like you could have done things differently or you think the outcome could have been different. You don’t get a second chance with euthanasia so it can haunt you.

Feelings of guilt or second-guessing their decision to encourage owners to choose euthanasia were common among the participants, especially if the veterinarian had at some point become frustrated with the owners or weary of dealing with difficult or hard to identify illnesses. In fact, every participant reported stress when thinking back on
certain cases wondering if they encouraged owners to choose euthanasia for the “wrong” reasons.

Euthanasia posed a special challenge to most novice interns. In fact, many students in veterinary schools identify euthanasia as their greatest concerns (Herzog, Vore, and New 1989; Sawyer 1999). Not surprisingly, the prospect of having to kill animals with whom interns had become attached was a big concern. In fact, when interns became attached to animals during their hospital stay, anticipating that owners might choose euthanasia could be agonizing. Although as students they clearly recognized that killing animals would be part of their jobs, often their actual experiences with euthanasia were not what they expected. For example, most interns underestimated exactly how many euthanasia procedures they would be called upon perform, as this intern explains:

The most challenging aspect of my internship regarding euthanasia- I think is just the quantity that we have. There were some list shifts where I did six or seven in a night…I assumed that there would be a high number of euthanasias given that we have a walk in service and we are an emergency service so I sort of expected that there would be large number of them but it is just a lot harder than I thought to actually do them. Something I learned this year is that how incredibly prevalent euthanasia is or can be in veterinary medicine. You can have like five euthanasias in a day- something like that can totally get to you. I feel like a murderer because all I have done all day is kill things. That doesn’t escape you.

Although interns might have felt particularly uncomfortable with the number of euthanasia procedures they performed, feeling overwhelmed by the frequency of euthanasia is not limited to interns. Nearly every participant, regardless of how many years they had been in practice, reported feeling stress related to unusually high volume, as this vet explains:

I will have days go by where every single patient I see I put to sleep. There are some shifts that I’ve done like four or five or several in a row, so everything I see is coming in specifically for euthanasia. Mostly I don’t think that there’s a whole lot else that we can offer the patient and I think that the patient’s quality of life is poor at that point. So I think a lot of times the decision to do it is--is good; I just get tired of doing so many of them--just killing everything I touch.
Thus, even when veterinarians felt that euthanasia was the best course of action, killing more animals than they are accustomed could be troubling. Although the loss of these animals was difficult, interns also feared getting to the point where they would no longer be upset over the killing and death of animals. In the beginning of their internships, several participants were shocked at what they saw as “callous” or “cold” attitudes regarding the death of animal patients held by the more experienced interns, residents, and specialists.

It’s done so often here that it kind of—its importance gets—gets lost about how much—how much it means to the—client and also you are really—you’re ending a life, a living breathing life, and so I think a lot of that gets kind of routine like an oil change, just like oh here’s another euthanasia. Let’s do it and bang it out and move on. I don’t ever want to feel that way. Ending a life should be a sacred act and I—I want to always see it that way.

Nearly all of the interns expressed concern that they would become “jaded” as they gained experience and vowed never to participate in the dark humor common among their more experienced peers.

Veterinarians experience moral stress from the conflict they often feel between caring for animals and inflicting death, however, this conflict is heightened when veterinarians are asked to perform euthanasia procedures on animals in which they feel that the rationale is “illegitimate” or morally problematic (Fogle and Abrahamson 1990; Gardner and Hini 2006; Rollin 1986; Sanders 1995; Strand et al 2005). Simply confronting owners with whom they have disagreements can be a major source of stress:

It is hard when people bring an animal in to be euthanized that really shouldn’t be because it can get nasty. You can get confrontational. I have had people take their animal and leave. I won’t euthanize an animal just because the owner wants me to because it crapped in the house or something like that, but that is the hardest thing I think to have to confront them. We live in a society where people have really different views about animals and so you are going to get those people who have radically different views than you do. Yeah they are going to crap on the floor sometimes. Shut up and deal with it. (laughs.) I say that now but it can be really, really difficult to actually confront these owners. What you are essentially doing in so many words is saying they are morally wrong.
Moral conflicts were especially challenging for novice interns. In the beginning of their internships, many interns felt comforted by the thought that they would only be euthanizing animals with serious illnesses, however, as their first year in practice progressed, they began to run into difficult cases that challenged their idealistic expectations. This intern describes her frustration with owners who request euthanasia for reasons she considers merely “convenience:”

I will support euthanasia with severe aggression where it is either mandated or they have clearly and unprovoked bitten children or owners. That I will do and exposure in question of rabies I will do, but the others for convenience like I am moving or he scratches the couch or is peeing on the carpet. No. If your landlord doesn’t allow pets find a different apartment. Show some responsibility. This is your pet and your responsibility. I firmly believe that pets are not rights but are luxuries and, if you can’t provide for one, then you should not have one. It sounds harsh but I believe that because I see horrible cases day in and day out where people just want to pass the buck and neglect them. They were great when they were this fuzzy, fun thing and now that they are vomiting it is inconvenient. That makes me extremely mad when they want euthanasia for stupid reasons.

Of the many ethical dilemmas faced by veterinarians, probably none is so frequently mentioned as the euthanasia of a healthy animal for “trivial” reasons or because the owner chooses euthanasia over more expensive medical care. Sometimes veterinarians are called upon to euthanize healthy animals for a variety of reasons related to the fact that the current owner no longer wants to care for the animal. They are also approached to euthanize animals with various behavior problems such as aggressiveness, digging up the yard, or urinating outside the litterbox. Many veterinarians agreed that euthanizing aggressive or potentially “dangerous” animal was upsetting but necessary for the protection of people of and other animals. However, when it came to other problematic behaviors, opinions were far more split on whether they are “legitimate” rationale for killing an animal. In addition, many of the interns believe that euthanasia should be a tool for relieving pain and suffering, but they are also called upon by owners to euthanize
animals when owners can’t afford to treat them or for rationale not related to illness. A veterinarian’s identity that they work for the interests of the animals can feel assaulted when they feel pressured to euthanize healthy animals or compromise the quality of care they can provide animals.

Although every intern anticipated confronting owners who wish to euthanize relatively healthy animals, very few predicted that they would have the opposite problem—confronting owners who refuse to euthanize sick animals. By the end of the internship, however, several suggested that that the latter was the more difficult type of disagreement to manage with owners, as the veterinarian below describes:

I think it hard when an animal is obviously terminal and dying on its own and I am trying to guide an owner to put them to sleep and the owners are still not ready for it, then I get very frustrated. That is the hardest part is knowing that it has to been done and I have tried everything to save the animal and they are going to die on their own and you know it is a matter of time and the owners are just not accepting it and the owners are just not ready for it. It is frustrating to try to find the ways to help them realize that it is okay. I think that is the most challenging part and the most fragile part of our job.

Another veterinarian describes how tense it can feel when owners don’t make timely decisions:

If you know that it is best for the animal to be euthanized and the owner just won’t do it or can’t make the decision to do it, I think that is probably the worst. I had this guy come in and his cat got hit by a car and he could not even afford the emergency fee and the cat was messed up. I told him if you can’t afford this then humanely you need to euthanize her. He could just not make the decision. He needed time so I doped her up on pain medication and stuck him in the grieving room and two hours later he finally made the decision to euthanize. Those are hard because you can’t waffle on something like that. They need to be euthanized or treated. You saw this cat’s tail was de-gloved [the skin torn back in a manner similar to taking off a glove]. It was inhumane to leave it the way it was and it can be agonizing on us when they won’t make that decision.

Hours can feel like days for veterinarians who believe that an animal is suffering but the owner is unable to decide on euthanasia, as the vet below describes:

Sometimes the owners won’t decide to euthanize and that can drag on or they don’t have the money and the pet is still sick and they don’t know what to do. That becomes stressful because your trying to manage a sick pet at home and they don’t have a lot of money and they call you three times a day and that becomes really stressful because it is dragging on and you know that they have a pet at home who is not doing well and you
know that you will euthanize eventually and all you think about is how badly that animal must be feeling at home.

The vet below reacts to a case of a dog injured from car accident who died from pulmonary contusions after two days in the ICU:

It sucks and, when you can’t convince them to euthanize, it can make you feel like you let the animal down at times. The most challenging part is trying to persuade the crazy people who will not let their animal die but they really should let their animal go. That is the hardest part. Some of those people have a lot of money so they can afford to do crazy stuff with this decrepit thing and it is hard to be like, ‘listen you need to just stop.’ It is not even an option in their mind, but it is so obvious to us. That is probably the hardest thing to try and persuade those people…the owners will stop at nothing to keep them alive, which is fine but these people really want their animal to live forever despite the horrible condition that the animal is in. They are totally unrealistic.

Veterinarians often describe feeling as though they “let the animal down” when an animal dies and they were unable to successfully talk the owners into choosing euthanasia.

Another sources of stress for the veterinarian relates to financing the animal’s care and alternatives to euthanasia. Sometimes even the cost of obtaining a diagnosis may be more than the owners are able or willing to spend, thus the veterinarian is left to find funding for the diagnostics or possibly euthanize a sick animal with a treatable problem as this vet explain, “I think the stressful situations are when you can’t do the diagnostics so I don’t know for sure that this is the right decision…It is something that may be completely treatable but the owners don’t even have the money to find out so we may be killing treatable animals.” Simply discussing payment for services in general can be unsavory, as this veterinarian illustrates:

Owners will sometimes say to me- what can you do for a hundred bucks? I feel like I am a used car dealer. I can offer you this nice Cadillac or we have this nice Ford Pinto over here for a hundred dollars. There is the ideal way to do things and there is plan B which is just usually blood work and x-rays or plan C which is run a small blood panel and treat for what I think this might be and look for a response. Then you just start bargaining with them and then it gets annoying. They say, ‘what if we do part of B and some of C?’ and you think, “Oh my god!” The appointment doubles in time and it is just annoying. It becomes very much like the animal becomes forgotten and you are just like talking about
money and negotiating treatment. Sometimes I think, what the hell? We might as well offer our services on EBay.

While ordinary bargaining for treatment can feel distasteful, it can be especially stressful for veterinarians when expensive treatments are the only alternative to euthanasia, as this vet explains:

I dread bringing up money when I think it is going to play an important role in the decision to euthanize because finances are very private -- money for a lot of people is a badge of pride. You can see them uncomfortable that they have to make a decision that involves money when it comes to their animals lives or --. They don't want to seem like they don't care about their animal. They don't want to seem like they don't have money. And it sucks. It embarrasses me. But it happens a lot that they have to make that decision and it comes down to money and that is awkward and we have to kill their pet because they can't pay.

Feelings of guilt over the cost of care was especially prevalent among the interns, however, many of the more experienced vets reported feelings of guilt as well. One vet practicing for nearly six years describes her feelings of guilt over finances and euthanasia:

As medications for animals get better, it gets more expensive to treat animals. Sometimes owners go into debt and I feel guilty about what it costs. I can’t lay the smackdown on this guy’s owner. My heart really goes out to him because I can tell that this dog is really his buddy. The dog can’t move his hind legs and I was ready to euthanize because I know he doesn’t have the money but the guy says let’s see what we can do. I feel horrible because I know that this dog is not going to do the Charleston tomorrow and I know this will cost the guy more money than he really has. He managed to gather up $500 and I don’t want him to spend all this money and the dog not even get better.

Another vet describes how she can feel guilt when encouraging owners to continue treating animals when she is unsure the outcome won’t end in death or euthanasia:

I have a certain amount of stress and guilt about the owners finances when their animals perhaps should have been euthanized...The parameters weren’t telling you that this patient is totally unsalvageable but your experience is telling you that you think this patient is going to die. You haven’t reached the point yet where you can tell the owner they are not going to pull through. There is a chance still that they will pull through. You are at that uncomfortable point where, if it is the type of owner who wants you to do everything, you give them an ounce of hope and they jump on it. Are you prolonging the situation for money?—No. Do you feel guilty about the finances?--Yes. You almost feel like am I lying to the owner? Or am I just being realistic but cautious?- and the fact is you don’t know. Even when you are totally honest with them about the costs and they are on board with the diagnostics and the animal dies you feel guilty because they spend all that money because maybe they should have euthanized in the first place.
The veterinarian above was torn between helping the animal to successfully recover from illness and weighing the cost of treatment against the odds of recovery for the benefit of the owner. Thus, stress comes from the veterinarians desire to help serve the animal patient as well as the financial interests of the client. Moreover, handling client mistrust can be frustrating as this vet explains, “It is really annoying when owners think we make all this money and we have to deal with that mistrust but I want to just say to them, ‘look I don’t make any money here both of us care about the health of your pet.’ It is funny that human doctors make a lot more money but people trust them more.” Thus, a veterinarian’s stress can be exacerbated by a client’s mistrust that the vet intentionally manipulated the life and death situation in order to increase profits.

The emotional aspects of patient and client care when dealing with the death of animals are associated with stress in veterinary practice. On a daily basis, veterinarians patiently and tirelessly helped clients to deal with the emotional watershed that often accompanies life and death decision-making. Researchers among physicians (Heath 1997; Strand, Zaparanick & Brace 2005) report that communication where emotions are high, especially in times of grief, are associated with higher levels of stress, particularly for novice practitioners. According to surveys, interactions with emotionally distraught owners can be uncomfortable for interns and more experienced veterinarians alike (Williams and Mills 2000; Williams et al 2005). Interns, however, felt especially unprepared to deal with this aspect of their job as they often had very little interaction with owners either during the discussions leading up to the decision to euthanize or during the euthanasia itself. Moreover, many novice veterinarians report feeling anxiety
over managing the practical aspects of the death of animals in front of owners and become upset when procedures go wrong during euthanasia.

While obviously distraught owners could be upsetting and stressful, many veterinarians also find dealing with people who don’t express certain expected emotions to also be troublesome, as one veterinarian explains:

I am more surprised by people’s nonchalant or “it’s just a cat” kind of attitude than I am people who go nuts when you euthanize their pets. [Sighs]--I don’t know; it’s hard when they are upset-- you know some of the things they’ll say as you’re euthanizing are pretty heart-wrenching--but I think the worst ones are the ones where they just don’t seem to care, you know--the ones where they just sign the paper and say, ‘well I don’t want to be there so just go do it’ as more of a a business thing. That really makes you feel dirty.

Thus, as with the case above, owners who seem callous regarding their pet’s death can be upsetting for the veterinarian, as in the case below:

Remember that downed dog that we got out of that guy’s brand new SUV? We euthanized because he would not pay in order to have diagnostics and treatment done. This guy I guess he loved his dog but he didn’t take care of it. It is an intact dog that had never been vaccinated. He fed it and he gave it some water and that’s about it. He is still a life and something you have the responsibility to take care of. That frustrates me that with some people I think that it is more like- this is not a life that is worth that much to them.

It can be particularly distasteful when it seems the owner treats their animal as “disposable” or as a being whose life is valued far less than they would prefer. The veterinarian below describes how frustrating it is for her when seemingly wealthy owners choose euthanasia for animals with fair to good prognoses because she believes they treat the animal as a commodity:

If I feel like the people are being caviler about it and not taking responsibility for their pet this makes me blow my top. Sometimes people will come in with something very expensive on the pet and they are not willing to pay literally that much to have them treated for an illness. I am just shocked. They declined sub Q fluids when their pet is dehydrated but I could swear that Gucci collar probably costs more than 44 dollars! It happens all the time, but it's hard to swallow when they have their MP3 player or they've got their fancy smancy cell phone ringing in the background. Their priorities in your prospective are a little screwed up. Don't tell me you can't afford it because you could afford that. I have had people who were wearing Channel or they have a five thousand dollar handbag or some such bullshit who drive away in a Mercedes and they euthanize for financial reasons! They kill their dog and go buy another one the same size to put in their designer carrier. It is like the dog is some sort of jewelry piece. You are just like
Another veterinarian describes how frustrating it is for her when people inquire about adopting another animal soon after euthanizing:

R: I am not a big crier and I can only think of one time that I cried during a euthanasia and that was a young cat who was two years old...otherwise healthy before being hit by the car. The only real injury that he sustained was pelvic fractures that require surgery and the owner didn’t have the money to do the surgery and did not want to come in to say goodbye to the pet...The owner didn’t really seem to care much at all and, after telling me that he wanted to euthanize the cat, he asked me if we had any other cats that he could adopt. People do ask after I have euthanized their animal if the shelter is open. (Sighs.)
I: Why does that bother you?
R: I don’t know because they are usually for financial reasons. Because they couldn’t afford the surgery that the pet required. On that aspect it was hard because I felt like if you can’t afford to care for your first pet what would you think it is okay to get another one? And the second because I felt like they were almost throwing that pet away to get a new one like it was just a pair of shoes or something. “Oh well I can’t afford that one anymore so I am going to go get a better one.”

The following excerpt from fieldnotes describes the case of a woman who brought her cat to the hospital for euthanasia due to what she believed was a steadily growing stomach mass. The owner could not afford to treat the tumor or have it removed so, after signing the necessary paperwork and paying for the euthanasia service, the owner left, declining the offer to be present.

While taking the cat to the back, we noticed that the four-year-old cat did not, in fact, have a tumor but simply a mass of matted hair. Dr. B shaved it off and excitedly ran off after the owner. We found them getting into their car and the vet said, “I have great news. It is just a hair mat and not cancer so you can just take your cat home.” The woman responded, “Oh no. We were prepared to just let her go and not have a cat for now. Just go ahead and euthanize her.” As the excitement drained from the vets face, she told the owner that she was not comfortable with that and asked her to come in and surrender her cat. Although glad the owner agreed to surrender her cat, the vet expressed frustration and anger afterwards saying, “For somebody not to know that that was a hair-matt I guess is okay to me. To me, that just means that they don’t really touch their cat. That is fine but when they found out that it was just a hair-matt-- their reaction to that was really shocking to me. You saw she just waved it off to me and was like, ‘Just kill it.’ I thought, ‘Do you even know what you are asking me to do? I am going to kill your cat over a hair mat? I don’t think so.’

Thus, another source of stress for veterinarians is dealing with owners who don’t seem to share the same moral value they place on animals.
Stress can be exacerbated for the veterinarian when they feel a lack of staff, technician, or colleague understanding and support regarding the decisions they make as when it is appropriate to euthanize or not to euthanize animals. In most situations, staff, technicians, and fellow veterinarians either agree with the decisions of the vet in charge of the case or small disagreements are easily dispatched with further information about the animal’s condition or the family’s rationale. However, when disagreements are not easily resolved, it can be quite stressful for the treating veterinarian. Disagreements may occur between veterinarians and hospital administrators who design policies regarding euthanasia to prevent financial loss or recoup costs for the hospital. For example, at one hospital meeting, veterinarians were strongly encouraged to “do everything you can to get owners to euthanize” who were unable to pay for services at the time they are rendered because the hospital had been unable to collect on debts incurred by previous clients.

Other policies were designed to limit a veterinarian’s freedom to refuse owners’ requests for euthanasia in order to preserve the relationship with the client and to recoup costs for the hospital. These policies, however, could be controversial. In fact, one intern turned down a prestigious residency offer because of the hospital’s policy on euthanasia:

People that come in for convenience euthanasia are a big problem for me. It may not be simple here to refuse, but at [city hospital] they don’t have that option. When I interviewed there they were clear that if somebody came in and wanted it done, you would have to do it. That is not okay with me. A place that doesn’t give the veterinarian the option of electing who they euthanize is not for me. If somebody else wants to do it, then that is their business and certainly I won’t go out of my way to stop somebody else from doing it, but to kill an animal is not something to be taken lightly and it is not something that somebody should be able to force you to do. It should always be your option to say ‘no’ that you won’t euthanize this animal…There has been times when doctors have chosen not to euthanize and the front desk had given them grief about it but no policy restricts you from it. It is between you and the owner and in the end it is you and, if you don’t want to give that injection, then there should not be anybody that can make you do it.
Thus, as the intern above implies, even though veterinarians at his hospital were allowed to refuse an owner’s request for euthanasia, the refusal process could be complicated by disagreement with front desk staff. A veterinarian below describes such a disagreement that commonly occurs between administrative staff and veterinarians:

I have had a huge problem when it comes to the front desk and euthanasia. There has been an issue with the front desk regarding the people bringing in animals to euthanize them and they seem otherwise healthy to us, but they get mad when we don’t want to euthanize. We interns have had an issue because we euthanize so many animals all the time that we don’t want them all on our conscience so we go talk to the people in the shelter and see if they can take them...The staff didn’t agree with what I was doing and they would say things like ‘the owners are willing to pay the hospital so you are taking money away from the hospital. They just want to euthanize their pet so just euthanize it.’ I was like ‘no and until you are the one pushing the euthanasia solution you should not be arguing.’ You don’t need someone to make you feel bad about it or make you defend your decision...Your decision is your decision.

Like the intern above, most interns argue that they should be “given some slack” as the administrators would have a different attitude if they were the ones charged with actually killing the animals. Many of the administrators consider themselves “animal people” who are dedicated to improving the lives of animals, however, they take a “big picture” view that more animals can better be helped by ensuring the hospital/shelter thrives financially. In their view, animals that the veterinarian doesn’t wish to euthanize will eventually be euthanized in the shelter, thus it would be wasteful to burden the shelter’s resources when the pet owner’s are willing to cover the cost of euthanasia—providing revenue for the hospital, as this administrators remarks, “realistically the animal is probably going to end up dead so we might as well get money to support the hospital.”

Because case management is often passed from shift to shift and patients are housed together in large rooms rather than private units, veterinarians and technicians can become quite familiar with each other’s cases. This is especially true in teaching hospitals where discussion of cases are considered especially important for learning and,
as such, intern, residents, and specialists gather for “rounds” each morning and evening specifically to discuss cases in the hospital. Thus, disagreements can also occur between individual veterinarians or between veterinarians and technicians regarding decisions related to euthanasia. In fact, occasionally, certain cases spark debate among the entire veterinary and technical staff regarding appropriate timing of the death of animals. These disagreements can be especially troublesome for the veterinarian in charge of the controversial case. The next section addresses the ways in which veterinarians learn to manage stress associated with euthanasia as well as their uncomfortable feelings.

Managing Emotions and Ethical Uncertainty

Veterinary work often causes distress for practitioners because it requires people who care strongly for animals to kill them when they are not sick enough to easily justify their death as well as sustain their lives when they are seriously ill and thought to be suffering considerably. However, veterinarians acquire various emotion management strategies to deal with their uncomfortable feelings as well as manage ethical uncertainty and moral stress, without abandoning a sense of themselves as people who work in the best interest of animals. When it comes to managing ethical uncertainty, much of the literature supports a theory of cognitive dissonance that suggests people strive for internal consistency between beliefs and behavior by trying to neutralize or rationalize inconsistencies. Attempts to manage or resolve ethically and emotionally challenging situations can be categorized according to two interrelated goals or functions: those strategies that are problem-focused and those that are emotion-focused (Lazarus 1999). Problem-focused coping involve obtaining information and mobilizing actions aimed at
the self or others in order to change the realities of the situation. Whereas, emotion-focused coping involves regulating the emotions linked to the stressful situation without necessarily changing the reality of that situation. When confronted with an ethical dilemma of sustaining the life of dying animals or “illegitimate” requests for euthanasia, the veterinarian can dissuade the client, consent to their request, or refuse and send them elsewhere. Chapter three, Negotiating Death, outlines the problem-focused strategies used by vets to attempt to dissuade and change the outcome, therefore, this chapter will focus primarily on emotion-focused strategies and techniques of rationalization veterinarians use to manage their emotions and rationalize their seemingly contradictory behavior.

**Avoidance.** Veterinarians managed their discomfort with euthanasia by trying to prevent the death of some animals. Healthy animals with no behavioral problems that were simply unwanted by their owners were the most problematic for nearly all participants. The killing of healthy animals creates a unique source of stress that Rollin’s (1986; 2003) calls “moral stress” because it results from a dissonance between what people who care for animals believe they ought to be doing and what they are, in fact, asked to do. The euthanasia of healthy animals is a major source of job dissatisfaction for veterinarians as it is for shelter workers and animal control officers (Arluke 2004; 1994). Participants believe that animal shelters do the lion’s share of “healthy” animal euthanasia because they are a low cost option for people to surrender an unwanted pet rather than paying a veterinary practice to do the job. Yet veterinarians do euthanize healthy animals.
While euthanasia policies and guidelines varied from hospital to hospital, most allowed for a veterinarian to refuse the request of owners but they strongly encouraged the vet to work out an acceptable alternative for the owner. Suggested alternatives include asking other vets in the hospital if they were comfortable performing the euthanasia or offering the owner an opportunity to surrender the animal to a local shelter or to the hospital directly.

That makes me feel bad when people aren’t bonded to their animals. Like those people who wanted to move to Virginia who said, “Well I want to euthanize this cat and I will just get a new cat when I move to Virginia.” That makes me feel bad and I would not do that one…I knew that there was a potential for that cat to go to the shelter to be euthanized the next day but I gave that woman the option and she chose to surrender. I think this woman she didn’t know another option and our job is to give her that option. She surrendered the cat and hopefully it gets adopted.

Thus, even thought the veterinarian above believed that cat might be euthanized in the shelter, she would rather “give the animal a chance” to be adopted than to euthanize her.

Another vet tells a similar story:

Remember that awesome orange cat and the owner came in and she wanted to euthanize it because she had family coming into town who was allergic? She said she wasn’t an animal person and the cat was more her daughter’s cat and the cat whined too much or something. That cat actually got fostered by one of our oncology techs who is now adopting him. I am so glad I spoke up for this cat because now she is going to have a nice, happy life.

Finding alternatives for otherwise healthy but unwanted animals was easier than finding funds for treating animals with injuries who needed medical care or animals with behavior problems that would likely make them unadoptable. Sometimes veterinarians were able to avoid euthanasia by convincing owners to try alternatives to certain behavior problems, including treating the animal with antidepressants such as Prozac before choosing euthanasia.

Usually if I feel like they are type who are presenting not because they want to euthanize their dog but they say, “I can’t watch him suffer anymore.” Arthritis can be debilitating, but there are a few other drugs that they might not have tried and I will say, “You know I understand that you feel like it is time and you know your dog best, but if there are some options and you haven’t tried them and it might give him a better quality of life and it
might extend his life would you consider those?” A lot of times this can buy the animal a few good years.

Thus, as the veterinarian above explains, sometimes vets could “buy the animal more time” or were able to successfully stall some euthanasia procedures by making sure that owners have tried everything possible alternative.

Killing an animal with an excellent prognosis due to finances, can feel particularly “dirty” for the veterinarian, but they were often the most difficult euthanasia procedures to avoid. To some veterinarians, the most obvious solution when owners have financial problems is offering their services for free or reduced prices in order to avoid euthanizing the animal. Some hospitals set aside small funds in which they could do inexpensive medical treatment on animals most likely to have a successful recovery, but the owners would have to agree to surrender their animals who would then be adopted out to another owner. Very rarely could individual veterinarians in these large hospitals work it out so that the owner could keep the animal after the treatment had been performed pro bono, but it did happen on a few occasions. The vet below describes one such special case:

They look at the dog and it was like a little pit bull mix and I explained to the shelter that the son was autistic and it was his dog and these people didn’t have any money but they spent four hours trying to find an option. The shelter shocked me because they actually helped. Dr. Peterson and Dr. Barr did a FHO [femoral head osteotomy—the animal forms a false joint]. It happened to be fracture and they didn’t even have to amputate the leg but they were able to save the leg and everything. They did it in the shelter and they didn’t charge for it and the shelter gave the dog back to the family. I had the euthanasia solution ready and everything and they never do that over at the shelter! They said they have never done that before. They said just because the family situation so I got to call these people and they had been crying and the dad was there and he was crying when he was signing the papers. They thought that their animal was euthanized already and they get a call where I was able to tell them that their dog is getting fixed…They didn’t have money and they didn’t have to euthanize or amputate. You don’t get better than that. It felt so good to be able to save that puppy.

Thus, hospital administrators did allow veterinarians to petition for a certain amount of free service a year for animals they would rather not euthanize specifically because they
recognize it as a coping mechanism for vets to feel as though they “saved” an animal from euthanasia. One practice owner described their policy as a “morale booster” feeling that if vets could offer free care to a few animals they would feel better about the other euthanasia procedures they are called to perform.

Pro bono work is not without its complications. Most hospitals have strict policies regulating a doctor’s ability to perform services for free such that this is only a strategy in a few cases each year. Policies rarely ever allow veterinarians to offer reduced cost services and most often owners will have to sign over custody of the animal to the hospital or local shelter before their animal can receive free services: “They don’t stay in the hospital and get treatment for free or our asses are grass. There are two options either it is your pet and you pay the deposit or it is not your pet anymore. Other than that it can’t stay in the hospital.” Thus, offering free treatment is a service to animals- not their human owners- so the veterinarian must deal with distraught owners upset that they can’t simply adopt their animal back after the free care has been administered. When finances are the reason for the euthanasia, the veterinarian can avoid the euthanasia by calling around to other vets who may be willing to do the necessary procedure for less money. This can be a time consuming alternative and is also against most hospital’s policies. However, even though this strategy risks reprimand, several vets were willing to do in order to avoid the euthanasia of some animals. Most vets tried to work out in-house deals with other veterinarians to do extra surgeries when they are not being paid by the hospital, but this is often difficult to do with the hospital’s permission.
Veterinarians may also defy hospital policy and perform services for free or use equipment without charging the owners such as running blood or urine tests without charging owners: “In the beginning it was like oh my hands are tied I can’t do anything. I am going to get in trouble if I do but now I just do it. Angell is a big company and I figure I bring in way more money than that animal suffering or dying is worth to me.” In fact, almost every veterinarian reports to try and cut costs for owners as a strategy to avoid some euthanasia procedures. Veterinarians were able to avoid some financial-related euthanasia procedures by offering lower quality care at a lower cost. In the case below a vet describes a dog with a broken leg, and rather than euthanize the dog because the owner couldn’t afford surgery, the vet suggests putting the dog in a crate for six weeks to see if the bone will heal on its own with a series of bandage changes:

That dog really should have had surgery and I sent it home on steroids and pain medication. The dog now needs to be in a cage for six weeks and he may or may not walk again. Ideally, you do the MRI. You do the surgery. You take care of the patient afterwards. A few thousand dollars later they are leaving the hospital. This guy paid a hundred and fifty. I think there are ways around things. That dog will probably walk again but otherwise we might have to euthanize him if this doesn’t work. It feels sort of awkward to tell them if you had more money we would be able to do the best--you know take better care of your pet but, because you don’t have enough money, we’re going to kill your animal or we’re going to do this instead and hope it works. I hated that at first, but you get used to it and better lower quality services than killing the animal.

Veterinarians may also be able to avoid some euthanasia procedures by recommending treatment models that are not medically ideal, but cost significantly less. Thus, veterinarians felt better about having to euthanize so many animals when they could “save” a few every now and then from death or were able to avoid the euthanasia for a few years.

Participants may try different methods to avoid euthanizing certain patients, however, once euthanasia is decided upon, participants rarely avoided the actual euthanasia procedure. With a scheduled euthanasia, veterinarians will stay late, come in
early, and in some cases on their day off to euthanize their patients. Nearly all participants felt only when absolutely unavoidable should one “pass off” or ask another doctor to euthanize their patient, especially when the euthanasia was of a long-time patient. If a particular client came to the veterinarian specifically for euthanasia and was not a long-time patient, one veterinarian might offer to take it if another veterinarian who might otherwise catch the case had a particularly emotional euthanasia that week or had been “burnt out” by doing several euthanasia procedures.

For some veterinarians choosing a specialty or geographic locale was influenced by their desire to avoid killing animals in their work. For example, one intern chose to specialize in ophthalmology because of a general interest in the field but also noted that, “it has the added benefit of rarely having to euthanize patients.” Another intern specifically change her intended specialty to one where she could reasonably avoid performing euthanasia, although not entirely escape the death of animals- pathology. Another veterinarian explains that her specialty means that she had to deal with death and euthanasia more often her general medicine colleagues:

We on the ECC [Emergency and Critical Care] service deal with a lot more death and critical cases and euthanasia. We have sicker animals that are certainly referred to us sicker. The ones that respond to general treatment don’t need to be referred. We are open on weekends and nights and holidays when other places are not open. We are getting the ones that can’t be stabilized with simpler methods. We see a lot more critical illness that has a poorer prognosis so we deal with a lot more death and we are also seeing the random clients coming in on the emergency list requesting WPTS on a pet that you have never seen before. Talking with people on my service we deal with a lot more euthanasia compared to general medicine. When we moved the ER service into the clinic with medicine they said, “Oh my gosh we had to order a lot more fatal plus than we did before you guys were here.”

Another vet describes how she changed practices to avoid euthanizing a certain species of animals: “Horse euthanasias are hard for me. I don’t do them here but I love horses and that may be why I no longer work in a mixed practice because I just hated euthanizing
horses. I just couldn’t do it anymore.” Other veterinarians attempted to avoid the dilemmas related to euthanasia that they find to be the most problematic by carefully choosing the neighborhood where they practice.

The kind of euthanasia dilemmas you have depends a lot on where you practice and what specialty you practice. Here at [City Hospital] we have more exposure to the people who just won’t stop ever because we are a referral hospital. That is not the experience that most veterinarians have. Most veterinarians put way more pets to sleep then they feel like they should because of treatable disease problems. The classic example is having a pet that has a broken leg that the owners just can’t afford to fix but it is badly broken enough that they can’t live without having that leg fixed. That will be a terribly painful problem in the meantime, but, of course, you don’t want to euthanize them for such an easily fixable problem. For me, that is okay because I would much rather deal with those owners who just won’t stop compared to owners who just have to euthanize all the time.

For the veterinarian above, she preferred to work in a large, referral hospital because she felt that she would receive fewer euthanasia requests for “easily fixable problems” or financial reasons. The veterinarian below, however, prefers to work in an area in which she is asks to euthanize “too early” rather than “watch animals suffer.”

If you go work in Wellesley or Weston, you will have very few money-related euthanasias. Some people pick their jobs based on that. If you go work in West Philly less than 50% of my clients had any money to spend on their animals. It was a different kind of marketing. If you are really not tolerant of that then you better go work in some place where people have money and you won’t have to deal with it. Those things are hard and I don’t want to say one choice is better, but I personally hate those situations where you have to keep treating really sick animals. I would rather euthanize early than to watch them suffer when owners just can’t give up.

Although they were seeking to avoid different dilemmas related to euthanasia, both veterinarians used the location of their workplaces to avoid the dilemmas they find most problematic.

**Distancing: Animals as Property vs. Patients as Objects and Subjects.** Getting emotionally attached to patients can be problematic for any veterinarian. Almost as a rite of passage, most interns were “burned” by their attachment to a particular patient such that they felt upset and distraught upon their death or euthanasia. In fact, nearly every participant remembers, sometimes even years later, the first time they had to euthanize an
animal with whom they felt an attachment. A general defense mechanism for coping with the demands of emotionally challenging work is simply to “shut down” or “switch off,” but many feared by doing so they would become too detached. Like medical students, veterinary students are taught that getting too close to patients can compromise the quality of care but complete detachment can lead to problematic interactions with patients, thus they are taught to practice “detached concern.” In fact, much of the literature on early socialization that takes place in medical training entails the blending of counter-attitudes: uncertainty with certainty, detachment with concern, idealism with realism, and self-orientation with other-orientation (Becker et al. 1961; Fox 1989; Hafferty 1991; Mumford 1970).

Medical students are taught to hide their emotions in order to cultivate an air of detachment and to develop a professional distance from their work without completely losing concern for the patient (Smith and Kleinman 1989). One such mechanism medical interns learn is to limit their expression of emotions in front of patients projecting an air of emotional neutrality. While current philosophy in medical schools is changing to incorporate the expression of some emotions by medical professionals, historically and largely still today, a limited expression of emotion is considered most desirable for physicians. The culture of the veterinary teaching hospital is that it is “normal” to be touched by the death of animals and their owners’ displays of emotions such that all veterinary professionals should expect and learn to accommodate these emotions so as to not allow them to become “overwhelming.” Thus, while some expression emotion is encouraged for a “healthy” disposition, it is clear that it should be sparsely utilized. On one hand, it was considered important that the interns not become
“desensitized” to the killing of animals or their suffering. Interns are told that it is important to “remember what you are here for” and “why you got into this profession in the first place.” On the other hand, like medical students, interns are also told that excessive attachments could “cloud their judgments” leading them to make bad medical decisions.

To protect themselves against emotional involvement, veterinarians create a defense system, which allows them some protection from the anxieties and problematic emotions attached to dealing with killing animals. An important mechanism to accomplish this is the reduction of connection or relationship with patients. One way this was accomplished was through avoiding attachments to certain animals for whom euthanasia seemed likely. Before even setting eyes on a patient, an experience veterinarian may see “red-flags” indicating possible euthanasia based on the presenting complaint to the front desk and other details such as an animal’s age.

And when you're on the list if you see a 14-year-old Golden down in hind—let’s say you pretty much expect it to end in euthanasia. You can basically tell a lot by looking at the list and seeing the presenting complaint. Sometime you know they want euthanasia right away if you see like a WPTS then you can kind of like, even if you're not aware it you're kind of like emotionally preparing for it. You are ready. I am on surgery now so you don’t expect to do a euthanasia but I had a euthanasia on the table that hit me hard. I wouldn't of seen that one coming or expect to do a euthanasia on this rotation so I think when you just don't have that little callus, if you will, then it hits you a little harder.

As this veterinarian describes, being “emotionally prepared” for euthanasia alleviates some negative feelings. Sometimes the anxiety a veterinarian faces is short-lived or easily alleviated as they look for warning signs that owners may not be willing or able to invest the necessary funds for treatment. For example, by anticipating from the beginning that the owner is unable or unwilling to pay for alternatives to euthanasia, the veterinarian will be careful not to “get too attached” to the animal, as this intern explains:
When I see intact males or no vaccinations I often assume they are not going to treat or be able to pay for treatment…If they are not vaccinated or they are full of fleas or ticks or have untreated wounds. I guess there are certain red flags that you pick up on that you make an assumption this person is not going to invest anything. You can feel that they don’t seem to put effort into their animal…Sometimes they surprise you and make the investment. Not very often but they do. It just helps when you know not to get your hopes up so you can just not get that attached to the animal.

Using warning signs to anticipate an owner’s choices helps the veterinarian regardless of the actual choice of the owner. If the veterinarian’s suspicions are accurate and the owner chooses euthanasia, the veterinarian was careful not to become attached to the animal. After diagnosing the animal’s condition, residents could avoid attachments by asking the interns, “This is a twelve hundred dollar cat. Do you think the owners will go for it?” If the intern replies that they it is likely the owner will choose treatment, the resident typically becomes involved and begins to treat the animal as a “patient.” If the intern believes that the owner is unlikely to pursue treatment, the resident typically sighs and walks away, avoiding attachment or thinking of the animal as a patient. In order to manage their uncomfortable feelings, interns learn to create boundaries between animals they see as “patients” and those that are brought in specifically for euthanasia.

Everybody is a little more blasé about the whole thing just in the sense that when you have done three or four in a day, it becomes just another thing that has to be done. Before we would be like, “Oh you have to do a WPTS” [Witness Put To Sleep] and everyone would feel sorry for you. Now it is just another thing on the list that we sign up for. It is certainly different for in-patients or patients that we have worked with a lot but when you don’t really know them, it is just another thing that is on the list that has to be done…Definitely people will comment if they are putting to sleep a pet who has been in the hospital for a while. If it is me I feel bad about it cause I am attached to the pet and also because I know that either through rounds or covering and things like that that other people here know the pet as well. I guess there are certain cases where it is more difficult but in general I think as the year has gone by it is just more of something that is common that has to be done just like anything else. It is not really as- I don’t want to say emotional because it is but it is different for a patient or just someone’s pet that is old and sick and time to euthanize.

As time went on for interns, euthanizing animals seen as “patients,” animals they had spent time treating and felt invested in, was more upsetting than euthanizing animals whose owners brought them to the hospital for the sole purpose of euthanasia or it was
quickly decided that euthanasia would be the outcome as they were able to create emotional distance from these animals.

Emotional distance was also achieved by learning to think of the patient as a series of technical puzzles and problems rather than an animal with feelings. Animals were frequently referred to as their disease rather than their name. Patients would be introduced to me as “my hemangiosarcoma” or by the type of specialty surgery the interns were going to learn from the patient. Language became an important way to distance oneself from actions thought to be objectionable. Just as laboratory animals are “sacrificed” (Arluke 1988), a pet animal is “euthanized,” “sent to doggie heaven” or “put to sleep.” Language may create distance through sanitizing the act, but it can also demonstrate a disconnect when euthanasia is referred to as “nuking,” “killing,” “giving the go-go juice,” or putting the animal “paws up.” Thus, the psychological impact of death is minimized through the use of language that disparages and depersonalizes it.

Joking was a common method of creating emotional distance and most participants used it to varying degrees, however, interns were often “shocked” or uncomfortable when they were first exposed to the dark humor of the more experienced interns, residents, and specialists:

Interns are in a position where they are not quite comfortable with the humor of it yet. They still feel like that is so taboo whereas as you go on in your career you kind of accept it is necessary at times. You also can reconcile the fact that you may experience a certain humor about the death of your patients with the fact that you really care. Over time that doesn’t seem like a contradiction to you...you know that care and you know that you can use humor to survive. It is not like this horrible taboo where you are like, “Oh my God. I can’t believe how terrible and uncouth that person was.” At the same time you are very aware of what you are saying and there are things that I never want clients to hear because we really do care deeply about our patients.

Most interns began to gradually incorporate the dark humor in their backstage talk and, like the veterinarian above, they also learned to reconcile their joking with a connection
to their patients. Jokes would be made about putting animals down so as to avoid staying late or having a busy night during a double shift. One resident sarcastically says to her group of interns, “Oh little fluffy has a hang nail. Have you considered euthanasia?” Everyone at the table laughs when an intern pretends to speak to the owner of a cat in her charge and says, “This cat is no good. She looked at me funny. Have you considered euthanasia?” Another resident says, “Yeah we really need some cage space. I need to admit this dog but we are pretty much out of space. Is there anyone looking bad enough to euthanize?” Thus, the veterinarians were able to use humor and language to keep themselves from getting too emotionally attached to their patients.

Emotional detachment was not always easy to achieve, but it came easier to some interns than others. A few interns suggested that it was easier for them to keep emotional distance because of their family background such as growing up on a family farm in which animals were frequently objectified or thought of more as their utility for human use rather than for companionship or emotional connections.

It is different in the mid-west. I don’t know if you have ever lived out there, but in some ways it is really different out there. These people are much more down to earth in some ways but many people there see animals more for usefulness. A lot of them grow up in an agricultural lifestyle where animals are food. They are not pets and people don’t get as attached to those animals but it can also apply to pets as well. People get attached to pets there but, if Fluffy gets sick, they are more likely to think we can just get a new dog and spend this money on something else. They aren’t cold people or heartless at all, but they just see things differently. I can see it both ways I guess because I grew up that way but I also always identified with animals at an early age and when I went to college I learned to see it-- I have a different perspective now.

When I have to euthanize something that really shouldn’t be euthanized because of monetary reasons or whatever, it is not as hard for me to be like, ‘Oh okay well you need to euthanize then’ as it is for other vets. I have felt badly for the people and the animal but it has never hit me like it does some of colleagues. I never had pets growing up. My dad is from Jordan and my mom is from Lebanon. My family always viewed animals as like for working and for usage because they lived overseas in the Middle East where they had farms and most of the animals there would be cows and chickens and goats and they never really had pets so just the idea of having an animal in the house is kind of odd to them. Animals were not really companions but were for some use. The cats that they might have considered pets are like stray cats that you feed and that is it. I think I saw one add in a local phone book for a veterinarian that I think had a dog or a cat on his add.
It is not like here cause back home they mostly treat large animals. I think most people who own the little fru fru cats and dogs are the people who have money that might have indoor dogs. Those people have a higher standard of living than the majority who can’t afford to feed a dog and take care of it. This was in Lebanon but I mostly grew up in New York. We are really spoiled here. I go there but I could never live there as a small animal surgeon. I guess it makes it easier to recommend euthanasia because they can’t afford something because of spending time in Lebanon and thinking about how animals are treated differently there.

My culture is from the Middle East and so pets are not--I mean they don’t belong in a--on a bed in a living room. You know in the Middle East it’s all mostly what the animal will do for you so it’s a lot of cows, goats, horses; they do things for you and they work for you. And if you have a dog or whatever it’s outside and that’s just where animals belong is outside, so we don’t have--we don’t have pets. Also in Israel there are less people who are willing to spend as much money regularly as they do here on animals.

Unlike the veterinarian above, for most other participants, emotional detachment was far more difficult to achieve. In fact, one veterinarian describes how she feels “dirty” discussing the death process with clients when the animals are in the room even though she realizes that the animal has no awareness of the meaning of her words:

I’m really uncomfortable talking about euthanasia specifically about a certain pet when the pet’s in the room. I really don’t like doing it. I do it a lot because you have to, but I try to avoid it. You have to warn the owners you know “Sometimes they may urinate or defecate, sometimes fluid will come out of their nose and, even after they've already passed, they might take a deep breath or have some muscle pushing and that's just a reaction to the medication; it's not them waking up.” I hate going through that when the cat is sitting right there. I think it's totally -- I don't know I think it's just dirty. And so I tried for a long time to get it so that I would come and talk to them and say, “I’m just going to place a catheter, and I’d bring the cat back.” I have the nurses place the catheter and, while the catheter is being placed, I would talk to the owners about what is going to happen during the euthanasia. It's really, really hard to work that out for various reasons…But I try to do it because I really, I really hate doing that-- talking about their death when they're in the room.

Nearly all the participants felt it was important to have some distance but also valued their connections to patients. At time veterinarians became quite attached to their patients and become “overwhelmed” when anticipating their death. Even with “bad” patients or patients they were less attached to, veterinarians often felt great sympathy for them when faced with euthanizing them. Regardless of how “attached” the veterinarian was to the animal, it could be particularly troubling to euthanize animals who were seen as blameless victim of human neglect or abuse. Despite emotionally distancing
techniques that encouraged vets to see animals as objects, they were also seen as individuals worthy of compassion and sympathy. It was not unusual for participants to have their desks and workspaces filled with photos of patients they euthanized along with letters and cards from owners thanking them for their support. Nor was it unusual for participants to cry, their eyes to fill with tears, or their voices crack when talking about some patients they had euthanized or showing me collections of patient photos whom they had euthanized.

At times, veterinarians engage in behavior that ostentatiously or comically flaunts death, by making macabre jokes about it, however, with more experience, veterinarians tend to deal with death and euthanasia in a more mature, rational, and somewhat intellectualized fashion ending their training with a delicate balance between distance and connection. Veterinarians come to see patients as subjects with feelings and desires as well as objects with medical puzzles to be solved. By the end of their internships and residencies, novice veterinarians were able to see patients as subjects and objects and they managed to reconcile these conflicting attitudes and feelings by reaching an acceptable balance between them.

It is not even all that bad as long as you are pretty detached from it. If you feel the animal should be or should not be euthanized then it is harder and you carry that stress but if you really do feel like they could make a decision either way and it would be reasonable and you give them ten minutes to think about it and you dash off to do radiographs or something else you are not stressed about it. In your mind you are putting together one plan versus the other. The animal either becomes your patient and you treat him or you euthanize him. You just click it into place when they make their decision.

Another resident says that he feels like he is getting less and less attached to the animals in his care but he continues to value the connections he does develop with patients. He says he used to get more attached and would let himself get “all wrapped up” in a case to the point where he would get very excited at the slightest improvement his patients seem
to show and he would get very depressed when they seemed worse. He says, “Now I don’t let myself get too wrapped up in it all. I find myself fairly distant from them more and more. I think this is what happens to veterinarians as they gain more and more experience.” By learning to balance detachment with concern, they were able to maintain an emotionally safe distance, yet not entirely detach themselves from the patient.

**Humor, Slang, and Laughter.** Laughter and the use of humor and slang among nurses and doctors are well documented as common tools to deal with uncertainty, anxiety, and death-related experiences (Astedt-Kurki and Luikkonen 1994; Coser 1960; Francis 1994; Harries 1995; Mallet 1993). The study of jokes and linguistic devices such as medical slang are important to sociologists because they reveal norms outlining the proper expression of emotions- which, for veterinarians and other medical professionals, consist mostly of distancing oneself from death while also acknowledging connection to patients: “If we can’t laugh about it we would cry all the time.” As discussed in the previous section, it is through the telling and listening to jokes that the “feeling rules” of emotional detachment are initially encountered and internalized by novice interns. Throughout their internship year, humor gradually becomes an important tool for creating distance from emotionally troubling aspects of certain activities such as euthanasia. Aside from a distancing device, humor also serves additional functions. Exploring the use of medical slang among physicians (Coombs et al 1993), researchers identified five major functions of medical slang: “(1) creates a sense of belonging to a select inside group, (2) establishes a unique identity, (3) provides a private means of communication, (4) is an exercise in creativity, humor, and wit, and (5) softens tragedy and discharges
strong emotions” (992-993). Humor and slang function similarly for veterinarians as for other occupational groups.

Laughter and joking can unite members of an occupational group and strengthen their morale. As Smith and Kleinman note, “joking about patients and procedures means sharing something special with the faculty, becoming a colleague” (1989: 64). At times such slang was used to intentionally intimidate visiting veterinary students and interns, reinforcing group solidarity. As I mentioned in the introductory chapter, humor certainly aided my movement from someone with “outsider” status to an insider, especially among the interns as they were able to tease someone with even less insider status than they had achieved. Because some humor may be interpreted by outsiders as insensitive, most “dark humor” is strictly a backstage behavior done only among other veterinary professionals. As discussed in Chapter Four, The Dramaturgy of Veterinary Euthanasia, veterinarians and staff safely in the backstage areas sometimes employ behavior and language not shown to the frontstage audience. For example, references to euthanasia solution are strictly medical and technical when talking to the public, but may be referred to backstage as “pink juice” or “blue juice,” depending on the color of the dye. Similarly, euphemistic references to preparing the body for cremation in the frontstage are referred to as “bagging and tagging” in the backstage. Animals nearing death may be referred to as circling the drain, DIC “Dead In Cage,” making the Q sign (patient who is deteriorating or dying with tongue hanging out), or having a case of BSBF (Buy Small Bags of Food because patient’s death is near).

Only in the backstage would dead animals be referred to as “going PU” or “going paws up.” Most of the jokes were private jokes told only among insiders and away from
areas where outsiders could hear, however, coded jokes could be told to communicate among the veterinary staff in front of clients. For example a veterinarian may suggest to a technician in front of the owner that they need to test for a “CSTO” or “DSTO” (cat/dog smarter than owner) generally indicating to the technician that the owner is not considered reliable in their analysis of the condition of the animal. Thus, slang can also function as a quick and efficient method of communicating between staff members in code not understood by outsiders. Certainly an exercise in creativity, humor, and wit, these slang terms relieve anxiety and frustration, provide a private means of communication, and create a sense of “we-ness” or group unity to cope with difficult and sensitive issues.

Sharing coded language regarding common problems related to frustrations allow vets to communicate strong emotions and, at times, soften tragedy and discharge negative emotions. Evidence from empirical studies of sex workers (Sanders 2004), medical doctors (Coombs et al 1993; Hafferty 1991), and countless other occupational groups (Francis 1994) demonstrate the use of humor as a coping strategy in the workplace. These researchers suggest that backstage rhetoric can distance professionals from the role they are performing in what otherwise would be a situation permeated by anxiety and tension. Thus, it is not surprising that the majority of veterinary slang and backstage talk centers on death and euthanasia, topics characterized by high levels of tension and anxiety. As the veterinarian below explains, humor allows veterinarians to communicate strong emotions that would otherwise be awkward in a “safe” manner protecting their presentation of self as emotionally competent professionals:

We see such hard stuff and we have a lot of emotions and humor is a good way to cope with those things. Humor is also a way to relate your experience to your peers and get their sympathy and their understanding. It allows you to bring up the subject without
being all like a downer on the subject. You may be really frustrated that this happened but you can bring it up in like a dark humor kind of way to your colleagues and get that knowing that they know what you felt and they know what that is like and they are basically telling you that it sucks and supporting you but you may be joking about it at the same time. It is a way to broach the subject. It is that subtext you know what I mean? What you may be doing is joking about how your days sucks and you had this horrible de-gloving or whatever and the owners didn’t have any money and you are seeming to make light of it but actually it is serious and you know that and you are trying to vent your feelings about that. Your peers are sort of rare and precious in that way because they are the only other people who understand what that is like. You don’t want to be all crying and say “oh my God I had the worst day” so you don’t want to be all like that but humor is a way to get some immediate understanding of a shared experience without seeming like you are loosing it or you are mellow dramatic.

Humor allows veterinarians to express, among themselves, their disagreement and frustration with the decisions of owners regarding euthanasia providing a way to “let off steam.” Like the nurses interviewed by Meerabeau and Page (1998) and the medical students interviewed by Smith and Kleinman (1989), veterinarians use humor to deal with “dirty” tasks such as euthanasia. Jokes are often used to display irritation at owners who wish to euthanize their animals for behavior reasons that seem trivial to the veterinarian: “Sometimes I just want to tell owners, ‘Yeah I had to euthanize two of my children (sighing) for the same reason. They were awful always barking and biting and destroying my furniture. It was really for the best.” Another veterinarian describes joking about owners who request euthanasia for financial reasons:

> We have all joked about clients who say that they don’t have the money to treat and we think, “Well if you went and sold half the jewelry that you have on right now you would have more than enough to pay for things that are needed for your pet.” We joke about the nerve of some owners coming in here wearing expensive jewelry, but instead we have to kill their animal. We joke when they drive away in a brand new Mercedes or have a big fat diamond on their hand and they are not willing to fork over five hundred bucks for their pet. We can’t really say it their faces so we size them up when they leave.

Sarcastic humor may be used backstage when it is not immediately clear why a seemingly healthy animal is being prepped for euthanasia: “What’s the matter with this guy? He doesn’t match the furniture anymore?” Another humorous exchange highlights a veterinarian’s frustration at having to euthanize an older but otherwise healthy cat.
because the owner wanted to move closer to her boyfriend and the only apartment she could afford didn’t allow pets. Another veterinarian jokingly responded to the story, “I say get rid of the boyfriend instead” and the room erupted in laughter.

In a similar way, veterinarians also use humor as a way to express their feelings that an owner is wrong to continue treating animals believed to be suffering in which little can be done medically to improve its condition, as told in fieldnotes below:

Dr. B. says to Dr. CG, “Hey do you want to see my really sick dog.” We go over and look at a large dog that they both agree is struggling to breathe in the oxygen case and appears quite distressed. They discuss that case for a minute and then Dr. B. says, “I got one better than this. Do you want to see my half-dead Sharpe?” We walk over to the last oxygen chamber and Dr. CG loudly gasps, “Oh my God! What’s wrong with it?” Dr. B. responds, “Cancer and a serious case of denial.”

Dr. C retells her interactions with the owners letting everyone know she believes the animal should be euthanized but the owners won’t hear of it. A resident tries to establish through a series of questions as to why the owners are not considering euthanasia. Meanwhile, the dog’s breathing is more and more labored and has blood pressure has dropped even further. As the dog is sitting on a table in CCU many of the nurses and senior staff stand around the dog commenting on his condition. One of the nurses sarcastically says, “I have a cure for this dog. It is a blue solution right over here. I should just slip it in the catheter.” Another vet says, “I could give him some chocolate cake” [toxic to dogs in large quantities]. When told that the dog would not live through the night, the owners finally decided to euthanize the dog…After the owners leave, Dr. B. says, “Well he is finally in heaven now.” Dr. DS jokingly says, “God has obviously been working on getting him there a lot longer than we have.”

It is common for veterinarians and staff members to joke that they should simply euthanize the animal without the owner’s consent: “Usually the ones where we think this animal is suffering and should be euthanized are those where I wish I could just trip with a needle and fall into him but I can’t. Did I say one cc and you gave ten (Laughs). I shouldn’t joke like that, but there are just some where you are just that frustrated so we joke about it.” Clients who are seen as neglectful or ignorant of their animal’s serious conditions were often the subject of joking and ridicule especially when the animal would later be euthanized for what could have been a preventable problem: “We see a lot of high-rise falls in New York. These people are annoying. You can spend $2 on a screen
or $2,000 at the AMC. What sounds better to you? What morons.” During an evening evaluation one veterinarian pretends to sarcastically portray the inner “thoughts” of the dog, “Yes, I have been puking for several weeks. My owners brought me in immediately.” All of the doctors laugh, establishing the negligence of the owner. Another dog was reported to have been “breathing funny for a week” and the attending doctor sarcastically states, “Wow they rushed her right in.” Thus, veterinarians use humor in the backstage to deflect feelings of anger or frustration that are not considered appropriate in the frontstage.

Euthanasia anecdotes were a favorite topic among interns and residents such that rarely a prolonged conversation in a social setting didn’t have at least one euthanasia story told. Interns had games they would play with awards for the “saddest” or “funniest” euthanasia, the euthanasia that took the most time, ones that involved the biggest mistake on the part of vet. Interns could get awards for having the owner who acted “weirdest” or made the strangest request during euthanasia. Awards were given to the intern who had the most euthanasia procedures in one day or the intern who went the longest stretch without euthanizing an animal. The use of wit and humor in telling and retelling sometimes highly embellished stories of outrageous life and death negotiations, euthanasia gone wrong, and emotionally distraught owners were highly praised. One intern was particularly known for his ability to capture and retell experiences with raucous hilarity and stories related to euthanasia were no exception. He told one story of a euthanasia gone wrong in which he was helping a co-worker and several technical detail went amiss with a unusually demanding owner. He spoke of his friend’s “bravery under pressure” and described her as “hero” successfully saving the show until the end.
when she was unable to avoid nearly forty-five minutes of stories told to her about the animal by the owner. Thus, he describes himself as the true hero of the tale when he was able to “rescue” the intern by sneaking into the bathroom and paging her. Although not an especially funny story on its own, the story was quite popular and many colleagues demanded repeat performances. Nearly every participant felt the pressure for a successful performance and the telling of stories in a humorous manner allowed them to discuss sensitive issues openly and without strong emotions attached.

Sometimes storytelling took a more serious tone. For example, one story told among participants involved a vet who refused to euthanize a healthy animal and the client was so angered at the veterinarian that he brutally killed the animal in the parking lot. Although I was never actually able to verify the story as factual (or even obtain the same details from any respondent), the telling of this “urban legend” bonded the group in their mutual disgust at the situation, but it also revealed a common fear among vets that animals will somehow suffer if they refuse owner’s requests for euthanasia. Goffman calls such cautionary tales ‘anecdotes from the past’ (1959: 25) and notes that they serve a variety of purposes; often a source of humor, a cathartic expression of anxiety producing aspects of their job, and a sanction for unacceptable behavior. Thus, although humorous and entertaining, the stories and jokes that are told regarding mistakes often have a serious underlying lesson, offering warning to those who don’t take the necessary precautions to insure the euthanasia goes smoothly. As other researchers have suggested (Bosk 1979; Hafferty 1991) professional story telling highlights norms outlining the proper expression of emotions and acts as a teaching tool to help novice professionals cope with potentially stressful situations.
While most veterinarians consider their backstage humor and joking to be a cathartic expression that allows them to “vent” frustrating aspects of their job, a few veterinarians were disturbed by the dark humor. For these veterinarians, the “dark humor” seemed to exacerbate anger, cynicism, and impatience and they worried that too much of it would tip the delicate balance between distance and connection. Most participants, however, believed had almost the opposite effect of making them more connected to their patients. In fact, some argue that it is because they joke that they are able to continue to care and feel connected to their patients without suffering “burnout,” as these veterinarians describe:

Some people who are more sensitive to joking than others and I think I was kind of semi-sensitive to it in the beginning. So for instance I might not joke myself but I wouldn’t be mad at someone for joking, but I might just be silent. By the end of the year, you are the one joking. The new interns judge the old interns for being too insensitive and they say, “Well I am never going let myself get that jaded” and then the cycle repeats itself. You do think that you are never going to be that jaded. That is true. You always think that is for someone else but you learn that you need it to survive.

We use that humor to survive but I am really clear that it is not professional for anyone to ever know that we do that. It is not that we don’t have respect for the situation and it is not that we are not sad about the situation. In fact we joke actually because we have all these emotions that we have to deal with in some way. That is why we joke. We don’t really make light of it in the sense that we don’t care and it doesn’t matter to us. It is because it matters to us and because we care and because it is awkward and tense and stressful and it is a big responsibility and we take it so personally- that is why we have to come in and say “whew” thank God it is over and that may come out as something funny sometimes. I think any person that routinely deals with death must laugh about it sometimes.

Sociologists generally find that the use of humor does not mean that the members of the professional group are uncaring or lack compassion but, instead, are usually quite heartfelt and caring individuals. Gordon (1983) suggests, “Hospital slang for patients does not express insensitivity or lack of concern for patients; it is often used to create a kind of routinized, but not necessarily personal, rapport among medial staff through the use of humor and the derogation of those perceived as a common source of frustration”
(21). For many hospital workers and veterinarians alike, humor neutralizes emotionally charged situations and makes difficult actions bearable.

**Relying on Uncertainty.** Because a patient’s response to treatment is rarely one hundred percent predictable in clinical medicine, part of a doctor’s education involves learning how to cope with the anxiety that uncertainty in decisions affecting life and death inevitably produces. Uncertainty poses a threat to medical authority, but an assumption of infallibility can be equally problematic for doctor-patient relationships. Thus, the effective management of uncertainty balanced with medical confidence is considered an important part of a medical student’s development (Becker et al. 1961; Fox 1989; Smith and Kleinman 1989). Like novice physicians, veterinarians must learn to balance certainty with uncertainty.

We are like mechanics bargaining with people over things but it is so much worse because medicine is so much more unpredictable. So many things can go wrong like you have an animal comes in for trauma and everything else is fine but the next day it is in kidney failure because it was in shock for too long. It can be things that you can never predict. Physiology is way more complicated than a car and exceeds your ability to predict like a mechanic could. Things may go from a six hundred dollar estimate to a three thousand dollar estimate, which is totally realistic with medicine. One of the most frustrating parts of communication with people is that they want an answer both in terms of finances and in terms of prognosis and recovery and how their pet is going to do…As you practice you get more and more comfortable with uncertainty and you get more comfortable admitting it.

Veterinarians feel a need to appear confident so that the owner is willing to make the financial investment in their animal’s care, but they also have to leave the door open for the uncertainty inherent in clinical medicine. When the interns expressed too much uncertainty, they fear owners may choose euthanasia, however, if they were overly confident, owners could be upset and disappointed after investing a lot of resources into an animal that does not recover.
Many veterinarians learn to rely on their clinical experience and confidence in the likely outcome to ease their discomfort with euthanizing animals, as the veterinarian below explains:

Being a new vet that doesn’t really have a lot of experience, there’s been times in the back of my head where I’ve thought--what if we could have done something for this pet, you know what if somebody else had seen it they would have said, “Oh this is easy; you just give it this and send it home?” But I think a lot of times, I mean when they’re that sick you know there aren’t a lot of things that make animals really, really sick that are really, really easy to fix, except like a UIO…but you know the problems that they come in flat out almost dead that are reversible and fixable you get pretty good at recognizing the ones that can make it and the ones that won’t just from your clinical experience. So, I mean that’s how I kind of convince myself that it’s not--that I’m not killing something that somebody else could have fixed easily. But that’s the hardest part that goes through the back of your head that maybe there is something and you’re missing it and the animal ends up dead. You can’t take back euthanasia. It is final.

Interns gradually gaining confidence that comes with increased knowledge and skills over time, however, when faced with potential euthanasia they would rather not perform, veterinarians also embrace, rather than suppress, uncertainty. In fact, relying on uncertainty is a strategy veterinarians utilize when faced with euthanizing animals they would rather treat.

I thought this dog had a shot and I didn’t want to euthanize her but realistically the average survival time for dogs with splenic hermangiosarcoma is six months to a year. I can spout that out but let me also assure you that each individual is different. Unfortunately this dog may never leave the hospital and he could die in the next few days or the next few weeks or he could live for more than a year and we just don’t know. I feel okay with this euthanasia because we just don’t know and we could die tomorrow anyway.

Telling stories of unlikely recoveries in the face of serious illness and unsuspecting downfalls when animals were expected to reach a full recovery, veterinarians rely on the uncertainty of medicine to ease their discomfort with euthanasia. Veterinarians describe pushing owners to treat diseases or conditions that they are confident the animal will recover fully, but the animal defies all odds and dies. They also point to extreme cases where animals should have died by all medical indications but they survived and are
doing well, arguing that, if they had been more insistent, the animal would have been euthanized.

When diagnosis is cost prohibitive for an owner, it can be difficult for the veterinarian to decide from their perspective if euthanasia is the right option, however, sometimes they are able to rely on the uncertainty of a successful outcome to justify the euthanasia.

There are definitely those cases that are frustrating when you can’t get a real diagnosis, but what are you going to do? If you have an older cat with urinary tract issues and you have done the blood work and x-rays and everything looks good. You start treating them for presumptive urinary track infection and stones or crystals. The cat is still urinating blood and you think it might be cancer of the bladder and all you want is a three hundred dollar ultrasound and they don’t want to do it. They are like no we don’t want to spend the money and then you don’t know what the hell you are treating anymore. You have ruled out the simple stuff and now you are stuck with this cat who is still clinical and they want an answer from you. It is frustrating when you need one more thing and you will most likely get an answer but, what can you do? If they want to euthanize, it is most likely something bad cause you got far enough to establish that. You can feel okay about the euthanasia because you really can’t guarantee the animal would even pull through the treatment.

Sometimes the vet just wants the owner to do one more piece of diagnostic testing to help them feel comfortable with the idea that they are euthanizing an animal with a serious illness. They may ask for additional blood tests ultrasounds radiographs or fluid analysis to confirm their suspicions of a serious illness.

One piece of blood work can be really telling. If I have a blood sugar of 600 it is a diabetic and diabetes by definition is hard to treat and if they don’t have the resources to treat because realistically it is an expensive disease to treat and it is not unreasonable to treat or to euthanize. If you find something that is serious and expensive to treat then you can give them the justification for euthanasia because in many of these cases you just can’t know how the animal will respond. They may spend all this money trying to treat something serious and the animal ends up dead anyway.

By narrowing down the potential diagnosis to a limited number of serious conditions, the veterinarian relies on the uncertainty inherent in treating serious illnesses to feel better about having to euthanize the animal.
Using the Animal. Another strategy veterinarians use to feel more at ease with the euthanasia is to become proficient at the technical aspects of the procedure while also focusing on making the animal feel calm and secure. In order to feel more comfortable with euthanasia, Arluke’s (1996) shelter workers made special efforts to concentrate on the “methodology of killing and becoming technically proficient at it. By focusing on the technique of killing- and not on why it needed to be done or how they felt about doing it-workers could reassure themselves that they were making death quick and painless for animals” (90). Veterinarians have a similar experience.

Some of the things that I did to manage the stress and grief of it are things that I have carried over into my veterinarian practice very distinctly from the days when I worked in a shelter. Like, for example, the way I handle the bodies after the animals are dead. It is a direct result of when I was in a shelter situation because one of the common coping mechanisms that shelter workers use is you have this horrible slot every day of needing to euthanize these healthy animals and you feel awful and one way cope with it is that you show extreme amounts of respect to their bodies and it was really sort of a cultural thing and people who didn’t really do that were really frowned upon. There is something about being respectful to their bodies that is in some way comforting and that is something that I have very much kept as a veterinarian.

Arluke’s (1996) shelter workers “tried to make this experience as ‘good’ as possible for the animals and, in so doing, felt better themselves. Some workers, in fact, openly admitted that ‘it makes me feel better making it [euthanasia] better for the animal’” (89). Like the shelter workers, veterinarians in this study and in other studies (Williams and Mills 2000) also eased their own discomfort with euthanizing animals by empathizing with the animals, as the veterinarian below demonstrates:

You try to make it quick and painless so that the owners can see that it is not a bad process and, whenever I do a euthanasia where the owner isn't present, have a “love giver.” Because I have to push the euthanasia, by definition-- I'm not able to be really with the animal. So I just want someone there to really be about the animal and not about the catheter and everything. And since I'm the one that gives the drug, I always have a love giver. And so when people ask me, “Oh is someone going to be with them?” or “Are you going to talk to him, make him feel comfortable?” I'm like, “We always do.” It is so funny because it's so natural that I've never told anyone what to do, but everyone that works with me knows I'll say, “Hey Caroline will you be my love giver? I have to euthanize Frankie.” And then Carol will come over and we'll get the pet all comfy. And if he's eating, we'll offer him the last meal and everything. And we'll just sit with him for
usually just a few minutes. Depending again, on how comfortable the pet is or not, if he
is suffering we won't take very long, but we give like tummy scratches or a head rub, and
we'll talk to him. And especially it's kind of nice with dogs because we feel like dogs are
easier to make comfortable than cats. With cats it's harder but with friendly cats, I'll give
them face scratches and stuff. And if they are purring, I'm so psyched. But we'll try to
kind of make them comfortable as much as we can and we'll talk to them. Like with cats
it’s more of a soothing voice and with dogs I will walk in and reassure them and say,
“Oh, Frankie you're such a good boy aren't you? You've been such a good boy. Do you
know how much we love you Frankie? And your mommy and daddy love you and they
are so sorry that they can't be here. And they just want me to tell you what a good boy
you are.” We know they don't understand, but it actually makes us feel better. Even
though people don't always make that request, I find that we do it. But they have and
often do express concerns especially if they're not going to be there, that someone will be
there with their pet. And I always tell them, “Oh, obviously we'll try to make it as
comfortable as possible for them.”

Even though the owner’s presence adds more stress for the veterinarian, most preferred
owners to be present for the sake of the animal’s comfort believing that the animal would
be more comfortable and relaxed around familiar faces. If the owner could not be
present, veterinarians would often find the technician most familiar with the animal or the
animal’s “favorite” technician so the animal would feel at ease. In fact, when owners
were not present, most of the participants believed that it was very important to always
have some staff person with them solely for the purpose of caring for the needs of the
animal. Thus, the veterinarian in charge of killing can take special care concentrating on
the technical aspects of the procedure. Another veterinarian adds, “Almost everyone here
will have someone go to pet the cat’s head or the dog’s head while you are doing the
euthanasia. Dr. Farabough will feed them Doritos and, if they will eat, you give them cat
food or whatever you just try to make them happy by feeding them something and you
pet their head.”

By taking on the perspective of each animal, vets believed they eased the animal’s
stress and helped them to die “peacefully.” If the ICU was loud, animals were taken to
quiet, less distressing environments. If an animal was deemed too sick to move
comfortably, other nearby animals were removed or kept quiet by technicians during the
euthanasia. For example, if a cat was to be euthanized in the ICU, dogs were distracted by technicians, assigned specifically to keep them from barking and distressing the cat. If possible, veterinarians may even take extra efforts to euthanize some animals in a patch of soft grass or under the animal’s “favorite” tree. Vets will often feed animals treats or give them a last special meal and take them for a final walk outside if possible before the euthanasia. Another study confirms similar results in which veterinarians tranquilized the animals and offered respectful and gentle touches to the animal in order to feel better about the euthanasia (Hart et al 1990: 1298). Moreover, ensuring the euthanasia procedure goes smoothly from a technical perspective helped the veterinarians cope with the stress of killing. Taking the animal’s feelings into consideration helped veterinarians to distract themselves during the euthanasia process and to reconcile their initial contradictory feelings.

Veterinarians could also make use of the animal to manage their own uncomfortable feelings by focusing on the animals’ welfare. In other words, the death of some animals was seen as an appropriate means to end suffering. In fact, veterinarians often report great relief and even happiness when reluctant owners finally give permission to euthanize sick animals. In these situations, many veterinarians describe the gratification they can feel having “fought” with reluctant (but often well-meaning) owners, convincing them that euthanasia was in the best interest of their animal.

When you are euthanizing geriatric animals or those animals that sit in the ICU that have zero prognosis of recovering and they feel like shit. They feel horrible. You are doing a good thing. I can’t tell you how many clients have said to me after their animal is dead, “You veterinarians are so fortunate that you can terminate an animal’s life because I looked at my mother or brother or husband or somebody in my family sit in the ICU day after day after day and they suffered and they threw up and they lost their hair and they couldn’t control their bowels. It was the worst thing and the amount of suffering that they went through was horrible. You are so lucky that you can kill them peacefully.” Those kinds of euthanasias should not make you feel bad. They should make you feel good that you are ending suffering.
Novice veterinarians easily adopted this view of euthanasia as a way to end the immediate suffering of animals, however, they frequently felt significant discomfort when faced with euthanizing an animal whose diagnosis was seen as treatable, manageable, or even reversible or animals whose diseases had not yet made them “sick enough” to warrant euthanasia.

Eventually novice interns would learn to see euthanasia as a method to prevent suffering as was the case of Arluke’s (1996) shelter workers who thought it “better to euthanize healthy strays than to let them ‘suffer’ on the streets” (92). Perhaps the most common rationalization for veterinarians is the belief that the client will simply go elsewhere to have their animal euthanized, do it themselves at home, or abandon the animal. Moreover, if the animal is going to get euthanized in the shelter anyway, veterinarians justified doing the euthanasia so that the animal doesn’t have to sit in a cage for the last few weeks of his life and die alone without the owner. Another rationalization is the belief that the animal is so bonded to the owner and may not do well in another environment without the owner.

Veterinarians focused on the potential suffering of animals; seeing their death as the alleviation of the inevitable suffering they would certainly face as a result of their disease or their belief that the owners would not manage their animal’s condition well. The veterinarian below describes how he feels better about euthanizing animals he fears will suffer at some point after they leave the office:

There are many things to consider in making the decision to treat or euthanize. There is aftercare. If they choose to treat and say it is a fracture and they can’t afford to go to surgery so we do bandage changes. Yeah the initial bandage that’s cheap but you have to come back every two weeks and so ultimately in the long run you should have just paid for surgery. But I worry when I talk them into this that they won’t follow up correctly. If you are not going to continue to take care of them in the long run then--well I don’t want to say euthanasia should have been an option to begin with-- but maybe it should have
Interns who previously said that they would never euthanize a diabetic animal began to speculate that the animal might suffer in the hands of an owner who was not able to give their insulin shots on a regular basis or could not afford to manage the symptoms that would eventually begin to develop. At the end of her internship, one intern says, “I always have to remind myself that it is better to be euthanized than do die an uncomfortable death from a treatable disease.” Also, in cases when animals were diagnosed with a terminal illness but have no or few problematic symptoms, the veterinarian was able to focus on the euthanasia as a tool to prevent the inevitable suffering. They would talk in intricate detail about exactly how the animal will die as a result of this disease and exactly what pain they most certainly will experience in the future. Thus, veterinarians managed their own uncomfortable feelings by focusing on the animal’s current or future welfare.

**Using the Owner.** Veterinarians were able to manage their uncomfortable feelings by blaming the owners. For example, the veterinarian may blame the owner for allowing a medical or behavioral problem to go unattended so that euthanasia became “necessary” or, at least, an “appropriate” option for the animal. After euthanizing a dog with a serious, foul smelling skin condition that had been festering on the dog for months, the veterinarian eased her own discomfort with the death of the animal by holding the owner responsible: “Owner neglect like this is always disgusting but it is a lot worse when I have to kill them because the owner let it get out of hand and now there is not a lot we can do for them. That is really criminal.” It can feel distasteful to euthanize animals that seem neglected or when owners appear indifferent or ignorant to what the
vet sees as obvious suffering. Owners were easily blamed in cases where simple or “reasonable” precautions to prevent the euthanasia were not taken, as in the case below regarding an unvaccinated pet:

I had one case that was sad and the people were so stupid and it was their own stupidity that caused this whole entire problem. The dog, unvaccinated for rabies, was left outside on the porch with no fence and got bit across her nose and got a broken leg...I am sitting there talking to them about euthanizing their somewhat healthy Chihuahua with a broken leg and a bite wound because they had never vaccinated her for rabies. I said that I am not trying to say that it is your fault but it really was her fault and certainly I am sure that it was somewhat evident in my voice no matter what I tried to do to make it neutral...In Massachusetts you can choose to quarantine the animal if you want to but it has to be quarantined in your house and the state will come check on it. It is a risk that you put you and your family in and at five months of the quarantine you can get them vaccinated and after six months they can go outside again in the public. They chose to euthanize in this case. The animal was somewhat unkempt too so I was not too impressed at their management. They were just stupid about it and it could all have been avoided. It got euthanized because they are stupid. It was their fault and it sucks that the animal has to suffer for it. I was angry at them for being stupid. The animal was in pretty poor looking shape. I don’t know what they were feeding it but it was really scruffy looking. They left it on the porch without a gate and they never bothered to vaccinate it.

If owner were perceived as negligent they could be used to reaffirm the vet’s belief that euthanasia was a tool to end suffering. Owners were blamed if they were not interested in attempting other “reasonable” alternatives to euthanasia. For example, owners who chose to euthanize animals for behavior reasons but did not wish to try behavioral modification techniques or medication to change the negative behavior before considering euthanasia. Owners who were not willing to make “reasonable” sacrifices for their animal were seen as particularly culpable for their animal’s death.

But when you know that those people really could afford it and they are just not willing to make any sacrifices for their pet and they are just too fucking cheap and inconsiderate and caviler like, “It’s just a dog” or “just a cat.” I get really angry at those people and I try to make them feel a little bit more guilty. It offends me the most when they seem to have a lack of caring. My total pet peeve frustration is when I feel like quite obviously I care more about their pet than they do. It makes me want to slap them when I would be willing to make more sacrifices for your pet than you would. What is up with that? Say I am bargaining with them and I am like well we could try to keep the cost to a minimum and I am willing to even see you for a re-check and not charge anything or whatever. I am trying to finagle so we can treat this poor pet and they are like, “No I don’t really want to spend a dime.” I want to beat them especially if they drive away in a Mercedes and then I just really want to fucking kill them.
Owners were also to blame if they chose pet animals incompatible with their lifestyle because they failed to research the characteristics of the breed or species before taking on responsibility for the animal. While different veterinarians had different thresholds, every veterinarian drew parameters around minimal effort and resources they believe a pet owner should be expected to put forth and, when those minimal standards were not met, the owner was held responsible.

The veterinarian may blame the owner in “secret” without verbal confrontation, but they may also chastise or educate the owner and, in doing so, alleviate their own discomfort regarding the death of the animal. Many veterinarians described advocating for their patient as giving the owners a “hard time,” and they often felt better euthanizing when they “pushed” owners towards what they thought best for the animal.

Some people will walk out [of the euthanasia room] and say, “Oh well euthanasia was the only option” to make themselves feel better and I am shocked thinking, “Did you not listen to what I said?” If it is solely a financial thing, I don’t ever want anyone to leave feeling like they did the right thing and it wasn’t. I will make this really clear to them that this is a financial decision but that there are things we can do and the animal would do just fine with treatment—really pushing for them to treat. But, at the same time, if their ultimate decision is to euthanize it might be one of those where it is reasonable to euthanize, but it is just not ideal. Either way I am going to give them a hard time so that I feel better that I gave it a shot to save the animal.

Thus, even though the veterinarian’s efforts to change the owner’s decision were unsuccessful, she was able to feel better that she had advocated sufficiently for her patient. For others, educating clients provided some relief and, even if the veterinarian was unable to “save” their patient, they were able to help make people “better” pet owners, thus saving future animals. Veterinarians are sometimes asked to euthanize animals that have obviously suffered for a long time with a severe infection or other painful condition, but the owners were seen as simply ignorant of the animal’s condition rather than intentionally indifferent. In these cases, the veterinarian may chastise the
I see it as my job to educate the owners. I feel like this animal didn’t die in vain because I was able to educate the owner about the importance of vaccinations or how to see signs of discomfort and problems in their animals. So now their next animal won’t have to go through this and they will be better pet owners.

When I get frustrated my friends tend to bring me down to earth. I work in this field and sometimes I get frustrated when people wait too long to bring their animals in. Then my friends say things to me like well maybe I would not have brought my animal in for that. I have to remember that I see this stuff everyday and owners may not be as attentive to their animals or know what signs to look for. So I try to educate my friends and educate my clients so this won’t happen to the next pet.

Whenever I euthanize for aggressive behavior and I think the owners did something to encourage it, I try to educate them. I try to educate them. You can tell them about dog behavior like they are social animals and chaining them to a tree might contribute to their aggression issues. I think you can say that so the person may want to think about how they treat their next dog.

By focusing on educating owners, the veterinarians could think about it as helping animals in general as a group rather than “saving” one specific patient.

Veterinarians also used their interpretations of the bond between clients and their animals to help manage their own moral stress over the killing of animals. As long as the owners displayed sufficient attachment to their animal and demonstrated that the decision to euthanize was a difficult one, the vet felt better about the euthanasia. For many veterinarians, their perception of the bond between an owner and their animal, determined how aggressively they might advocate for the animal: “When it is clear that they love their animals and are bonded to them, I give them a lot more slack than in cases where I don’t see that bond and they treat their animal like a liability. When they act like that, I give them a hard time.” Several vets reported that it was easier to euthanize knowing that the animal was loved, even if they disagreed with owners choice.

Veterinarians were far less sympathetic with owners who seemingly treated their animals as disposable, requesting euthanasia because of “defects” that did not impact the health of
the pet or due to an animal’s incompatibility with changes in the owner’s lifestyle.

However, vets were sympathetic to owners who appeared to have strong bonds with their animals but chose euthanasia, for example, because they could not afford treatment. In these cases, letting the owners “off the hook,” made the veterinarian more comfortable with the euthanasia because they were helping distraught owners.

When I can tell that they don't have money and they are really stressed about it because they love their animal, I'll play up a stress thing. And leaving him here is -- it's stressful for them to be in the hospital with other strange animals. And it's true, it's definitely true. But I do it to make them feel better about that decision because I know that it is better for the animal to be here. If they are going to euthanize soon, there is nothing more I can do for the animal so it feels good to make the owner feel better...I know they are feeling guilty because it comes down to money. I don't think it's wrong. In an ideal world we'd all be saying the same exact thing to every single person, but sometimes it is just more comfortable to give the owners an out and not making them feel embarrassed for not having the money.

By making the owners feel as though the lesser expensive option could be the best option for their animal, it eases the vet’s discomfort and many vets report feeling a sense of satisfaction that they helped to ease an owner’s potential discomfort or guilt emotion.

Just as the veterinarian uses the owner to feel better about euthanasia by educating them and giving them a “hard time,” they also eased their own discomfort by letting owners “off the hook.” The veterinarian below describes a case where she euthanized two healthy animals and felt better because she was able to alleviate the owner’s stress:

I had to euthanize two healthy pit bulls once. My impression was that they were having trouble finding someone who would actually do it. The lady was in the exam room with her two adult dogs. They were old. One was five and one was nine. She was euthanizing them because she was pregnant and she had been trying ever since she knew she was pregnant, and she must have been about four months along, and she had been trying to find them homes and trying to adopt them out. She did not want to take them to a shelter cause she knew they would get euthanized anyway and, if they were going to get euthanized, she wanted to be the one to make the decision and be there with them. I think maybe the older female had some incontinence issues but was never on medication for it. You know that is a health problem but not really something that I feel should cause somebody to give up their pet. She had exhausted all of her resources in her mind. She had tried for so long and she knew what would happen at the shelter. She talked to someone there. She did not know anybody who would take them both. She wanted them euthanized. I tried to see if she would surrender them and she would not surrender them. I have seen pit bulls here in this shelter that get adopted and even older ones but she just was very, very upset and I think it was her reaction that really made me kind of okay with
I felt like she was looking at me as her last resort. Rather than have this pregnant lady be so stressed and upset for who knows how long until she could find a home for these dogs that she loved for so long. I just did it.

Considering the owner’s feelings, “validating” their choices, and “letting them off the hook” by not challenging their choices helped some vets to do parts of their job they disliked:

Even if you are not sure it is the right decision, is it still a part of your job to reassure the owner. That is very conscious to me that sometimes I have to bluff. I feel really strongly that I have to validate it for them even if I am not really all that thrilled or convinced that is right. I just don’t think it is my right to second-guess people. I think that mental anguish they went through making that decision to euthanize is so enormous that I think it is really unfair to even hint to somebody that they should rethink that. I just do not think that I have the right to do that to people. Maybe once every few years that happens that I feel I need to stand for something different but in general I don’t feel like I have the right to do that to people. I don’t want them to think that I am disapproving of what they are doing and that sort of thing. I think a lot of them feel that they can move on and having the veterinarian there to validate their decision helps.

Another veterinarian describes the relief she felt by helping owners:

After I gave the injection the owner just did this (takes a big deep breathe) and whatever his perception of her suffering was it was so intense in his mind nothing was okay until it was over. That was rewarding. I felt like I gave that to him and to the animal. When you can really see the relief on the owners face sometimes that is just as rewarding as ending the suffering of the animal itself. They are intertwined a lot.

In the case above, the veterinarian was able to focus on the relief of the owner rather than her discomfort with the rationale for the euthanasia. Thus, veterinarians used the owners to feel better about the euthanasia by focusing on how much they were helping distraught owners.

The veterinarian’s own experience of moral stress over euthanizing animals can be influenced by the extent to which they identify with the owner and the owner’s circumstances.

On the one hand, we should blame owners because it about being a responsible pet owner and then paying for your pet’s care as in that is your responsibility to do so. The other way to look at it is you don’t want to put someone into bankruptcy and have them not be able to care for their family in order to care for their animal. That is kind of hard to deal with and often times the reality is somewhere in between that often times owners could afford it but they are unwilling to do so.
The veterinarian uses the owner to alleviate their own discomfort by focusing on the ways in which the animal’s treatment could negatively influence the owner’s life:

I can’t really say that I blame them because I can’t say that I have four thousand dollars in my bank account to pay for surgery. Some people you know you just will destroy their life doing surgery on an animal. You will destroy their life. The surgery will cost four thousand dollars and one person may think of it, as nothing and it would save the cat’s life but four thousand dollars to some people is a huge deal. Yes, there is CareCredit but CareCredit is still a credit card...and if they are late one payment 25% interest gets tacked onto CareCredit period. It is retroactive. It is only interest free for one year. Can I really put away four thousand dollars in one year? Some people live paycheck-to-paycheck and that is most of my clients that end up euthanizing they probably do live paycheck to paycheck. If they are late and we put them to collections, they will never buy a car. They will never buy a house. They will never be able to get their life completely in order because of a dog or a cat. I hate to say that as a vet and that is awful to say that as a vet but at the same time I don’t want to ruin anybody’s life. There comes a time when you have to choose unfortunately between ruining one life or ruining another life.

Sometimes the veterinarian justifies the euthanasia by arguing that the human owner’s welfare should morally take priority over the animal:

I will euthanize for lots of financial reasons…yes the dog could be a hundred percent normal two to four thousand dollars later and the owner wants to do it, but really just can’t afford it. I do not recommend jeopardizing your own budget and your own lifestyle or you have kids in college or whatever to save this animal even with a great prognosis. I am totally in support of not screwing yourself financially to save this animal. Most of the ones I euthanized that are probably disk dogs or down in the hind and needs MRI, CT, then surgery. These are four thousand dollar dogs. Dogs with potential for cancer in their abdomen or something and those are dogs that need a huge work up and we may be able to save them, but owners are like what should I do? I have five kids or whatever. We can do it but I have to take out loans and I am just like I think we should stop here then. There is no point. I understand that it hurts and it sucks. The prognosis is fair to good but I need four thousand for me to do it. If you are going to jeopardize your own lifestyle for it, it is not worth it.

In some cases, veterinarians substituted their own ethically problematic behavior with a focus on the potential economic liability the animal could be for the owners.

Finally, veterinarians used some owner to feel better about troubling euthanasia procedures. For example, nearly every time I asked a participant to tell me about a time they felt frustrated with an owner’s commitment to their animal, I first told of a time when clients surpassed their expectations. For many veterinarians, it is inspiring to see owners go to great lengths to raise the necessary funds to treat their animals. Every
veterinarian told me at least one story of a client who goes to extraordinary lengths to pay for treatment, such as this veterinarian below:

You have owner who throw out animals like trash but you also have these people who you think don’t have any money but will do all this amazing shit for their animal. I have had a really good example because it is a fairly extreme situation in terms of finances but I have had a good deal of immigrant families, Mexican families who obviously love their animals. Literally this is the kind of situation I will have with them. I will say it is going to be this much and they will say I can get you 25 dollars this week and you know that is really what they can get you. It hits home to what a sacrifice it is that they are willing to spend two thousand dollars to get their Chihuahua surgery. You would be paying this for a year like every spare dollar that you have would go toward this pet. This is the extra slap in the face when you have this person drive off in a Mercedes who wasn’t willing to do the same surgery. That is really touching and those people I am so willing to cut a break and any fat that I can trim off their bill I will…They will recruit like every person they know and all their family members will give ten or twenty dollars just to come up with enough of a deposit so we can provide the care and then they will try to come up with the rest as soon as they can. Usually they are not going to be approved for any of the credit options so they have to come up with the cash. They will scrape it together and it is amazing. Obviously they are willing to make so many sacrifices. The other thing is that I really appreciate is when people like that have so much respect for the fact that you are doing something for their pet and you should get paid whereas it can be so obnoxious how other people can feel like well why don’t you just do it for free for me? You know those are the people for whom it would be easier for them to pay. That is so obnoxious cause it is like well okay so where do you work? Do you work for free? Do people pay for your services? Why would you expect me to do my job for free? Don’t you think I have a family to support? The vast majority of the people who come in here I look at them and think I know you make more money than I do. Fuck you for telling me I charge too much and for putting me through the ringer about the cost and acting like you can’t afford it and it is just highway robbery. There are people who really can’t afford it and don’t even bat an eyelash and they think well this is what they are charging for a reasonable service to save my dog and we are going to do everything we can to come up with it. You will see those extremes and it can be really frustrating. We see people who have a lot and won’t spend it and people who have nothing and will try to save their animal.

Thus, veterinarians cope with frustrations they feel when euthanizing for financial reasons by focusing on those owners who go out of their way to “save” their animals:

“When owners can’t afford to treat their animals, I try to think about all those owners who really go the distance for their animals.”

**Venting with Each Other.** Veterinarians also discussed challenging euthanasia situations with each other and, in doing so, they were able to allay the stressful experience as well as discuss and rehearse better ways to handle the situation next time it occurred. For example, a frequent source of amusement for interns involved reading
complaint letters from owners regarding the cost of treatment, a subject many interns were especially sensitive about discussing in front of owners. Most of the time, reading these letters sparked public discussion of various issues troubling to novice veterinarians during which participants were able to rehearse potential responses to problematic situations.

Some people act as if it is no big deal and other people cry and become very emotional with it…I find that to try to deal with it myself I tend to talk more. I am more of a talker. I might say to an intern mate; “I can’t believe that owner took her cat home and I don’t know what to do.” Or “I can believe that I had to say goodbye to that pet.” I tend to talk to my intern mates. My poor intern mates! (Laughs) It doesn’t matter how many I have to talk to about it, but I will talk until I am done. What I end up doing is being pretty compassionate when I am with them and then as soon as I get out of the room I am bitching and moaning.

Although a few mentioned talking to family members and friends about their troubles, many veterinarians prefer to talk with their colleagues as they believe it is difficult for outsiders to understand their dilemmas.

You bitch to people at work. Most people outside of work don’t really get it. Talking to them is useless sometimes. I will talk to my mom and she doesn’t understand. It is not like they don’t want to be supportive but it is hard to be supportive when you don’t know. I will talk to them but they don’t get the dealing with clients especially where it happens over and over again. One euthanasia might not sound so bad but when you know that you deal with that 18 times a day six days per week for months and months. You have to talk with each other. It helps.

Veterinarians use the back stage areas to “vent” their frustrations and tell “horror stories” to each other as a cathartic exercise, but they are also able to exchange ideas and exchange coping mechanisms. Sometimes the solutions were practical solutions to euthanasia dilemmas but often participants exchanged ways of thinking about the problem and other “rationalizations” they utilize to deal with these troubling aspects.

*Create Moral Limits.* Veterinarians resolved their moral reservations by comparing their actions to various examples of what they believe to be greater unethical behavior by other veterinarians. Just as young legal professionals were found to
minimize their own ethically questionable behavior by comparing themselves to extreme tales of unethical behavior told to them in school (Granfield and Koenig 2003), veterinarians also relied on similar tales to set moral limits. For example, one veterinarian compares her actions to that of a case told to her in school of an owner requesting euthanasia because she bought a white couch and the dog’s fur was black, “I hate euthanizing for behavior reasons, but at least it is not because the animal doesn’t match the furniture.” Veterinarians also compared their behavior to that of other veterinarians who behavior they judged to be more unethical. On one hand, a doctor may gain a reputation for having too many of his or her patients euthanized. On the hand, a doctor may gain a reputation for allowing owners to continue pursuing treating animals beyond what many staff members believe to be “reasonable” or appropriate.

We all know veterinarians that we will nickname them Dr. Death because so many of their patients are euthanized and the reasons so many of them are euthanized is because of the way they present the information to the owner. All those owners out there who just choose euthanasia but could be talked into trying something else, when you are doctor death you are not going to try and talk them into trying the alternative. So many of your grey cases go towards euthanasia and you may present something in such a way that the owner thinks it is worse than it is so they choose euthanasia without even trying. Some people are just good at closing the deal with owners when we really want to euthanize. That is when you love a doctor death and you call them in to talk with the owner cause they can just really put it out there and they have a way of saying things that gets the owner to see euthanasia is the right thing to do. Having a doctor like that in your hospital is not always a bad thing. We all know of people where we are like what are we doing with this case? (Laughs) This owner clearly needs to put this animal to sleep! There are veterinarians that tend to have that happen cause they keep offering different things to do. Those kind of vets get that reputation because they don’t know when to stop offering things to clients. Owners don’t recognize or understand that you don’t have to do those things. The people will feel like they can do something so they should do it but that is not always the case. Again, those vets aren’t bad to have around either cause they can talk owners into doing stuff and treating the difficult cases that we want to treat.

As the veterinarian above notes, doctors with “extreme” reputations can be helpful to advise others or offer a second opinion to owners, possibly helping their colleagues out of ethically difficult situations. In most of the cases, the veterinarians with the reputations were aware to some extent of their colleague’s characterization and happily justify their
positions. The labels also serve the important function of providing “extreme” cases by which others can compare their behavior. For example, one veterinarian may justify a case they are feeling guilty about possibly euthanizing “too early” by saying, “At least I gave her a shot to try and pull through. Dr. Death would have convinced the owners to euthanize a long time ago.”

Several veterinarians used the practice of killing animals in shelters to set moral limits and distinguish the way they exercise euthanasia in their work from that of shelter workers. While most veterinarians report to respect the efforts of shelter workers, a few held almost hostile feeling about the practice of euthanasia in animal shelters, feeling that healthy animals should not be killed. Many veterinarians made a point to say that they never euthanize healthy animals and would reference shelter workers as people designated to fill that duty:

I don’t by any means intend to push that on to the shelter to make the decision to euthanize, I just ethically—for my own comfort, and myself I would not kill that animal. If another doctor in the hospital wanted to come up and euthanize it, fine. That is their own deal but I just personally could not do it. I would not wish the shelter job on anyone. I think that they have a shitty job and how they go home at night and feel comfortable with themselves I don’t know. That is on them. I am not in that part of the field and I don’t choose to be. In a sense they are helping these animals technically but I am more in the medical field and my wish for these animals is to be healthy and to live and to find homes and to be medically treated.

Most veterinarians recognized that, by convincing owners to surrender animals to shelters that they didn’t want to euthanize, they were essentially passing on the burden to the shelter workers if the animals were euthanized. In fact, some vets used this fact to justify doing some euthanasia procedures they would rather avoid: “They [shelter workers] have to do so many euthanasias over there so I might as well save them from having to do this one.” In fact, minor conflicts may arise between vets and shelter workers because, at times, shelter workers might feel as though vets essentially pass their “dirty work” along
to the shelter worker. In an interview with a shelter worker, she explains why she believes conflicts sometimes develop between vets and shelter employees:

People who work in the hospital have such a different approach to patient care because they are taking care of animals that someone cares about. They are doing the best they can to make them feel better and to get them well. They don’t know what it is like to spend all day taking care of animals that nobody else cares about that you might end up euthanizing yourself for no real reason. They cannot seem to understand that you might feel differently about spending huge amounts of resources on one animal when in your mind you could save a hundred for what you have just spent on that one.

Other shelter workers agreed arguing that veterinarians tend to focus on individual animals whereas shelter workers learn to think of animals as a group. The veterinarian is able to pass on ethically challenging cases to the shelter, but they are also able to rely on medical authority to lend legitimacy to the euthanasia that they perform, as this former shelter worker who later became a veterinarian explains:

It is actually a lot easier to euthanize animals that I had been caring for in the hospital that I knew it was the right...it was appropriate for them because I had spent so many years euthanizing perfectly healthy animals that it was such a relief to euthanize sick animals that I felt I had done everything that I could do to make their life better and it was the right thing to do. I do remember feeling that overwhelming sense of relief that I was actually performing true euthanasia not killing animals unnecessarily. I never had any trouble understanding that the shelter euthanasia was I believed the right thing to do. But nevertheless the cumulative grief was such that it really pushed me to go back to school so that I could have another option. But I had to do a lot of stuff in my mind to keep that rationalization alive. It is hard when you do it everyday to really believe that you are doing the right thing everyday.

Like the veterinarian above, many vets were able to use shelter workers to ease their own discomfort with euthanasia by comparing their actions against that of shelter workers suggesting, “even though the euthanasia I do here sometimes makes me uncomfortable, it is not as bad as what shelter people have to do.”

*Learning to Give Accurate Estimates and Justifying the Cost of Treatment.*

When pet owners choose euthanasia as an alternative to expensive medical procedures, guilt and anger can be directed toward the veterinarian. Although their education had prepared them for some aspects of euthanasia, most interns felt that their lessons relating
to client communication were lacking especially when it came to talking to the owners about “death and money.” It is not uncommon for pet owners to complain about the cost of treatment and, certainly, the negotiation over the cost of treatment intensifies when life and death hangs in the balance. The vast majority of complaint letters the veterinarians received were related to financial issues and, when animals were euthanized due to financial limitations, owners blamed high veterinary bills and “greedy, unreasonable” veterinarians for their animal’s fate. Owners were especially upset when their animal’s condition is treatable or they have a good prognosis but the cost of treatment is more than they are able or willing to spend, blaming treatment costs as the primary reason they were “forced” into a euthanasia decision.

Although most interns initially felt uncomfortable discussing financial issues with owners, they eventually gained confidence. A lot of the stress goes away once they learn how to make estimates and become familiar with the cost of treatment. Estimates can play a very important part in negotiating life and death in veterinary medicine as underestimating can cause mistrust between the vet and the owner, overestimating may cause the owner to choose euthanasia rather than pay to treat:

Underestimating is hard because that ends up bringing out a lot of hard feelings from the owner because then they feel taken advantage of and I think there is never a time when people want to take advantage of other people. I can especially say that at this hospital and I believe that of most veterinarians in general. We did not get into this business to become rich. We are pretty poorly paid in general. Ninety-five percent of the complaints that are received have to do with money. It is always about money. That unfortunately is a reality that you have to learn how to estimate off the cuff because it is often a waste of their time and yours if they can’t afford the money and you start the process and they go to financial and all of a sudden they want to take their pet home then you have wasted your time and theirs. If it is serious enough and there are no alternatives, you have to euthanize if they don’t agree to the estimate. I think that I tend to try to overestimate, but I also don’t want to discourage people from treating a problem. I will often tell people, “Alright you are going to go to financial and they are going to give you an outrageous estimate and it is not going to be that much. Just work with me a little bit about what the things are but I want you to be aware of the possibility that cost could get up there.
According to hospital policy, owners have to pay a deposit based on the estimate at the time of the consultation, however, due to the uncertainty inherent in clinical medicine, it is difficult even for highly experienced vets to always end up with accurate estimates. This is especially difficult for novice interns who lack the clinical knowledge to estimate very precisely:

It was a learning process of how long do they really need to be in the hospital to treat condition X or Y? What do you really need to do to treat them? Oh, you forgot to estimate for a chest tube or radiograph. Things that people tell you that you should do, but maybe when you first initially start out as a doctor you're just not as aware of exactly what you need to do in your workup. You don't have the clinical skills to predict a lot of the costs behind treating different illnesses and I bet a lot of medical doctors never really learn how to do this like we have to. It is a necessary skill for us.

It may feel distasteful to discuss the financial aspects and the costs of treatment but the vets believe that owners are more likely to choose to spend the money if you are upfront and detail exactly what the money is being used for. Interns gradually learn how to balance between over and under estimates. Clinical knowledge helps vets to know what tests and procedures will be necessary to gain a diagnosis and to treat the underlying problem in order to avoid angering the owners or euthanizing animals due to overestimate.

Many started out fairly timid when addressing the cost of treatments and grew more and more confident by relying on hospital policy and learning to justify treatment costs. When owners accused veterinarians of being unethical or insensitive to their financial concerns, some veterinarians relied on hospital policy to deal with these upsetting situations:

They start to get really upset with you when you say that you have to have a deposit before we pursue treatment. They are like, “What are you heartless? Don’t you care that my dog needs this?” I can understand where they are coming from and they are scared that their pet is not going to get the treatment that they need and will die but I have to stand firm. I am lucky that I am not one of the hospital owners so what I tend to fall back on that makes it easier for me is I say, “I am really sorry I understand why you are upset but this is hospital policy and I am just an employee so the rules are that we have to have
a deposit before continuing treatment so that the hospital can stay in business. Unfortunately I am not able to bend the rules but I have to let you know what those are.” It is kind of nice that the hospital protects me in that way.

When you work for a hospital, it is kind of nice that you don't have complete control over money stuff because I think most of us are big softies and we do want to just help the animal and wish we could cut-costs and do services for free. But you're not helping anyone in the end because are you still going to be in business? What about those future animals who would come to you? Are you going to personally be living out a crate with your student loans in default? I just blame hospital policy and call it a day.

Most participants described going through a transition when it comes to dealing with financial frustrations related to euthanasia in which they gradually began to defend the cost of treatment to owners:

It does get easier to look an owner in the eye and tell them it is going to be five grand. It is tough at first but it gets easier. You have to start to have some real backbone but also you have to be secure in yourself knowing that the services that you are offering are worth it. You have to know that this is a sick patient and they are going to need a lot of care and I see how much care all of the staff and all of the doctors are going to put into this animal and we deserve to get paid for our services and this is me doing a lot of work and it is worth this amount.

Veterinarians deal with their own discomfort discussing money and euthanizing patients for financial reasons by stressing how much veterinary medicine is a “good deal” compared to the cost of human medicine:

People don’t realize how expensive medical treatment is because the insurance in the human field. Doctors don’t even know. I bet if you polled human physicians most of them would have no idea how much an ultrasound costs, but every vet knows because you have to know. A doctor is just like this is what needs to happen and that is what is going to happen. I have actually had people yell at me about it. One guy told me the cost of treatment was unethical because it would force many people to euthanize their animals. I yelled at him back and said, “Have you looked at your regular medical bill? Have you looked at the breakdown of the cost of your regular bill? We are not even close to that price.” (laughs) Having a pet is a financial responsibility and you need to be able to own up to that responsibility. I provide medical care and it costs money. It is a responsibility of all pet owners for pet care.

Another veterinarian describes learning to feel justified in the cost of treatment:

You have to learn to start to feel justified. You have the right to earn a living just like everyone else. You don’t go to the grocery store and expect not to pay for your food. You don’t go to a restaurant and not pay. This is what it costs and it is a good value for the amount because we do a good job and we are going to fix your pet and that is worth it. Trust me you walk out of a human hospital and they will charge you ten times as much for the same care if not worse care. You really have to feel justified for what you are charging and you have to know exactly what you are charging for. Our overhead is high and it is what we have to charge. We do a ton of pro-bono work and we are more
than willing to try and make things affordable but people who can pay need to fucking pay. I am very clear on that now. They may baulk at four or five thousand but, if the service is worth it, and, if they can afford it, they need to fucking suck it up. That is price of having a pet that you let get hit by a car. He has injuries and it will cost something to fix it.

Thus, many veterinarians rationalized that they would have to euthanize animals for financial reasons in order to protect their livelihood and remain in business.

**Accentuating the Positive: Euthanasia as Rewarding.** Death has long been perceived as a dirty and polluting thing, but in some cases it is managed in such a way that it can actually be rewarding and even, gratifying for the veterinarian. For many veterinarians killing animals carries a great deal of moral stress regardless of the rationale for doing so, but *not* euthanizing animals can also cause a great deal of moral stress as well. Several veterinarians felt that the only thing worse than killing an animal you don’t want to kill is being asked to continue treating or to intentionally sustain the life of a dying animal they thought to be suffering.

Watching a patient suffer and then die is one of the most depressing parts of my job. Very selfishly I don’t want to subject myself to seeing that anymore than I need to. In that case it is obviously a relief when we don’t go down that road. If an animal comes in sick and they haven’t decided about euthanasia, but it comes down to treat this really sick animal that you kind of don’t think is going to do well and it is going to be this really hard fucking thing to treat and it is going to be a real pain in your ass and you know it versus euthanizing it right off the bat-- It is definitely better to just euthanize it. You will feel some relief at the euthanasia and that is still the way that I feel except with the ones where they can be really sick animals like a cat with really advanced renal failure and I have seen so many of them do pretty well-- some don’t but I have seen enough do pretty well that I really do like to give them a chance. It makes me sad when people decide to euthanize those, but a really critical multiple trauma hit by car especially in an older dog. I have seen so many of those do poorly and suffer so much until they die that I really hate it when owners decide to treat. I will lay it all out for them and give them all the information and the prognosis and everything but they are like well I really have to give him a chance, who am I to say no? I say okay but you go through all this heartache and all this work only to have them suffer and die. It is very fucking depressing versus if this person would elect euthanasia right off the bat. You are like thank goodness I didn’t think it was going to go well and now at least we are able to end his suffering early. I want to fix what is treatable and I want to know that we can give animals a chance where the chance is realistic. It is disappointing where people just call it quits where you think there is a reasonable prognosis. It is equally annoying or worse in some ways to have someone *not* call it quits when there is a really grave prognosis. It is a hard thing either way. I feel relief about euthanasia only when it is the right thing to do for the patient and then there is a lot of relief in appropriate circumstances. It can be such a relief and not
just because of your time and your emotional energy but also for the patient’s suffering and so much of that influences you.

In cases where the veterinarian would prefer to euthanize, the moral dilemma for them is keeping the animal alive through medical intervention when they see this as causing suffering without the potential to help the animal get well. The veterinarian below describes feeling like a “monster” for not euthanizing sick animals:

The ones you really hate are the delusional owners because your hands are tied. To a certain extent at some point though with those animals usually they just die and you have to do everything to make them feel comfortable. It is hard but I try to comfort myself with the fact that people die naturally and, while I would prefer not to have to watch animals suffer, I do also think that there is a process of death that is unavoidable. But I am doing everything I can to make them comfortable short of euthanizing them so I don’t feel like I am a monster or anything. The ones I hate the most are the really critical ones that I am doing a lot to keep them alive and they are suffering but usually they die soon and that is the good news. If they are not going to get better they usually die and when you are critical you either get better or you die and it is not like you hang on for ever and ever for what it worth. You can feel like a real monster keeping them alive sometimes.

As mentioned by the vet above, focusing on pain control is the most often used strategy for dealing with this dilemma. To control pain, analgesics were most often used in addition to other methods such as gently massaging the animal. While several veterinarians talked about wanting to euthanize these patients, only one admitted to intentionally inducing the death of animal against the owner’s wishes. In fact, nearly every veterinarian joked about “accidentally slipping them the juice” or actively inducing the death of animals they saw as suffering and close to death, but most saw it as their duty to continue life support as requested by owners despite how upsetting and uncomfortable it could be for them. Thus, in cases where euthanasia is the goal to end suffering, veterinarians report an overwhelming sense of relief when performing these euthanasia procedures.

It is always hard whenever you watch somebody suffer so I find it very peaceful to watch the animal go. I get upset at watching the people suffer with their grief and their emotions. Then you get some people who just have this notion that putting their animal to sleep is like a morally wrong thing and I think it comes from some Judeo-Christian notion that suffering is noble or something that we are meant to do or God wants us to
suffer and it is just part of life. I disagree with that but we get people here who will take their animal home against medical advice or worse will want to keep them here on ventilators and we have to watch them suffer. It can get so bad that nobody wants to look at the animal during rounds. We talk about it, but we just stand there and stare anywhere but that cage. It is terrible and when they finally die, it is a relief. If you finally convince them to euthanize, it is an even better feeling-- it is a really good feeling.

Certainly the taking of an animal’s life can be difficult for a veterinarian even when an animal is suffering and euthanasia is clearly in it’s best interest, but many veterinarians say it can also provide the opportunity for positive or “good” feelings.

Euthanasia can be a nice reminder of how special animals can be to people when it’s a routine one, when the owners are sad and the dog is really old and whatever. I really like it when it is a family. I’s harder, but I don't know. I really love it when I have like 17-year-old boys crying and kissing their dead dog. I think it’s one of the most beautiful things that you can see. You get to see their bond really intensely—the depth of that connection. And who gets to see that? Like that -- they are totally naked. They are just vulnerable. It can be a beautiful thing. It is sad but it also makes you feel good too.

Many veterinarians describe some euthanasia experiences as positive experience especially when they believe that they have helped the owners through an emotionally difficult time.

How you handle euthanasia is often a good indication of who you are as a vet. Probably for the first five years I was in practice there was hardly a euthanasia I did with an owner present that I didn’t cry. I still often cry with the owners. I find that if anything you know they appreciate that you are a professional but they also appreciate that you empathize because we all as pet owners get attitude from people ‘oh its just a dog or oh its just a cat.’ You know the flippancy of how pets are considered in the press or in the media or society, or whatever and I think people really appreciate knowing that while you are a professional you are also empathetic. I get emotional too. I do a lot of times but most of the time my job is to let them know what to expect and let them say how they feel and express how they feel so that they can feel comfortable with that experience. I don’t mind the intimate, emotional part of it. I felt really good about the one that happened yesterday. And it actually made it a better day for me. I think helping owners emotionally is an important part of veterinary medicine. Good euthanasia can be as rewarding as healing animals.

Thus, success for these veterinarians includes healing animals as well as ending their suffering through euthanasia. For many novice veterinarians success is defined solely as a cure for an illness or saving a life, thus euthanasia always feels like a failure. However, novice veterinarians eventually broaden their definition of “success” to incorporate ending the suffering of patients as well as the rewards of emotionally supporting clients.
through a difficult experience. In fact, euthanasia can be a very rewarding situation for interns who often feel underappreciated and frequently challenged by staff and supervisors. They describe how grateful they are when owners thank them and how nice it is to get thanked even if it is not related to their technical skills as a doctor or diagnostician. Even experienced veterinarians appreciate the gratitude owners often share after euthanasia procedures and most report that they all say they get more cards and letters from owners whose animal they “kill rather than heal.”

Despite all of the potential problems and stresses the option of euthanasia may bring to the practice of veterinary medicine, nearly all of the participants felt strongly that euthanasia was positive for the profession. At times euthanasia was distasteful and stressful but it could also be satisfying. In fact, a few vets even suggested that the availability of euthanasia drew them to veterinary medicine over human medicine, highlighting the ways in which they derive fulfillment and satisfaction from the practice euthanasia in veterinary medicine:

I actually think it is really, really important and I am thankful that we have it. A lot of my friends are MDs and you hear them tell stories that they were forced to anesthetize this ninety year old woman with Alzheimer’s to do a total hip. I was like that is horrible. They just describe a horrible quality of life and I thought it was going to be a really horrible part of my job that I dreaded at all points and cried over every single one and it is not like that. I see a lot of sick pets and I only agree to do ones that I think are appropriate and for me it is a sense of relief in most cases. Even my own pets and if someone said they are going to die tomorrow so would you rather them throw a clot to his hind legs and be in agony at home or push a solution into his vein. What would you choose? I love my pets and that is the way it should be.

I definitely think that it is something that veterinary medicine has that is great in terms of being able to end suffering and to not have to watch this animal go downhill and its quality of life go in a downward spiral that I think doctors have to see a lot of in human medicine. We can say that we are not happy with the quality of life for an animal and I can make a decision to not have that animal suffer anymore.

I would say the most common comment that I have about euthanasia is people saying that they wish that this would have been available for a loved one who was suffering from a terminal disease. As they are euthanizing their animal and I say I am so sorry and I say that this is really the loving thing to do and they will say I know and I am so glad that I can do this because I watched my grandmother suffer and she wanted to go peacefully
and I wish she could have gone peacefully and with dignity and without so much suffering and I hear that so often not just that people would have wished for euthanasia for their loved ones but that the loved ones wanted to be euthanized and it is illegal. I haven’t really been in that situation so I can’t say but I can say that if someone I loved was in that situation I would definitely support it and it is even more compelling than in the case of animals because there are animals that I was a hundred percent clear without a doubt that this is loving thing to do and people not only are you clear just from seeing how they are but then there are people who are no just actually asking but begging to be euthanized. That is the most compelling evidence you can have. It is so compelling in animals that can’t even speak and then when you have people who say this is what I need and people do obviously so it has got to be the right thing to do. I understand how incredibly fraught with dilemmas and everything that would happen- no question, but I am just saying is it ethically right or wrong? I think absolutely it is. I also am well aware that I would participate in a euthanasia of someone that I loved and I wish that someone would participate in a euthanasia of me if I had a terminal disease and I was suffering and it was my time.

As nearly every participant agreed that euthanasia is a legitimate practice in veterinary medicine and sometimes the very best course of action for an animal, some feared losing the “right” to euthanize. Their concern is that as animals gain more and more status in society and more legal rights the practice of euthanasia might be in jeopardy or even made illegal as is the case in human medicine.

**Failed Emotion Management**

Most veterinary professionals were able to rely on the many tension and emotion management strategies outlined above to resolve conflicts and maintain their identity as a doctor who works in the best interest of their patients. As novice veterinarians gain experience they refine and even re-define certain techniques or they may abandon some and replaced them with others, but nearly all use a unique combination of techniques in their daily lives to help manage uncomfortable emotions. For example, while the strategy of humor certainly remained a valuable tool for seasoned veterinarians, it was used less frequently and the quality of the humor was often more subtle and nuanced among specialists compared to interns and residents. While some of the techniques were, at first,
problematic for novice interns, by the end of their internship, most adopted several
techniques to resolve much of their initial ethical uncertainty and emotionally troubling
feelings. Interviews with experienced veterinary professionals provided insight into the
types of stressors that continue on into professional life. Even the strategies of
veterinarians with many years of experience were far from perfected and every
participant felt uneasy about euthanasia at certain times.

Despite the use of a variety of techniques outlined in section two, several
veterinarians report to experience at least some discomfort regarding this aspects of their
job. In fact, for several vets, euthanasia-related concerns remain the worst part of their
job. Many participants felt preoccupied by certain euthanasia-related experiences that
resulted in a need to reminisce or talk about the circumstances of the case. Veterinarians
report a wide variety of feelings they attribute to end of life negotiations or euthanasia
related events. At times they may report feeling a sense of liberation or relief, however,
they also report feelings of grief, sadness, anger, depression, guilt, anxiety, irritability,
resentment, self-doubt, frustration, and remorse that may accompany feelings of being
overwhelmed or out of control. Several reported to sometimes feel confused about their
moral obligations and responsibilities and several have felt considerable guilt about their
role in the death of animal, sometimes reporting to feel like a “murderer” or a “killer.”
For most veterinarians these feelings of tension and conflict were not constant but
happened from time to time throughout their practice. There was no consensus on the
amount of tension or the kind of end of life situations that made participants
uncomfortable, but everyone experienced some level of distress ranging from only
slightly discernible to high levels of emotional distress depending on the individual.
Thus, the last part will examine problems implementing some of the strategies outlined above, why some people do not consistently use them, and when they fail to resolve tensions.

One of the most difficult euthanasia procedures for almost every participant was euthanizing an animal to whom they had development an attachment. Attachments could become quite strong in relatively short periods of time but were especially salient when the vet helped an animal battle an illness over the course of several weeks, months, or even years. Many emergency veterinarians said that, although they may not often spend more than a week or two with an animal, strong bonds could form due to the fact that the animal is hospitalized and the circumstances of their illness require constant monitoring.

The more invested you are and the more you know them the harder it is not only because you have developed a relationship and now you might start to question yourself...It feels more like your responsibility the longer you have them under your care. It is not just the relationship you have with them but you have more responsibility for them...being an emergency resident we get a lot of people who just come in for euthanasia and I have not ever met them before and those hmm, you know it’s not ever fun to do but it’s--it’s something that--that you just do. I think the ones that are harder are where you have a relationship or--or have worked really, really hard on a case for a long time and they end up deciding to put the dog to sleep or the cat to sleep...if I know the owners and I know the pet and--and have made an investment in their care, those are much harder.

Thus, although the veterinarian believes that the euthanasia is rationale and a “legitimate” option, their attachment to the animal makes the euthanasia difficult. Many vets were especially bothered by surprising cases where they believed that the animal would “make-it,” but the animal’s recovery takes a turn for the worse and they must either euthanize or the animal dies.
stop. It is not unreasonable but those are the ones that are the hardest and the most upsetting.

Even without forming any special attachments, many veterinarians were troubled to euthanize animals that could be “saved” or successfully treated with more money or effort on the part of the owner.

Several participants noted a particular characteristic of a patient that was always upsetting regardless of their attachment to the patient or the circumstances of the euthanasia. Euthanasia procedures could become unsettling if sick animals appeared to look “too healthy” on the day of the procedure. Several told stories of animals that they thought “did not want to die” or were not “ready to die.”

It can be difficult if the animal looks good on a particular day. Remember my septic abdomen?–That black lab that came in who ate the nylons and had a linear foreign body and went to surgery- recovered great from surgery- but then his sutures failed so he came back in. That dog was running around the euthanasia room wagging it’s tail and drinking out of the toilet. Then he would throw up, run around, wag his tail, and drink from the toilet again. (laughs) He was sick but that one was hard. He would not lay down. He was licking the owner. The owners were balling. That one sucked. It really sucked. That one was hard...because we should have just taken him back to surgery and fixed him. He didn’t want to die, but they didn’t want to pay any more money. That one is still hard for me to think about. I just think about how happy he was even though he was in pain.

Euthanizing animals that resemble the veterinarian’s personal companion animals was distressing. For some, this might mean a particular species of animal, breed, coat-color or other similarity to their own animal companions. Others describe having a “weakness” or “trigger” for a specific dog breed: “I certainly have a trigger for German Shepards cause I have a German Shepard. And she’s you know, an older female German Shepard and so, I mean, it will sort of pull at my heartstrings when I’m euthanizing a German Shepard just because I think I personalize it—I think “oh my god, this is gonna be me someday.” Euthanizing young animals was difficult for almost every veterinarian.
At times veterinarians relied on the “uncertainty of clinical medicine” to manage their own discomfort with the euthanasia, there are cases where doubt remains.

I think it is the fact that you sometimes euthanize things without knowing what is wrong with them. You have to tell people that this doesn’t look but you don’t know one hundred percent and you sometimes feel like if it was something that was just weird that we could have fixed then the animal would have been okay. You know you give people your best judgment based on the way the animal looks and your initial work up like blood work or whatever but often times it does not get as far as x-rays and ultrasound and all that cause they just don’t have a lot of money. They might be willing to spend the money if it was something that was easily fixable but you know chances are it is not but just that chance-- that it maybe was something that we could have done something about is hard.

Relying on uncertainty in the case of euthanasia without a medical diagnosis is a double-edged sword as some veterinarians could find comfort with the idea that the animal most likely has a medical problem serious enough to warrant euthanasia, but some veterinarians focused on the chance that they could find something treatable. Thus, while some veterinarians relied on the uncertainty of medical outcomes for comfort, others questioned the possibility that the outcome might be treatable and were more troubled rather than comforted by the uncertainty.

Euthanizing large numbers of animals was troublesome for nearly every participant and most recalled specific times when they felt burdened, “burnt-out” or “overwhelmed” by the number of animals they euthanized. Many vets believe that having to perform more euthanasia procedures than normally expected could be a reflection of the season. For example, emergency veterinarians dread summer months when animals are outside more often causing an increase in accidents. Some vets were convinced that they did more euthanasia procedures around Christmas time both because owners did not have the funds due to holiday spending or they were simply waiting to euthanize old, sick animals until all of the family gathered for the holiday to say goodbye. Most of the time, however, veterinarians believe that getting a higher than average
number of euthanasia procedures in a day, week, or month is simply a reflection of “bad luck” or random chance. Heavy euthanasia days, weeks, or months were particularly troubling for novice interns early in their internships as they were not accustomed to euthanizing patients at all, but with time and tension-management strategies, their attitudes improved. However, similarly to veterinarians with decades of experience, even more experienced interns were still subject to feeling the burden of an unusually heavy death toll.

Many veterinarians described clients that they found to be upsetting as well. Several had difficulty euthanizing an elderly person’s animal. Many found owner’s stories about the animal or attachments to family member to be upsetting such as the animal belonging to someone in the family who recently died.

Old people are horrible. They are the worst. Old people especially single old people. They are the worst. Single people--that animal can be the only thing that they have. A couple--that can be their only child. It totally depends on the situation. Men--It is very sexist but it gets me much more with men. Usually the more blue-collar and rough guy is, the harder it is.

I try to hold it back as best I can but it is hard especially if they are young women too. If I can identify with them or if it is a young woman euthanizing a cat and she is alone, I pretty much cry before it starts. I think a lot of it is just me scared of losing my own cats.

Sometimes having children in the room made a euthanasia procedure more difficult for veterinarians.

The things that make me cry is when I am in an exam room and there is a young kid in there, not like a child or toddler, but like an eight or ten year old especially little girl that is in there crying and they are trying to be very polite, very adult-like but holding back tears or maybe crying a little, but you can see they are in pain and trying to be strong. It is just so sad when they are saying goodbye and I can see how it hurts them. I think that is what makes me cry more than the euthanasia. It is seeing the little kids go through that that makes me hurt for them.

Contact with grieving and highly emotional people made it difficult for vets to maintain their professional composure and emotionally controlled work environment, but they were also difficult to avoid. Other professional groups such as detectives and prosecutors
have been able to discourage contact with bereaved family members by “cultivating a personal authority or a status shield” and by “using victim services counselors as organizational shields” (Goodrum and Stafford 2003: 188). Veterinarians don’t have the same access to such status or organizational shield except to refer clients to a few pet loss support groups or hotlines. Moreover, although most veterinarians believed that counselors were better trained to handle grieving owners, they felt a duty to “be there” for owners. In fact, most participants felt as though providing at least some comfort to owners is an important part of their job, especially given that others in society may not understand their grief or demonstrate sufficient sympathy towards their loss. This support was usually limited to the time immediately preceding and following the actual procedure, however, sometimes veterinarians would spend a considerable amount of time during consultations with clients in the weeks or months leading up to the euthanasia of some patients both on the phone and in person. As grief counselors begin to specialize in the loss of pets and support groups become more conventionalized around the death of pets, veterinarians may be more likely to utilize a “status shield” as a buffer to the potential emotionally draining bereaved client, however, until that happens, veterinarians continue to assume some of that charge.

Although dealing with grieving owners could be troubling, most participants found the experience of euthanizing animals when the owners were not present to be significantly more upsetting. Although a minor anxiety, several veterinarians mentioned feeling especially anxious about euthanizing the wrong patient without the owner by their side, as explained by the veterinarian below:

I always have a moment of panic and I don’t know if all vets experience this, but I always have a moment of panic as I am giving it that I have made a mistake. It may totally be the right thing to do like the animal is suffering, but it is so final that literally my heart
skips a beat. I have a moment of thinking, Did I make a mistake? Is this the right patient? All these things are ludicrous because of course I know the patient and I just talked to the owner and everything is okay but you have that moment of panic…It is irreversible. I mean God forbid that I ever euthanize the wrong patient. I mean I can’t even fathom how I would feel about that…It is just about the only thing in medicine that you cannot take back. That little anxiety is bad enough when the owner’s there, but when I euthanize pets when the owner is not there-- that panic is much stronger. I just have to remind myself that I just talked to the owner and it is okay for me to euthanize the pet.

While a few participants were indifferent to the presence of the owners, the vast majority of participants preferred owners to be present. Many were sympathetic to the reasons owners may not want to be present during the death of their animals, but disliked not having owners around.

I hate euthanizing a pet when they are in unfamiliar territory and around unfamiliar faces. I hate it. I almost get pissed off at the owners for not being there. I can understand they sometime struggle with it. I had a man who was visibly emotionally, physically distraught. He could not even talk to me. Again, I read the CLC’s and I knew the dog was sick and was okay to euthanize, but I almost got pissed off at him for not being there. He just couldn’t do it. He could not do it. I understand but I hate it. You are walking down the hall and the animal is looking back at their owner walking out the door. I hate it. That is the worst. I would rather have the person sobbing over their animal than do it just me. I usually cry when the owners aren’t there. With one dog I remember Pratt brought in some ham and we were like hugging her and everyone came around and gave her treats and played with her. That cat or that dog doesn’t know me from anybody. I think animals know who their owners are and it is an uncomfortable scary situation for them to be in and here we are killing it. It is very uncomfortable for me. I don’t like it.

Aside from the case of exotic animals or animals with health conditions in which the euthanasia may be technically difficult, many vets preferred and encouraged the owner to be present.

Just euthanizing an animal in the clinic area by itself with us is hard for me…I feel worse for the animal all alone when I am doing a non-witness and I feel worse for the people when I am doing a witness. But I hate when people don’t witness. I understand it but I hate it because the animal- they are with strangers and they are by themselves now and we are the last people that they see. I don’t like that. I feel really badly for the people during a witness who are there watching but I think it is important for the animal. Either way there is some stress but I still prefer the owners to be there.

Despite the fact that having an owner present at the euthanasia made the procedure more time consuming and technically demanding for the veterinarian, many veterinarians believe that it is important for the animal as well as the owner be present for the death of their animal.
You want the owners there for the sake of the pet really. It takes longer because they want to spend so much time with them and so forth. The actual act itself does not take longer but all the staging and stuff does like the catheter, blankets, and making sure they are ready and then viewing them before and after can take forever compared to when they are not there. For the sake of the pet being stroked and petted and being spoken to, for them and me, is so much more worth it just having the comfort of them saying goodbye. I feel like owners owe it to their pets-- I mean animals are great. They'll just give you their heart unconditionally. That type of devotion, you need to be able to stand up and take their death. (crying) And I do feel better when people decide to stay. And I feel it's better for them too. If you don't stay how do you have that ending? Instead they just disappear. The animal is taken into the back and that's it. How can that be the end of such a meaningful relationship?

Like the veterinarian above, for some participants, discussing euthanasia procedures when owners don’t choose to witness was the most emotionally upsetting part of the interview and several participants cried or clearly held back tears when discussing the topic. When asked why they would prefer owners to be present given that their presence adds a significant time burden, most cited that the owner’s presence calmed and comforted the animal and “lifted a burden” off of them to comfort the animal.

In addition to the veterinarian’s desire to comfort the animal, the performance in front of owners can function as a coping mechanism for the veterinarian because it demonstrates to the vet that the relationship between the animal and the human is significant. When clients don’t wish to be with their animals during death, it can feel to the veterinarian that the death is unimportant and they are killing an unwanted animal. For several, having the owners around made it easier to transfer blame or responsibility for killing the animal.

It is almost like the owner is the buffer. If the owner makes the decision to euthanize and they are there it is almost like they are telling the pet, “I love you and I am so sorry that I have to do this”…you can see how sad they are and you can see what a difficult decision it is for them. When they are not there you are trying to tell the pet like you are so sorry (crying) but it kind of falls on you and it is a horrible feeling because I really feel like if the owner is there it is clearly their decision but when the owner is not there I feel complicit in something that is…I can’t look that patient in the eye and tell them I did everything that I could. It is a shitty feeling. There are people who I think are better at deflecting that like they don’t allow that to affect them quite as deeply like they are able to say even when the owners are not there that this is the owners decision and they are making this call I am just caring out their wishes. It feels much more personal to me when the owners are not there and it is one thing when the owners are not there and the
patient is suffering I feel totally comfortable with that but in cases where it is really unfortunate and you really wish it didn’t have to go this and the owner is not there- those fucking suck.

Thus, owners offer legitimacy when the veterinarian has ethical uncertainty. A few participants referred to feeling something akin to “less like a doctor and more like a shelter worker” when the owners were not present. Goffman (1961) argues that an important feature of any performance and the impression it creates is the authority it is given. Although it was not true of all vets, for most participants, part of orchestrating a “good” death includes having a grieving audience, thus the event losess its authority and sacredness when the owner don’t participate.

But for me what makes a good euthanasia or a bad euthanasia is whether or not the owner is upset. If they're not upset then -- that sucks. Not that I want to see them upset, but I don't know. It's hard to watch something die and have no one care. Especially when they are not even around -- I really like to think of that decision of being very weighted and if they're not really upset when it happens you can tell it wasn't a difficult decision for them to make. And how can that decision not be difficult? I don't care if it's a beef cow. How can that decision not be difficult? But for some people it's not. It's more upsetting for me to watch them be more upset, but it feels better in a way. It sort of justifies what you're doing a little bit because the only real reason to euthanize is because you love them enough to euthanize them. But if that's clearly not the case, then it makes euthanizing something feel sort of dirty...Watching actually is much harder for me when owners don't care or I think they don't care. Those just feels icky like taking out the trash or something.

For the veterinarian above euthanasia felt “dirty” akin to “taking out the trash” when the owners were not present or, when present, were not as upset as the vet would have preferred. Perhaps the presence of the owner acts a reminder of their role as doctor providing an important service rather than the “lesser” role of shelter worker. Moreover, animals that are worthy of grief and sympathy are also worthy of expensive medical care, further legitimating the veterinarian’s social role.

Euthanasia procedures chosen primarily for financial reasons remained difficult for several vets such that negotiating the cost and type of treatment for animals when euthanasia might be the most reasonable alternative remains the worst part of their job as
veterinarians. In most “financial cases” there were other mitigating circumstances such as a poor prognosis that made the animal’s death more legitimate to the veterinarian, but some cases simply boil down to money. Although sympathetic to owners who simply can’t afford the necessary veterinary care, a few participants, like the veterinarian below, report feeling like a “killer” or “murderer” when she has to euthanize animals for financial reasons when there are no better alternatives:

It may be that the dog was really, really sick but fixable and it would have cost three or four thousand and the moral dilemma for me is you can’t require people to just cough up three or four thousand. That is not a fair expectation and that is not the way we should practice medicine. Yes ideally but you can’t just say you are asshole for not wanting to pay three or four thousand for your pet. It is a lot of money so, if they are really sick and the treatment is going to be expensive and there is not a good way around it in terms of surrender or pro bono or whatever then unfortunately euthanasia does become an option...It can be pretty obnoxious but at the same time what are the viable options? When it is one of those cases where it is not reasonable to do pro bono or it is not reasonable to surrender where they are too injured. We will do a lot of stuff and there are things where this is technically treatable but there are still things where it is an okay prognosis but not a great prognosis and it will be expensive treatment and recovery and you feel like you are making compromises. Euthanasia is reasonable cause it is a sick pet whether it is fixable or not the pet is really sick and it is expensive and so I am like well I can’t force you to treat and it is also not the kind of thing we can surrender him for either. Those are probably the most irritating not just because well sometimes I am mad at the owners but sometimes it is just because the owners don’t have the money and there are no options and you are just fucked. That is a really frustrating situation because then on top of having to euthanize a pretty treatable animal you are sad for the owner on top of it. They don’t want to lose their pet and they don’t want to feel guilty like they are not doing the best for their pet. That is a shitty situation all around. Mostly in those situations I feel really guilty for the pet. That is when I kind of feel like a murderer. That is where for me my ethics come most into it where I feel like I know I am not doing the best thing I can for this pet but my hands are tied. I feel like it is not their fault they have a greedy owner or a poor owner or whatever.

For many veterinarians, euthanizing animals because the owners could not afford the treatment is upsetting but they accept it as “part of the reality of veterinary medicine:”

I would say that probably most cases have at least a small financial element to it-- if it is not the governing factor. I would say at least half of the euthanasias I do at least are based solely on the fact that the owners cannot treat their animal or even pay to find out what is wrong with them-- at least half. I bet if you surveyed owners it would be much more than that. I mean it is just part of the veterinary profession. It doesn’t stop bothering us, but we all just get used to it.

Thus, while veterinarians may accept the financial reality, it remains frustrating to kill animal for this reason. In addition, as discussed earlier, some clients criticize
veterinarians on the grounds that high veterinary fees are responsible for their pet’s death as they could not afford the necessary surgery or treatment alternatives to euthanasia.

Little evidence was found to suggest that participants financially exploited pet owners, but there was far more evidence of the opposite—that vets often provided services free of charge. Likewise, little evidence was found to indicate that participants charged excessively for their services as veterinary clinical and surgical services are provided in a competitive, open market business environment. Some participants argue that perhaps the reason they sometimes face distrust is that the veterinary profession has not been very effective in conveying to the public an appreciation of the monetary value of the service that is involved in treating animals.

Convincing an owner to surrender an animal that otherwise would have been euthanized is sometimes a successful technique, however, that strategy is not without its problems. Because the veterinarian avoids performing a euthanasia that would have made them uncomfortable, it may seem like an easy solution. In cases such as “convenience” euthanasia where the owner requests euthanasia for a relatively healthy animal because they no longer wish to care for it, convincing the owner to surrender is a clear cut “win” for the veterinarian. In some cases, this solution is good for all parties as the animal gets the care it needs, the vet doesn’t have to do the euthanasia, and the owner doesn’t have to pay to treat the animal. However, when it comes to owners who wish to treat and keep their animals, but simply can’t afford or choose not to pay for the alternative to euthanasia, surrender is not always as simple a method as one might think.

Sometimes surrender is the last resort where your pet has a problem that has to be treated and you can’t afford to treat it and you may need to surrender it to someone who can and that happens and it is really sad and it is sad when they are young people and they are like but I want to keep my Fluffy. I know but Fluffy needs this care. I had a 15 year old who brought in her dog- a puppy and her parents were not responsible for the animal at all. It
was her dog and they didn’t want to pay for any of it. They wanted nothing to do with it. They didn’t come in with her at all. She just brought the dog in and so she didn’t have a cent to her name. It was a puppy who was 10% dehydrated and had been vomiting for three days and he had a foreign body in his intestine, which I could palpate so I didn’t even need to do anything to diagnose. I was like right off the bat this dog needs fluids tonight or it is going to die and it needs a surgery as soon as possible or it is going to die. You obviously are not going to pay for this so I had to make her surrender the dog and we did the surgery for free and it is an adorable little puppy and it found a good new home and it came back into us later for something else and it looked great and the new owner was so happy. This 15 year old was crying and didn’t want to lose her puppy but the reality is that if you don’t surrender him you are going to lose him but he is going to die. I had to be like really hard and the other reality was that afterwards she wanted to visit him and she wanted to see him after he gets better and I had to say no to that too. You can’t see your puppy anymore and it sounds like at this point in your life you probably are not going to be able to have a puppy because they can be really expensive. That is how you have to be…It sucks to take this kid’s dog away—to take anyone’s pet away when they can’t afford treatment, but I sure wasn’t going to kill the dog.

As was the case above, sometimes the owner may become upset questioning why they can’t keep the animal if it is getting treatment. In one case of suspected epilepsy, the owner didn’t want to pay to diagnose the dog if there was a good chance that the dog would need continued treatment that he was not willing to administer. The intern asked if he would surrender the dog to the hospital and the owner agreed and, as it turns out, it was treatable lead poisoning. She treated the dog and found it a new home, but also called to inform the owner about the lead poisoning out of concern for the child at home.

The intern was very upset when the owner argued with her that he should be able to have the dog back accusing her of “stealing” his dog. However, even in cases where the owner is willing to sign over custody of the animal and doesn’t plead a case to keep the animal, it can be difficult for the veterinarian to take the animal away from them. Thus, for this reason, some veterinarians, like the two vets below, rarely ask or outright refuse to ask owners to surrender their animals:

If people offer up their animals, I will try to find them a home, but I don’t ask them to surrender because it is really uncomfortable. I had a puppy who had a rectal prolapse and the owners asked about rectal prolapse if this could happen again. They were like well we really don’t want it and they asked if anyone here would take it. Those are the only ones I really do if they are clearly offering it up. I think we are on ethically shaky ground doing anything more than that. It is reasonable to ask in some obvious cases, but if it is
an animal that they have had for a long time, I never do. I hate to take people’s animals away from them.

Another veterinarian argues a similar point:

I personally have really strong feelings about adopting animals out. I worked at a practice where that happened all the time--where people would bring an animal in and they would make the decision to put it to sleep and--and somebody would intervene and say would you be willing to surrender your pet and then we can try to find it a home? I think that that’s—that’s good for the pets, I think it’s horrible for the owners, so I don’t offer that--unless they’re very cavalier and they’re like this dog is a nuisance to us and we don’t want it anymore, I feel like they’ve agonized to make the decision to put their pet to sleep and it’s not something that they did on a whim, and I don’t think that it’s fair for me to say to them you can’t treat your pet appropriately. Would you be willing to give it up to somebody else who can? In this setting, I think because my--my belief of the way that--that comes off to the owners…if I were an owner that’s how I would feel if somebody asked me to surrender my pet after I made that decision. I would feel like so the hospital is only going to get $100 instead of $600 and now somebody else is going to have my pet. Why can't they just charge me the $100? And I kind of put myself in their shoes and that's probably very selfish because I think if I were a different person I would think well at least my pet will be out there and be happy and--and whatever, but I feel like I provide a good home for my pets and the implication that somebody else could provide a better one would be insulting to me. I mean that’s how I rationalize it and maybe that’s how I am comfortable then putting the dog to sleep that has a treatable disease if the owners can't afford to treat it because I put myself in their shoes and it’s not an easy decision for them to make ever. And I don’t know if I would feel better about myself for having saved a dog’s life but having taking it away from its owners, I don’t think that would make me feel any better.

Sometimes participants did not feel comfortable asking the shelter to take certain animals, indicating that it didn’t seem “fair” or “right” to ask the shelter to take them because they were thought to ultimately be unadoptable. Because so many healthy animals are euthanized at a shelter, veterinarians were hesitant to ask shelters to take animals whose condition made them less likely to be adopted and more likely to be euthanized.

I think when you come in you are thinking Oh I want to save everything and, at least for me, I have had a lot of contact with the shelter and for them having to euthanize healthy animals or animals with fixable problems all the time. It makes me not feel better or--more comfortable with saying, “Yeah this is a fixable animal but who is going to fix it?” A lot of people are like, “well you can surrender it to the shelter.” From my perspective I am like well that is great but the shelter is just going to euthanize in the morning. I am here and I can save the pet the transition and I have seen a lot of the shelter people just be really burned out and not liking their jobs and being really stressed about euthanasia. I feel like if I have a good sense of what they euthanize and what they don’t, I feel better about someone bringing in a pet for euthanasia and I do it knowing that even if I offered surrendering it to the shelter or whatever, euthanasia will be the ultimate outcome. In the beginning I would have been more likely to try to get them to surrender. Like if they
would come in and say, “Oh he is old and he pees on the rug, but maybe the shelter can adopt out a dog like that.” No the shelter will have to have it in the shelter and have people take it and then they decided that it pees on the rug and then no one will want to adopt it so it will get euthanized and it will spend it lasts two weeks uncomfortable in a shelter environment. Whereas the owners are here now to euthanize their pet so I don’t need to add in guilt or hope or whatever you give them by saying, “Why don’t you just surrender it to the shelter?” In some instances that is appropriate like, “this dog is too loud” or it is “too anxious” or “too happy” or “we forgot to train it.” These may be adoptable animals. A happy seemingly completely healthy animal who doesn’t seem aggressive but it bit their child. Maybe it was provoked. Maybe it wasn’t, but that is not an animal that is appropriate to go to the shelter.

Despite numerous tension and emotion-management techniques, all participants felt at least some uneasiness when facing certain aspects of euthanasia in their work. For example, negotiating with clients over life and death issues could make veterinarians feel more like a business owner selling a product- an identity incompatible with their identity as professionals providing an important social service. All participants experienced at least some emotional difficulty when faced with euthanizing patients and, for a few, the feelings could be rather intense. When tension and emotion management strategies failed or failed to help the veterinarians cope completely, veterinarians felt some degree of sadness, stress, guilt, and even remorse. Veterinarians regularly utilized techniques of rationalization discussed above and also reported to rely on physical strategies such as exercise and relaxation activities after work as well as negative coping mechanisms such as excessive alcohol consumption. One even entered counseling specifically to deal with emotions associated with euthanasia in her work. For most veterinarians, euthanasia in veterinary medicine is fraught with dilemmas and frustrations, yet they also described this aspect of their work as professionally rewarding and personally gratifying. In fact, for some, being “good” at euthanasia and helping pet owners through the process is important to their identity as to what makes a “good” veterinarian.
Animals as Property and Patients

It isn’t surprising that the veterinarians’ strategies were imperfect as they reflect the ambiguities inherent in human-animal relationships that of treating animals as both objects and subjects. Given that the subject-object dichotomy is built into contemporary society animals clearly play both utilitarian and emotional roles in our daily lives. As property, animals are objects for people to use rather than beings with interests and rights of their own such as the right to health care or even life. Because a cow or a dog is legally considered property, they can be disposed of as their owner wishes (as long as the method upholds laws regarding the humane treatment of animals). Companion animals play dual roles in our society in that for some people the animals in their lives serve more utilitarian functions, but for other they serve more expressive ones. For some, a dog may be their “friend” or companion, but for others a dog might be bred as a source of income or serve the owner primarily as a guard or a running partner. On one hand, when the animal no longer serves their function, the owner may replace it with another animal. For example, an arthritic dog may be euthanized because they are no longer able to keep up with their owner during morning jogs. On the other hand, animals who play the role of friend or family member may receive hundreds or thousands of dollars worth of veterinary care to prolong their health and comfort as long as possible. In other words, veterinarians treat both patients and property.

Regardless of a veterinarian’s particular view of their patients along the spectrum from subject to object, they are likely going to encounter owners with different views and contradictory beliefs of what makes up a “legitimate” rationale for the killing of an animal. The veterinarian’s role calls for them to sort out and work through these conflicts
on a daily basis. Because of the ambiguities inherent in human-animal relationships,
when veterinarians think of their patients as a group and as individuals, they become
frustrated with what they see an “inherent injustice” or “fundamental conflict” in the way
veterinary medicine is practiced today, as these two veterinarians explain:

What bothers me is when people have to put down a dog with a broken leg and here we
have people who hold on to a really sick pet—Like the poodle this one has blood coming
out of his anus and she still won’t euthanize. I have had young puppies, like a parvo
puppy or a broken leg, a young animal that you don't want to put them to sleep. You
know they're fixable. They're fixable and don't have a chronic disease, but the owner did
not have the $500 dollars to fix the leg. Then you just want to switch owners, the people
who are spending tons of money on a pet that you think should have been euthanized
three weeks ago, and the people who have a completely fixable pet, but are like, “Well,
let’s put him to sleep. We can't afford a thousand dollars.” Your like, okay, we just, can
we switch you around because we can save their animal, but I can't save yours…It’s
unfortunate and you know that’s a hard thing-- you see some people that will spend
$10,000 to buy their animal another month and then these people can't even afford $500
to $600 for a basic unblocking and hospitalization for a disease that is fixable. I think
that’s hard because you know you’ve got one person that’s just throwing money at you
for a problem that you can't fix and then other people that can't or won't pay for problems
that you can fix.

Another veterinarian articulates the same problem:

It is Murphy’s Law of veterinary medicine is that the owner who is willing to do
everything has the pet who is not fixable and the owner who is not willing to do shit has
the pet who is an easy fix. It is so frustrating! You may want to treat your pet but your
pet isn’t fixable but over here I have a one year old cat who can’t pee but give me a
couple of days and a few hundred bucks and we can have you a great cat, but, instead,
both of them end up dead! It is so frustrating. I have this one patient and the client is
Buddhist. Buddhists don’t believe in euthanasia and there are some hard-core Christians
who don’t believe in it either. In general they will make exceptions for pets but she had
this kind of homeopathic medicine thing going and she kept bring herbs to him and she
felt like she had to just give him a chance. It is so unfortunate because there are so many
cases where I would have loved that owner and I would have said you know what I am so
glad you are willing to give this a go because I think there is a chance we can pull this
guy through and I am so glad that you don’t just look at all the injuries and say fuck him
he is a dog. But not in this case! Say he was three years old and he didn’t have the lung
injuries and he didn’t have the spinal fracture, but four pelvic fractures! He will need a
lot of surgery and probably easily eight thousand dollars worth of surgery and he is 8
years old. There are so many animals with more fixable problems. Normally I would
love an owner like her so it was so frustrating to have an owner like her in the wrong
situation.

This conflict demonstrates the underlying tension inherent in human-animal relationships
that of subject and object as veterinarians encounter owners whose views fall on both
ends of the extreme. Veterinarians experience tension and emotional unrest in their work as a result of these conflicting ideologies and norms.

It is no surprise that the strategies veterinarians utilize to cope with their ethical uncertainty reflect the underlying dilemma and larger societal divide between animals as both subjects and objects. In fact, the strategies utilized by Arluke’s (1996) shelter workers to cope with euthanizing animals also reflect the “simultaneous pulls toward objectifying the animals, on one hand, and seeing the animals in pet-related terms, on the other- a conflict between rational necessity and sentiment, between head and heart” (104). In veterinary medicine animals are treated simultaneously as property and as patients. People who bring their animals into the hospital are equally referred to as the “owner” of property as much as they are called “client.” Animals are also equally referred to as someone’s “pet” as well as a “patient.” It isn’t surprising that these labels are used equally and interchangeably as the strategies that veterinarians use to manage uncomfortable feelings involve treating the animal both as a “pet” (who is the property of an “owner” who has the right to decide the course of treatment, including killing the animal for any rationale) and as a “patient” (who is an animal with social status deserving of medical care).

Nearly all of the strategies outlined above involve balancing between seeing the pet as an animal object or patient subject. In fact, because having attachments to their patients and being sensitive to their death is so important to most participants that they feared the consequences of some of the actions they take to “desensitize” and “distance” themselves. Some vets worry that the “dark humor” and other attempts to objectify animals, if used in excess, might tip the delicate balance between distance and
connection. In the example below, the veterinarian is concerned that the patient side of veterinary care can be lost when animals are too objectified:

Once you have decided that euthanasia is going to be the result you know some people will kind of slack off about it. Once the owners have decided to euthanize, some vets cut corners by saying well they are going to die soon anyway and turn off the oxygen but that makes it harder for them to breath. I have seen people do that and they say oh it doesn’t matter cause they are going to euthanize so that means we are not worried about pulling the animal through anymore, but quality of life wise, anything we can do to help their breathing is critical. I will continue treatment or oxygen or anything that makes them more comfortable pending the euthanasia procedure. The owner is going to have to suck that up financially and if they are going to take a long time making that decision we are going to continue to treat and I am not going to hold back based on that. I have seen people be like well I don’t want to add up any more charges for them but that means you are short changing your patient. Gasping for air is one of the most uncomfortable feelings. I can’t even imagine what it feels like to be gasping for air. You know with congestive heart failure you are drowning. If you are drowning and the whole reason why their gasping is so hard is poor oxygenation and increasing their inspired oxygenation content will make it easier for them to breath and relieve some of that pain and anxiety and all those things that go along with it I am going to fucking give them their oxygen up until the last moment. I won’t even remove animals from oxygen to euthanize them because I think that that is cruel, but some people do that to save try and save the owners a few bucks.

In this case, by allowing the animal to “suffer” for the sake of saving the owners some money, the veterinarian believed that her colleagues have lost touch with caring for the comfort of the animal in trying to balance between seeing patients as objects and subjects as well as balancing a commitment to clients and owners. Another participant cited an article in a prominent veterinary journal in which a veterinarian makes a call to “promote the use of scared rituals to enhance our sense of responsibility, respect and compassion when we interact with animals, particularly when animals are killed” (Manette 2004: 38). In the article, Manette concludes, “Our choice to act either unconsciously or consciously with distancing devices or love will likely color the responses of our clients, define our relationships with them, and forecast how well the animals for whom we are caretakers will be able to heal themselves” (2004: 38). Some participants even worry that these strategies they all utilize might dull their emotional sensitivities generally even in their relationships with people and animals outside of their work. In an attempt to restore
balance between emotionally distancing coping techniques, these veterinarians are calling for veterinary schools to incorporate other coping devices that stress connection over distance such as creating meaningful or purposeful endings which may be expressed with a simple goodbye or may be more elaborate rituals that vets might perform during or after the euthanasia. A few veterinarians found comfort in saying a prayer or certain words to the animal asking the animal’s permission to relieve it’s suffering or thanking them for their corporation as a way to remind them of their connections to patients but also acts a coping device.
Interns Reflect on Euthanasia

When asked about euthanasia at the start of their internship, many of the interns felt confident in their ability to handle much of the technical aspects of euthanasia or saw these aspects as easily manageable with backstage preparation. By contrast, all interns believed, in one way or another, that interacting with clients can be “complex…unpredictable…requiring patience and skill” involving subtle, conditional aspects rarely made explicit during their schooling prior to the internship. The interns were particularly concerned with four elements of client interaction: managing client impressions of the euthanasia, dealing with the client’s emotions, negotiating when to euthanize, and discussing financial issues. At the end of their internships, the interns reflected back on their experiences with euthanasia, noting aspects they thought were easier or more difficult than they anticipated. When asked what advice they wish they might have received at the start of the internship regarding euthanasia, they offered up some of that advice to the new cohort of interns. They detailed experiences with euthanasia that were rewarding, disappointing, challenging, and surprising.

In many respects the final few weeks and last interviews with the interns reveal the entirety of this dissertation. As one might expect, the stories describe novices initially feeling overwhelmed, but gradually becoming more and more comfortable as they gain experience. As they began their internships, most interns considered managing the impressions of owners to be crucial to a successful euthanasia and they were quite anxious about their lack of experience in this area. However, by the end of their
internships, each one of the interns could list a series of behaviors and skills they utilize to create a “good death” for animals and a pleasing “last memory” for the pet owner (as outlined in Chapter Four). In fact, the seasoned interns enthusiastically shared their secrets to a technically successful euthanasia in the hopes of helping the novice intern to avoid common pitfalls. As with any ritual or event, spoiled performances are always possible and mishaps crop up even for the most seasoned professionals. Interns became increasingly confident that they could save spoiled performances and create “good” deaths in spite of technical and interactional calamities. Although every intern could share a “horror” story regarding a euthanasia in which they were unable to create a favorable impression of the death of their patient, they ended the year having mastered the necessary skills to either prevent or successfully recover from such problematic presentations.

Although dealing with bereaved clients was initially awkward and uncomfortable for most interns, they eventually became more comfortable and competent in this role, feeling increasingly at ease around emotionally distraught clients. At first they were simply reacting to clients’ desires and emotions, but they eventually learned to be more proactive with clients’ emotions, sometimes even shaping or managing a client’s emotions in ways that made their job easier and helped the clients as well (as outlined in Chapter Five). In fact, in advising the novices, nearly every intern mentioned the need to reassure clients who choose euthanasia for their pets because they commonly feel guilty. Moreover, like other more experienced veterinarians, many interns also found helping clients emotionally during euthanasia to be a very rewarding aspect of their job:

During the times in the internship when I hadn’t really had much in the way of encouragement, helping owners emotionally can be wonderfully rewarding. You know your follow-up is not that great and you are still dashing around all crazy and you are
unsure and you don’t know as much and you make mistakes. There are a lot of negative criticisms that flow around here [from supervisors] and it is nice to hear something positive. Sometimes this is the only thanks or encouragement you get is with euthanasia. The clients will send you cards and thank you letters for killing their animals a lot faster than they will for saving their animal. Those thank you cards and the appreciation are nice to hear when you feel like you do nothing right. The client is just so grateful that you helped them through such a difficult time that they give you a lot in return.

As shown by the intern above, the gratitude expressed by the owners was particularly meaningful to interns who often felt unappreciated and overwhelmed during their internship year.

While the topics covered in Chapters Four and Five were considered important by the interns, the vast majority of the reflexive stories and advice covered the topics discussed in Chapters Three and Six. These chapters concern disagreements with owners, ethical uncertainty, and emotion management at work. Popular advice scenarios concluded with lessons regarding how to handle disagreements with owners in which seasoned interns advised novices to either “try to understand the owner’s perspective” or “advocate for the animal” whenever necessary. Many interns advised the new recruits to keep an open mind to the owner’s point of view, try to see things from their perspective, and try not to judge the decisions of the owners. At the same time, interns also gave advice regarding advocacy for the animal reminding them that they can refuse an owner’s request, that they should never feel pressured to do things that make them uncomfortable, and it is their job to educate the owners on behalf of animals. Several also advised the new recruits not think of euthanasia as a failure of their own competence, but as a tool for relieving suffering or potential suffering in the future.

Recognizing that their ability to negotiate financial expenditures can have life and death consequences for animals in their care, every intern reported to struggle with at least one aspect of negotiating with owners and discussing financial issues. Even though
most interns did not have much experience practicing as a licensed vet at the start of their internships, nearly all recognized the different types of dilemmas they would most likely face, as outlined by the veterinarian below:

I think the worst part is going to be the animals that are kept alive when they shouldn’t be. The animals that you have to sit there and watch go through stuff because the owner just can’t let go. The people who have unlimited resources that they are sinking into this animal, an animal who won’t ever walk out of the hospital and won’t ever spend another night at home. It is almost kind of the opposite of the other financial problem where they don’t have the money to treat. That money could be used to do so much other stuff. You could donate to the shelter or help homeless animals that have broken legs that could easily be fixed but instead you are just pouring resources into an animal because you can’t let it go. To watch one person do that and then to turn around and watch a family put down a dog because they had to choose between eating and fixing a broken leg. That will always be the worse. I have not even dealt with this and I am already starting to cry about it even now. (Crying) It is um something that is the bad part. I don’t think it is the dying as much as the dying unnecessarily or living when there is no point or there is suffering.

During their four years of veterinary school, interns had seen enough to know what to expect in broad categories, but they had not been in situations where they talked at length with clients or been confronted with the dilemmas inherent in the work routine. Thus, in the beginning, most every intern felt overwhelmed by the many nuances of these scenarios they had not anticipated.

Many participants described facing dilemmas that pit their idealism against pragmatism, where what they wanted to do came into conflict with what was more practical, what an owner can afford, or what others wanted or expected of them. For many doing what appeared “right” to them seemed to come into conflict with doing what was most “practical” for their patient. One of the first lessons every vet talks about learning is how important compromise is when confronted with clients who are unable or unwilling to pay for the most ideal treatment plans:

I think it is difficult for interns to learn the pragmatic way of practicing medicine. Right out of vet school you are taught the best medicine and you get to do the best medicine. At first I would approach these cases…I would always present the ideal way to fix things and I think I did get slapped in the face a few times and shocked by owners who have nothing and they can’t proceed at all so we euthanized. I learned to feel out each
situation and I have started to give more options. Give the best option first and I say that this is ideal and what is best for your pet and then I say or you could give something a bit more middle of the line a try. It is not ideal but it is affordable and practical. You have to let go of always doing everything and doing the best if you want to avoid euthanizing everything that walks in the door.

In addition to considering scientific and biological facts, diagnostic and therapeutic decisions must always consider the practical alternatives for the patient in order to avoid euthanasia.

Interns experienced challenges they had not anticipated as they struggled to come to terms with the often ambiguous and contradictory attitudes of clients towards their pets. Despite the fact that Americans spend billions of dollars a year on pet related products, some owners were not willing to spend what many interns considered minimal resources on medical care for their animal with an excellent prognosis. Owners often had drastically different ideas of what constitutes proper treatment of companion animals. Many pets were killed because owners were ignorant of the animal’s basic needs, preventative medicine, or proper care. Interns were often upset by some owners’ unwillingness to deal with treatable behavior issues, especially problems believed to be caused by the behavior of the owners: “when you chain a dog to tree for weeks at a time, you are asking for behavior problems.” If the animal was unlikely to be adopted, many novice veterinarians began to see euthanasia as a practical alternative for an animal who would potentially have to spend the last weeks or months of their lives in cages, grieving the loss of their family, only to be euthanized among strangers.

By focusing on what was practical for the animals, several interns began to see previously upsetting behaviors of owners as no longer problematic. For example, many of the interns would become infuriated when, immediately after euthanizing their pet, clients would inquire if the shelter was open so they could get a new pet. For these
veterinarians it feels as though the client is treating the animal like a disposable product, but when you focus on what is practical for the animals, this seems like a better alternative to dying in the shelter: “I used to think of it as treating animals like pairs of underwear but now I feel as though at least that animal is getting a home for a few years. It is better that the animal had a good home for the time that it did and that the owner should go to the shelter and adopt a new one to give it a home too.”

Interns often felt as though they had to choose between doing what they believe in versus what they have been asked to do by the client and their supervisors. For example, many times interns felt pressure to do what was pragmatic for the hospital. If an animal is most likely going to be euthanized in a shelter anyway and the owner’s are willing to pay to euthanize, why not just do the euthanasia so that the hospital doesn’t loose the euthanasia fees? In addition, if the intern refuses to euthanize and the animal is not adopted from the shelter, the intern is only adding a cost burden onto the shelter (what many felt was a loose-loose situation). Also, at times interns felt pressure to euthanize at the owner’s request or to “push” owners towards euthanasia if they were unable to afford treatment. While the interns were allowed to refuse a client’s request, hospital policy asked that they consult other veterinarians in the hospital to try and find someone willing to euthanize before informing the owners of their objections. Thus, several interns said that the choice was more difficult when they see others doing what they were hesitant to do themselves.

As they struggled to adjust to the legitimate demands of balancing their exhaustive schedules with quality patient care, nearly every single intern reported difficulty maintaining their moral principles. Much like the demanding schedules of their
physician counterparts, veterinary interns experience unprecedented personal
responsibility and workload. Exhausted from working long hours, a few interns acted
against their moral principles due to fatigue: “I hate to admit it but in some cases where I
sort of want to argue with them but I just go ahead and do what they want because it can
be easier and I haven’t slept in days and I get to go home.” Some even believed
suppressing one’s moral principles was an inevitable part of their internship.

It feels terrible when you don’t have time to convince an owner not to euthanize and you
try to explain to them that it is a treatable disease. Things crash and there is four
emergencies waiting for you and you don’t have time to deal with them and really talk to
them about it. When they make that decision and I could have changed their mind and I
don’t have time to talk to them so I am like, “Okay lets go.” I just do the animal and get
back to my other cases. (Teary eyed) That weighs on me. I just don’t think many of us
can avoid it and get what we need to do done.

Feeling overwhelmed by their demanding schedules, a few interns even began to see
euthanasia as an easy solution to potentially problematic and complicated medical
problems.

I’ve felt like you know there was a period during the internship where I was like--it’s just
easier for me to (sighs)--to get these people to put their dog to sleep than it is for me to--
to deal with it all--over and over again but I think that--that's probably what you’ll see is
that--that happens. I mean they were mostly dying anyway and you just wanted to have
something that was easy and straightforward and something you--you didn’t have to book
in so sometimes you just present it in such a way that you know they will choose
euthanasia.

Sometimes when you are new and just starting out with difficult cases you may feel that
euthanasia is a way out of problems because it is easier than figuring things out
sometimes. When you are constantly in the grind of an internship and everyone is always
questioning you on everything and you always feel like you are either in over your head
or kind of swamped or drowning or being criticized…If you have a lot of euthanasias that
will get you down, but, if you have really been hounded by a resident or something, that
can be bad too.

When you look at the dying cat with cancer on the list and you are like, “Ugh if they
wanted to book this in, it would be days and we would be running so many tests and it
would be so much work on top of the eight hundred other problems you are trying to
solve as an intern.” So when those people who bring that dog in that can’t walk that has
heart failure and renal failure and now has an ulcer and has all these problems-I may
word it in such a way that they euthanize right away. That is not something pleasant to
think about but it is true. I have never lied per say but I have presented it in such a way
that I am trying to push them towards that.
Although rare, a few interns mislead clients, withheld information or intentionally deceived them into choosing euthanasia to avoid difficult cases. Feeling overwhelmed, they felt that violating their ethical principles was easier than dealing with a complicated case. A few felt that their suppression of moral principles was practical so they could concentrate on the other animals in their care that would recover. Most believed that their suppression of moral principles was situational and that they wouldn’t “play fast and loose with my personal values” when their schedules were less demanding.

Despite their exhaustion, the reverence for the act of euthanasia that interns (and more experienced veterinarians alike) hold comes across very clearly when they were asked to give advice hypothetically to the incoming interns. Both during interviews and during the several weeks they spent with the new interns, graduating interns gave practical advice as to how to balance a busy, demanding schedule but still give the owners the attention that they felt euthanasia should warrant:

Get used to it [euthanasia]. It is going to happen a lot. Give the owners as much time as they want and need. All we do is sort of move around them. Serve them. In most exams we try and control everything from the conversation on--We control the direction. We control the pace. We control what happens, but with the euthanasia you let them run the show. This can be very difficult on a busy list shift. I am not going to lie. If it is really, really busy and I take a WPTS off the list I usually take that and another case at the same time. I have the people just visit with their animal and I take it and put a catheter in and I leave them for as long as they want to spend time with their animal. If they don’t want to then I euthanize them and let them visit the body if they want. If they don’t want, then they leave. There is no rushing it and no avoiding it. They get taken off the list as soon as possible. It is an unwritten law around here that people should not be left in the waiting room when they are here for euthanasia. They get taken off the list before less critical things, of course. Obviously not a dying animal that can be saved--they get taken first. If you got a room full of sniffles, the euthanasia is the priority. The owners should not have to wait in the middle of the waiting room crying in front of strangers. It will become routine for you, but it is not for them- take it seriously. You get hard but never forget why you are here.

Through these stories, it became clear that many of the interns grieved the loss of their previous, more idealistic, less detached selves in the way that they would describe how they learned to balance distance and connection (described in the previous chapter).
You get a lot more callous. You do. For me my first few really affected me and I cried and everything and toward the middle end of the year I found myself noticing oh my God I am not crying anymore and I don’t really feel anything. I am just doing my job. What the hell? And this is especially true when you don’t have any attachment to the case. Still the euthaniasias that I have an attachment to can be very different like I can still cry but for the ones that you really don’t have any attachment to and the animal is obviously sick and in pain or whatever obviously the euthanasia is reasonable and you know that you can’t do anything for the animal and the owner is overly emotional or hysterical such that they are sucking you in then it can really be just a situation where you are just doing your job, which that certainly is a difference from when you first started and you are so acutely aware of the death and the pain. It is definitely different. There is that where you get much less emotional or reactive to it and I felt like I felt a little bit callous or hard-hearted. Then also it loose a little bit and just a little bit of the total sanctity that you feel. It is sad (teary-eyed) but know that it will happen.

However, in giving advice to the new recruits, most all of the interns spoke of the importance of balancing distance with connection as discussed in the previous chapter:

If I were to give advice I would say listen to people and be empathetic. Don’t be hard on yourself and try to find a balance between distancing yourself to be functional and letting yourself care enough for you to stay in the profession. It is okay to laugh about death—and trust me you will—because if you didn’t, you would cry all the time. But you also don’t want to lose sight of the gravity of the situation for the owner and for the sake of yourself. Remember why you are here and why you chose this profession.

The fact that many interns identified aspects relating to euthanasia as some of the most challenging facets of their internship is not surprising as end of life decision-making often involves high emotions, clinical unpredictability, and choices between equally unfavorable options. Looking back on their internships, many of the aspects of their job that the interns found frustrating and disillusioning related primarily to euthanasia. For most interns, veterinary medicine was a career they had thought about from childhood. Every intern included the desire to heal and be close to animals as major factors for entering into veterinary medicine and, for many, this was their primary motivation. However, during their internships, they learn that the power to heal animals must be balanced with the difficulties of owner compliance and financing the patient’s care. Every intern commented on how they came to realize that veterinary medicine is as much
about establishing cooperative and trusting relationships with clients as it is about healing animals.

Few of the interns had developed strong enough personal values to completely withstand the physical and psychological stresses of their internship. While most felt as though they never actually did anything that directly violated their personal ethical principles, many of them felt their idealism shattered, as the reality of the job was not what they imagined.

You are this empathetic animal adoring person and suddenly your job is to euthanize this animal you have never met before for this person you have never met before who is falling apart with emotion but they are also asking you to do something against your beliefs. They are not these evil people and their stories are more complicated than you imagined. You have this vision of what it is going to be like as a veterinarian and you think you have solid standards of what you will do and what you won’t do and you are going to be as good as anybody and maybe even better than all of them, but the reality is that you have to deal with what comes to you and it is never all that straight-forward. This is something that you have to learn how to deal with and you eventually ease your way into this act of the profession.

In the beginning many interns felt comforted by the thought that they would only be euthanizing animals with serious illnesses, however, as their first year in practice progressed they began to run into difficult cases that challenged their idealistic expectations. Several did things they would later regret such as euthanizing an animal at the owner’s request when they didn’t feel it was justified. Others had serious regrets that they “allowed owners to keep animals alive too long” resulting in the unnecessary suffering of their patients. Interns would frequently cry when asked to recall these situations, holding on to strong feelings even after several months time. The frustration of interns was often compounded with feelings of astonishment and dismay as interns realized how far from their initial ideals they or their teammates would venture.

Despite times where they felt their idealism almost gone, by the end of the internship, most of the interns were able to sustain the majority of their initial ideals,
albeit tempered by the realities of the job. A few experienced what they describe as “burn-out,” including a great sadness that they were not the veterinarian they hoped and imagined they would become. However, in order to maintain their ideals, most of the interns became experts at the strategies utilized by the residents and specialists outlined in Chapters Three and Six. For example, one way to alleviate moral stress is to avoid the practice that gives rise to the stress. Thus, by utilizing the negotiating skills outlined in Chapter Three, interns learned to work through disagreements with owners. When disagreements were not easily solved, they relied on the personal coping skills outlined in Chapter Six to deal with these emotionally troubling aspects of their work. In the end, most seasoned interns held on to their initial ideals by learning techniques to reconcile conflicts between their moral codes and conflicting patient or professional demands.

**Ethical Fluidity and Conflict Resolution**

In addition to learning techniques to reconcile moral conflict, interns were also able to hold on to their initial ideals by re-drawing boundaries around certain concepts. Although most interns felt that they did not directly violate any of their personal ethical beliefs, the ethical beliefs and values that the interns brought with them from their veterinary school training were far from immutable. For some interns, their beliefs changed and, for others, the principle remained the same, but the definitions of their principles were rewritten. For example, the practice of euthanasia influenced some interns to redefine other ethically challenging situations to think of them as “life saving” procedures.

The option of euthanasia changes things. Because of euthanasia I think differently today about practices in vet medicine than I did before I started working...Take declawing for example. Declawing can be a life saving procedure! I used to think I would *never*
declaw a cat. Now if the owner is going to put the animal down because it scratches the furniture, I will declaw the cat rather than euthanize it.

After just a few months into his internship, the intern below discusses his feelings on “convenience” euthanasia:

Any time an animal might need an inhaler for asthma or some kind of bronchitis, some people just freak out about it. To me that is a reason of convenience. Actually another good one would be giving the Sub-Q fluids at home or insulin. There are some people that just are not comfortable with it. They always say, ‘Isn’t there a pill? Do I really have to give an injection every single day? Do I really have to give it every time--the same time every day? How annoying.’ They are annoying. I just won’t do those where it is just the convenience of the owner.

As novice interns, many were surprised at the lengths owners would go for their animals, but they were also surprised by some owners who were unwilling to do what they considered minimal effort for their animals. When asked if he feels the same way about “convenience” euthanasia at the end of his internship, he responded.

I was pretty naïve back then. I laugh but these people are just not comfortable doing those things or they just don’t have the lifestyle to accommodate that. Some people aren’t willing to do the little things for an otherwise fairly curable problem, but other people will be expressing their pet’s bladders and changing their diapers just to keep them alive a few more months. You just have to accept that. I have done the diabetic cat, but I still won’t do those “I’m moving” convenience ones or the allergies. But I think twice about the ones where the animal is not likely to be adopted. It really is just too inconvenient for some people and those animals are not especially adoptable either.

This intern re-defined what constitutes “convenience” and, as a result, remained true to his initial ethical principle. Thus, like the veterinarian above, many of the interns’ initial moral principles although technically unbroken, were often malleable.

Nearly every single intern felt that they had learned a lesson in the limits of objectivity during their internship. Concepts that seemed so clear and transparent to them at the beginning of the year became dense and complicated as the year progressed. For example, many interns redefined their own personal definitions of “health” and “illness.”

I never put down a health animal, but my definition of healthy has changed. Maybe that is how I keep my ethics in check so that I can say I have never euthanized a healthy animal. My ethics didn’t change per say but I became more realistic in my definition of
healthy. If the animal doesn’t get the necessary treatment, they will suffer and they will
die from a so-called treatable disease.

Like the intern above, for some interns “treatable” diseases became “untreatable” or
“terminal” diseases if the owner could not afford treatment or was unwilling to do the
necessary care at home. Another intern shares how her definition of “treatable” changed:

I used to think of diabetes as a treatable disease that I would never euthanize for
something so manageable. Now I usually don’t have a problem with diabetic animals for
example who they can’t manage at home like give shots for whatever reason like the cat
is too bad or they don’t have time for whatever reason. That to me is not a wrong
decision to euthanize that animal because without that treatment they can get much more
sick and suffer a lot more. You only have to see so many animals in diabetic shock to
change your mind on this issue. It is not worth it to me if the owners are not 100%
committed- I don’t push it anymore. This is where, depending on the owner, a treatable
disease is no longer treatable.

Like both the interns above, many said that they would never euthanize a healthy animal,
but their definitions of “healthy” and “terminal illness” changed in such a way that they
were able to keep their original moral principles with fewer ethical conflicts.

Many of these concepts such as health and illness are not empirically obvious
properties and their definitions vary considerably from veterinarian to veterinarian. For
instance, when asked to list the criteria they use to evaluate “quality of life” for their
patients, veterinarians gave drastically different accounts with some focusing solely on
the physical attributes of animals but others including psychological traits as well. The
following quote demonstrates disagreement in evaluating quality of life (See Chapter
Three for a complete discussion of the difficulties as well as the variability among vets in
judging quality of life):

When people ask about how to judge quality of life I find that a lot of veterinarians base
it on whether or not the pet is eating. Me personally I don’t think that that is really the
only thing that you need to look at cause I have seen several pets that owners don’t want
to put to sleep because they have a great appetite but the dog still can’t walk and is blind
and deaf and has a number of medical problems but just because he is still eating I don’t
necessarily still consider their quality of life to be good.
Even when two or three vets agree as to the exact set of characteristics that count as “healthy,” “sick” or “suffering” they may then disagree as to how to evaluate and measure those characteristics in determining if euthanasia is a legitimate choice for a patient. Veterinarians are burdened not only with the task of deciding what counts as “legitimate” rationale to dispense death, but also how to define the evidence to establish this claim. For example, many vets felt that euthanasia was always acceptable when animals were “suffering,” but definitions of what constitutes this claim can vary considerably from vet to vet.

Due to conflicting definitions of the situation, it is not surprising that colleagues are not always in consensus about when the rationale for euthanasia is legitimate. For example, when some veterinarians argued that they did not engage in euthanasia for client “convenience,” other veterinary colleagues and staff members believed that they did. It seemed to the researcher that the veterinarians were not lying about the fact that they are against the practice of euthanasia for the “convenience” of the client, but their colleagues clearly had different definitions of this concept. Aside from the definition of what constitutes “convenience,” there were many other situations that also lacked consensus among veterinarians including what constitutes euthanasia for financial rationale also known as “money euthanasia.” Again, different veterinarians had different definitions of “money euthanasia” because they also had different expectations for what is considered the minimal financial responsibilities pet owners should have to their animals. Also, while some veterinarians agree that “old age” alone is not enough to justify killing an animal, others argue that age is a valid rationale because it almost always accompanies other problems such as painful arthritis. However, the minimum age
an animal should be considered old enough to justify euthanasia varied considerably among veterinarians.

As one might expect there was far more agreement, however, among veterinarians than between pet owner’s and veterinarians. Defining concepts such as “pain” and “suffering” become even more complicated when veterinarians try to accommodate an owner’s definitions of “pain” and “suffering.” In many cases in which the veterinarian believed euthanasia was in the best interest of the animal, the veterinarian saw the patient as obviously in pain and suffering. However, the owner would focus on evidence that they thought the animal was improving. Of course the flip side also occurred in which case the owners might be concerned with discomfort or suffering that was not at all apparent to the veterinarian. As mentioned earlier, however, when comparing the assessments of veterinarians to the assessments of owners during disagreements, there was much more agreement among veterinarians than between vets and clients. Yet, several interns stressed how surprised they were to discover how vastly different opinions could be among vets regarding assessing pain and suffering.

The scientific ideology inherent in veterinary training often denies that science makes any value judgments, but the concepts of health, disease, and sickness are heavily influenced by values. As discussed above, one veterinarian may perceive the killing of an animal with diabetes as the untimely, unfortunate, and unacceptable killing of a healthy animal, but another may see it as a terminal disease in which euthanasia is a legitimate option. Moreover, considerable disagreement exists between veterinarians about how to establish the best interest of animals and how to weigh those interests against their responsibilities to clients. One intern explains:
As an intern I was doing a lot more interface with clients, residents, and faculty. It became more and more clear to me that there were no right answers. They all had different opinions about if a cat with a broken leg comes in and do you euthanize or not. If the owners can’t pay, I have to find a surgeon willing to do the procedure for free. It seemed to me that if the patient could be fixed and treated and get a good home then that is what you should do. It seemed obvious to me but not to everyone.

Thus, given disagreements among veterinary experts regarding concepts such as “health” and “illness” and how to weigh the interests of animals with the interest of clients, individual interns created their own ethical standards.

Despite the wide range of requests for euthanasia from clients, conflicting definitions of “convenience,” “quality of life,” or “terminally ill,” as well as considerable variation among veterinarians at City Hospital regarding proper ethical treatment of animals, there were surprisingly few ethical conflicts among participants. Sometimes the hospital occasionally erupted in ethical controversy, but veterinarians anger was directed the ethical decisions of owners, not between fellow veterinarians. For example, one major hullabaloo happened when a young intern brought a healthy 8 year-old Doberman into the backstage clinic area to be prepped for euthanasia. When asked by a fellow intern why the animal was being euthanized, the intern on the case shyly responds that the dog is too rambunctious for his elderly owners to manage. Colleagues felt that the rationale for euthanasia was not legitimate and the animal should be surrendered to the shelter to find another home. In this situation, the initial argument was quickly resolved because the veterinarian on the case did not want to euthanize either, but was unable to convince the reluctant owners to sign the dog over. Working together the vets refused to allow the euthanasia and convinced the owners to release the dog.

One explanation for such few public disagreements among vets might be that oftentimes subordinates were hesitant to challenge either their superiors’ ethical decisions or the medical diagnosis leading up to those decisions. In one such example a cat had
been attached by a couple of raccoons and the owner was interested in treating to avoid euthanasia. The resident in charge of the case thought it might be a body wall herniation, indicating more significant internal damage, but the intern didn’t agree as she explains below:

It is hard to tell without having it open (surgery) but I really didn’t think that was what was going on and the owner kind of waffled and then the resident jumped on it and she euthanized. Afterwards was kind of interesting. There were three of us on shift: [The resident], an outgoing intern, and I was kind of helping out and watching. After the animal was euthanized, they took out the ultrasound to see if they could see anything to see if it was actually herniated through and see if there were intestines out in the pock of the leg and they couldn’t see anything. I don’t think it was intestines. They were trying to convince themselves it was but there was no conclusive evidence about that so then the other intern says why don’t we stick a needle in it and pull back and see if we can get something back. They say okay and we do that. They stuck it in and they didn’t get any conclusive evidence. They got some blood back. I thought it was a hemotoma in the first place so it would be consistent with that but it didn’t disprove the fact that there may have been a body wall defect.

The intern suggested that they take a scalpel and cut into the cadaver to solve the medical mystery for sure, but the resident declined saying further action would be disrespectful to the body. However, the intern suspected the resident wished to stop the exploration of the cadaver more because she was too afraid to learn that she was incorrect in her initial diagnosis, a diagnosis that caused the owner to choose euthanasia.

We didn’t know what was going on. It was hard to say if euthanasia is appropriate because we don’t know the extent of the damage. I wasn’t happy with how they handled it ethically because I felt like they didn’t give the owner all the information…They should have said, “If you have the money to pursue it just a little bit and if we discover the damages are extensive, then we can re-evaluate at that time. If we discover that it is fixable then it is not going to be so hard of a recovery.”…It seems like the owner gave a suggestion that she might be willing to euthanize then it was sort of like okay well then lets do it. It was a lot easier to euthanize than it is to work it up a difficult case, but I think she really believed that there could have been more damage there. I don’t think that they were conscious if that is what was going on, but I just couldn’t go further to challenge them in the situation. It just wasn’t my place to say anything.

Although the intern was extremely uncomfortable with the situation, she did not mention either her medical or ethical concerns to the resident for fear of damaging her relationship with her supervisor. Thus, one explanation for so few ethical arguments between veterinarians in teaching hospitals may have to do with the authority structure.
Arguments and challenges were most often initiated between peers but they also occurred occasionally from supervisor to subordinate. However, it was extremely rare for a subordinate like an intern to challenge their supervising resident or specialist. Although interns are officially licensed practitioners (most for the first time), they must continue to prove themselves repeatedly to supervisors in order to get good reviews for highly competitive residencies or employment after their internship. As discussed earlier, several interns reported instances where they felt pressured to do things they deemed unethical, while others felt as though they had to sacrifice either adhering to their principles or conforming to hospital norms. Thus, as one might expect, many also reported difficulty following their moral principles when they went against the stated or assumed wishes of their superiors. Equally unsurprising, interns also reported difficulty and fear of challenging superiors whose behavior seemed unethical.

Perhaps another reason for few major disputes between veterinarians is the fact that sometimes individuals were simply not aware of the actions of their colleagues. However, the actions of veterinarians tend to be much more public than their medical counterparts as privacy for animal patients is less of a concern. While private exam rooms keep conversations between veterinarians and clients concealed, when the animal is taken backstage, privacy for the animal’s body or medical condition is not a concern. Although some procedures are done in the presence of owners such as taking a temperature or assessing lameness, the majority of treatment as well as diagnostics and assessment are done in large, backstage open rooms on several tables equipped with the necessary tools. Veterinarians in teaching hospitals or 24-hour emergency clinics are frequently involved in each other’s cases and the open discussion of an animal’s
condition is common. Meetings referred to as “rounds” occur between each change of shift in which the veterinarians beginning their shift walk around to every cage and hear updates on the patient’s condition from the veterinarian assigned to the previous shift.

Thus, it was difficult to treat or euthanize animals in the wards without the knowledge of colleagues and staff. This is demonstrated in an extremely contentious ethical debate in which a veterinarian revived a dying animal with no set “code” for what to do if the animal goes into cardiac arrest. In this case, the animal had been in the hospital for several weeks and many staff members felt as though the animal should be euthanized. Thus, they thought it was inappropriate and unethical for the veterinarian to revive the animal, believed to be suffering with no significant chance of recovery. Like other hospital-wide ethical controversies, this situation was a popular topic of debate and discussion among staff for several weeks.

However, it was certainly possible to steer clear of the eyes of colleagues if the animal is never admitted to the hospital or taken to the backstage areas. For example, sometimes veterinarians intentionally avoided colleagues by bringing the client and the animal directly to specialized euthanasia rooms without backstage preparations because they didn’t want to explain their decision to questioning colleagues. In the case of “walk-in euthanasia” requests in which an owner brings the animal to the hospital specifically for euthanasia, the vet could simply confirm that the owners were requesting euthanasia, ask them to sign the necessary paperwork, and perform the procedure without ever ascertaining why they were requesting the procedure. This situation made some vets at City Hospital uneasy. In fact, they became so concerned that they called for a policy on “walk-in euthanasia” procedures. During a series of meetings, it was decided upon that
veterinarians had to document why every owner requested euthanasia for their animal. This was not necessary if their animal had been seen by the hospital within a year’s time or if the owner’s rationale was visibly clear such as the case of a large exposed tumor. The policy did not regulate the legitimacy of the rationale but was designed to help ensure vets at least discussed the rationale with owners before killing the animal.

Despite occasional conflicts, the hospital culture supported a diversity of moral behaviors and colleagues were tolerant of a certain amount of ethical variability. For instance, when it came to euthanasia decision-making, a wide diversity of opinions were commonly accepted among peers as well as from superiors to their subordinates. Because of constant rotation between departments and specialties, young interns were exposed to several different mentors with varying approaches to euthanasia related dilemmas. While the interns were able to observe their mentors’ behavior with their clients, colleagues, and patients, many mentors were hesitant to give their opinions when interns expressed moral tension, asking for advice with their own cases. Instead, mentors emphasized the context of the problem, highlighting the uncertainty of medical outcomes, differing relationships people have with animals, and practical alternatives (or lack there of) to the dilemma. Thus, it isn’t surprising that, at the end of their internships, the interns popularly discussed the importance of considering multiple perspectives and being morally flexible in their work- both with clients as well as colleagues.

The culture of the hospital allowed for peaceful challenging of one another’s behaviors. For instance, veterinarians or technicians would use the animal to help facilitate conversation in a non-threatening manner. Colleagues might playfully pretend to “speak” for the animal in order to ask questions of the vet in charge of the case. On
one hand, a colleague might ask why a seemingly healthy animal is being prepared for euthanasia by saying, “What’s wrong with me that my parent’s want to put me down?” On the other hand, a vet might ask her colleague why a seemingly sick animal is not being prepped for euthanasia by saying, “Don’t my parents understand how much I am suffering?” The veterinarian in charge of the case will then explain the situation to the questioning vet and others who have gathered round awaiting the response. In most cases, the challenging veterinarian is satisfied with the response as they come to realize that the case is more complicated than it initially appeared at first glance. Both vets move on with their own responsibilities, usually after the challenging vet expresses sympathy with her colleague who must deal with a troubling case (and presumably difficult clients as well).

If the challenging veterinarian is not satisfied with the response, further, more serious conversation is necessary to resolve the public dispute. The seriousness of the tone of the conversation is generally correlated with the level of “disgust” or “distaste” the challenging veterinarian has with the rationale for euthanasia or request for treatment of “suffering” animals. For example, it was fairly universal that most of the veterinarians had few problems euthanizing dogs considered aggressive or dangerous to humans or other animals. Any disagreements over these type cases were usually quickly resolved when further details were supplied. In other cases in which a greater variability of opinions exist, such as euthanizing animals for “treatable” diseases, the conversation was far more precarious.

Some of the conflicts resulted in the original decision being reversed, but most did not. Easily reversible disputes typically began with a hesitant or reluctant veterinarian so
her colleague’s arguments easily persuaded her to reconsider the situation. These vets felt troubled over what they were being asked to do but were unsure of how to handle a disagreement with the client. Sometime just the acknowledgement that they agreed with the challenging vet was enough to end the argument, making the owner a mutual target of attention for both parties. Next the discussion turned into a brainstorming session where multiple vets and staff members worked together as a team to try and find alternatives for the animal or to talk out other possible solutions. In cases where the veterinarians were in agreement, the dispute was considered settled between the veterinarian regardless of the outcome.

In most situations the original decision was upheld. As in the case below, although the challenging veterinarian may be disappointed that her colleague didn’t “push” the owners more or try harder for alternatives, she ultimately accepts the decision of her colleague:

There were people who euthanized for financial reasons but say you euthanize a chronic renal failure for financial reasons I mean that is reasonable. It is not ideal and it is not what I would want to do but I can totally understand that. It is a terminal disease. You may not be buying them very much time and you may at best buy them a year or so depending on how sick they are. It is certainly reasonable for you to say you are not willing to do that and I can’t argue with that. Well it isn’t ideal and it isn’t what I think I would do but I understand it and I know where my colleagues are coming from. I just might push the owners a bit harder on that one compared to some of my colleagues but we may both end up doing the same thing.

In other words, vets would often make distinctions between decisions that were “ideal” and decisions that were “reasonable” in their opinion, allowing them to reconcile their initial altercation without reversing the original decision. Moreover, vets acknowledge that personality and style influences the ways in which clients interpret the information given by the vet. For example, some vets are known for having a lot of clients choose euthanasia, while others gain a reputation for having owners who wish to keep their sick
animals alive at all costs. Thus, some vets may let these vets “off the hook” even though they disagree with their choices, often conceding that they were not the ones talking to the owners and examining the animal, rendering their personal opinion less valid.

In most cases serious confrontations between veterinarians were successfully resolved by one of the veterinarians acknowledging in one way or another that moral issues are embedded in messy, real life situations that involve weighing the animal’s interests with those of the client. However, serious confrontations are usually precarious and can become strained if the exchange goes on too long, especially if not handled carefully to avoid shaming or embarrassing a colleague. In most cases, the disputing colleague will offer apology for the “accusation” by publicly conceding that it is a difficult call to make and expressing sympathy for her colleague. For some they were not necessarily convinced it was the “right” choice, but did not wish to continue to the public argument. Behind closed doors, however, the challenging veterinarian may also acknowledge to other colleagues that the choice was certainly not one she would have chosen personally, although perhaps it was morally acceptable. In these outside conversations, they were able to vent frustration and align themselves with morally similar people as well as distance themselves from morally questionable peers. In a few cases when the disagreement could not be solved to both parties satisfaction, interaction between involved colleagues could remain strained for quite some time.

Mechanic or Pediatrician: The Triad Relationship

It is not surprising that decisions around end of life care are among the biggest ethical concerns for interns, residents, and experienced veterinarians alike as they are
memorable, complex, and often reflected in larger issues in human-animal relationships. Veterinary dilemmas frequently reflect deep and unresolved tensions inherent in human-animal relationships such as that of treating animals simultaneously as subjects and objects—patients and property. As a service-professional veterinarians provide medical care to animal “patients” as well as a professional service to human clients who pay the bills, sparking conflicts of obligation and commitment.

I really think that a lot of stress related to our work really comes down to a fundamental conflict in our profession—it is not clear cut if we are supposed to be our patient’s advocate first or our client’s advocate first. I would call that the central conflict of veterinary medicine. I think that is the source of almost all conflict because it makes your own ethics really muggy. This is what makes us so different from human medicine, which is so much more straightforward. The patient is who you are working for. Period. We are required to take way more into our decision-making, rather than just keep alive at all costs. That is never our goal and I think it makes things much more nuanced and complicated.

For the veterinarian, the animal is both patient and property, thus they are beholden to the health and welfare of their animal patients as well as their clients to whom they are providing a service. Moreover, many vets feel a conflict between serving the interests of the patient and the interest of the animal as well as the hospital they work for and their own financial interest.

To whom does the veterinarian owe primary obligation, owner or animal? The veterinary profession asks its members to consider both. When veterinarians enter their profession after graduation, they accept the challenge to look after not only their clients’ interests but also to ensure animal welfare as well. The range of veterinary involvement in the welfare of animals varies widely, including the use of animals for companionship, work, production, food, teaching, research, recreation and sport, as well as wild animal management. The small animal veterinarian must determine and weigh considerations of animal quality of life with their client’s desires and financial interests. The large animal
Bernard Rollins considers the question of a veterinarian’s moral obligation to animals to be so important to veterinary medicine that he calls it “the fundamental question of veterinary ethics.” Rollins (1999) asks the question; ought the model for the veterinarian be the pediatrician or the car mechanic? In the mechanic model, the animal is like a car; where the mechanic owes nothing to the car, and fixes it or not depending on the owner’s wishes. In this model, if the car repair cost more than the owner is able or willing to spend, the car (or animal) is considered “totaled” and the animal is put to sleep.

Veterinarians are dependent on a client’s willingness to pay for their services:

Well, I think it is the nature of our field in general in what we can do for the pet is governed by the owner’s willingness and owner finances…Our patients deserve quality healthcare, but euthanasia lurks over our head as much as owner willingness and financial limitations lurk over our head. If I was a medical doctor, anything that came through the ER would get an MRI, it would get blood work, it would get what ever it needs if it was a human with health insurance…You are always like I wonder if they will just do one more test. It is kind of obscene the degree to which owners get to make medical decisions that they would never get to make with their own medical care. You have to run and say “oh can we do this test?” or “are we allowed to do this test?” or “do you mind if we do this test?” Those decisions are out of your hands in the human medical profession. There is just a standard of care that gets followed. When was the last time you had your doctor ask you do you want the cheap plan or the expensive one that will most likely work much better? If you got in a car accident and before they even knew if you had health insurance they would have an IV in you and you would be getting fluids. Whereas here a dog is hit by a car sits in the exam room and you have to show them your credit card before you can get IV fluids. We are totally dependent on the owner. It is the nature of this field and it can be very frustrating.

As you can see from the tone of the quote above, veterinarians may identify with the “mechanic” model, but also find it frustrating. The veterinarian has expert knowledge, but the client must be willing to pay for it so they must at least consider the wishes of pet owners.

Rollins (1999) juxtaposes the mechanic model with the pediatrician model in which the veterinarian owes primary obligation to the animal, just as a pediatrician does.
to a child, despite the fact that the client pays the bills. Pediatric medicine must take account of a three-part relationship, involving the physician, the child, and the family (typically the parents) rather than the typical dyadic relationship in adult medicine. The pediatric physician still has issues of role responsibility in terms of appeasing or transforming parental demand: “All physicians seek to satisfy the best interests of the patient. When that patient is a minor, a helpless and vulnerable child, the importance of protecting those interests is particularly pressing. At the same time, the pediatric physician, more than many of his or her peers, must consider the situation, the interests, and preferences of the family as part of the agenda. The child’s interests cannot be viewed in isolation from the family” (Frankel et al 2005, 3). However, when it comes to pediatrics, the physician’s duty of beneficence is considered by society to be more important than patient or parent authority. Thus, pediatric physicians can promote the patient’s welfare with fewer limits on their authority compared to the case of adult medicine.

Veterinarians have an array of opinions regarding how involved a veterinarian should be in end of life decision-making- with some vets feeling as though it is their job simply to give the facts and walk away, while others believe that they should be advocating and guiding the owners, coming to decisions together. For some veterinarians it doesn’t feel “right” to “push” owners or “give them a hard time” when it comes to choosing euthanasia. One example of this is the case of a cat in renal failure with a large stomach mass thought to be malignant and the owner wanted to take the cat home to die. Although the intern did not want the owner to take the cat home, she was hesitant to do
more to influence her client towards euthanasia, despite strong encouragement to do so from her supervising resident:

She [the resident] was saying that I need to be more of an advocate for the patient because they are chronic illnesses and the cat is not going to die peacefully, and I agree that that's the case. But I think that as long as the owner is aware that her ideal of this cat dying in its sleep, at home, is probably not going to happen. Renal failure is not a good way to go, but as long as she understands that that could happen, it's still valid. People and animals die horrible, gruesome deaths all the time. And it's nice sometimes that we can euthanize them, but it's still not a decision that everyone is comfortable making. Of course, that as a veterinarian we're obligated to be the advocates of the patient. And I agree, but I think it's still the owner's choice, so they are effectively pulling the plug. So it's got to be something they are going to have to live with. Because it's a decision that that woman is going to have to live with and can't be something I bullied her into.

When asked what her part as an advocate might include, the intern responded:

I didn't really push her one way or other I just was honest with her about the fact that this cat was either going to die from its intestinal mass or its renal failure. It wasn't going to die peacefully of “old age.” This woman wanted her cat to die peacefully at home. That's not going to happen-- she has two options; One is to euthanize and the other is to let this cat die a pretty gruesome death at home. I just told her exactly how that would happen and painted for her a gruesome picture.

The cat’s owner decided that she would euthanize rather than take her cat home to die, but the intern was confident that she would not have fought her if decided to take the cat home.

If she would of chosen to take the cat home, I felt bad for the cat, but I still would have let her do it. I think you just can't fuck with that. Like that person -- if they don't believe in euthanasia and you bully them into that decision, that's a spiritual crisis for that person. And I'm not going to be responsible for that. Even though still I definitely believe that it's their decision and it's their job to be true to their morals and ethics and like spiritual principles and whatever. So I've got no business saying that I have any say anyway and blame them one way or other, but I also want to make sure that I am an advocate for the animal as much as I can by being honest with the owner but not to the point of bullying them either.

Thus, while the veterinarian above feels closer to the mechanical model, other veterinarians more closely align themselves with the pediatric model. This “pediatric-type” vet expresses her frustration with “mechanic-type” colleagues who give clients “too much” control in end of life decision-making:

Seriously I have run into vets who literally feel-- I don’t know how to say it except maybe they feel like they are waiters and they feel like “Oh what can I serve you today? Can I interest you in a delicious euthanasia? Or just check what you like here.” That is
not our job. I feel like in the moment the owner may be mad at us, but in the end they are coming to us for our professional opinion about veterinary medicine, which is about the medical care of animals. We are doing everyone a disservice if we are just catering to the client’s desires. We are not doing our job. We are not even sticking to our oath as veterinarians. The fact is-- it is not a customer service business even though there are a lot of customer service aspects to our job-- like so many things I do just for clients to make them happy. I will bend over backwards and sometimes I will put pets on harmless medications just to make the clients happy and that is just a compromise but I am not going to do something that is really going to hurt the patient if I feel like it is really the wrong thing just to make the client happy and I think that is where we really need to draw the line. You can be willing to make compromises but you have to be willing to argue for what you know is right for the patient when it really counts.

The question of how much authority a veterinarian or an owner should have in making decisions for animals is a topic of great debate among veterinarians and often the cause of disagreements among veterinary staff regarding when it is “appropriate” or “legitimate” to kill animals.

On one extreme, owners may be given all the authority to determine when it is “appropriate” or “legitimate” to kill an animal (the mechanic model) and, on the other extreme, a veterinarian may advocate for their patients by getting into heated debates with owners (the pediatric model). In the case of the former, some vets were afraid of using their medical authority to influence an owner’s choice, believing that it was unethical to try and influence an owner, as this vet describes:

I think that often times you can manipulate the owner to do whatever you want them to do based on how you pose the question or how you present the information…To me I don’t like that because I don’t like making the decision. It is not my decision. It is their decision and I don’t want to impose my view…You have to make it their decision and try to be neutral even though you already know what your opinion is going to be moving forward from a clinical perspective but it is their pet. I think that, from a euthanasia standpoint, being neutral is something that to me is ethically important. Even if I think that I would not have put the pet to sleep at that point, I still would go along with whatever the owner’s wishes are because when it comes down to it, it is really their choice anyways.

Thus, as the veterinarian above suggests, some veterinarians were able to use the owner to ease their own discomfort by giving them the “right” to make all medical decisions.

For these vets, as long as the veterinarian has educated the owners on the medical
options, the choice is always completely up to the owner. Other veterinarians feel morally obligated to argue with clients who make choices the vet considers illegitimate: “I advocate for my patients even when that means that I will conflict with the owners over the vast majority of cases. It is hard but it is what I think is right.”

The veterinarian also faces legal obligations to follow the wishes of owner. One of the most problematic disagreements to resolve between the veterinarian and their client involved owners who wished to continue treating and/or artificially sustaining the life of their sick, dying companion animals despite the veterinarian’s desire to euthanize. Many participants cited a legal responsibility to continue service. In fact, according to an AVMA’s Legal Brief, a veterinarian’s right to terminate the contract is far more limited than their client’s right to take their animal and leave:

Clients, our courts have said, do not have to accept professional service from anyone any longer than they desire. The health professional, on the other hand, must continue service once the contract is created until the result has been achieved or until he can voluntarily terminate it without injury to the client. As a matter of law, it is generally stated that if a professional wishes to discontinue service, he should not do so during any critical phase in the rendition of such service (Hannah 1985: 666-67)

These cases were especially problematic for participants who felt a strong duty to both protect the life of animals and to help them avoid unnecessary suffering. Thus, refusal to continue treating the animal felt equally as ethically problematic as keeping a suffering animal alive. Many participants described this dilemma as one of the worst to successfully resolve.

Legal issues are also salient when a client’s wishes may cause the death of their animal. This was the case on a particularly warm summer day when an owner brought her dog who had collapsed in the park to be treated for heat stroke. Because the owner could
not carry the collapsed dog and take her other dog home at the same time, the sick dog had been left in the sun for over 45 minutes. By the time the veterinarian saw the dog, his clinical signs indicated that he was going into DIC (Disseminated Intravascular Coagulation) from the heat stroke, a serious life-threatening condition that requires immediate and intensive emergency care. The client didn’t realize how serious the animal’s condition was and wasn’t prepared to think about possibly spending a few thousand dollars at that moment. She thought he simply needed to be re-hydrated with fluids, however, the veterinarian disagreed with her decision:

What do you do as a veterinarian? You think okay this dog is in DIC so we need blood transfusions. We need support. This is a critical case…We need to go, go, go. We need to move now if we have any chance at all. The owner was not ready for that. The owner was not comfortable going all out. She thought that maybe it was too much. She wanted to put the dog on fluids and only fluids...just supportive care and see what happens. What do you do as a veterinarian? Do you listen to the client? Do you tell them no I won’t do that? Do you tell them to go somewhere else? What do you do? I know that it is serious and there was a good chance that the dog was not going to make it, even with full treatment, the animal may not make it. He is certainly not going to make it on fluids alone. Everyone knows this. No vet wants to take a dog in DIC back to the ICU among her peers and superiors and put it on fluids. I know better. It is simply embarrassing.

Suspecting that the animal will die as a result of what the owner was asking her to do, the veterinarian makes certain that she meticulously documents her advice to the owner:

All you can do is document. You tell them what you think is appropriate and what they want to do that you view as inappropriate and ineffective. You have to document all this. When you have these discussions with people, you write them down. You recognize the situation and say okay we are going to take this dog back and put it on fluids but then you have to go back and deal with the owner. You have to talk with them and take your time. Maybe it is an emergency situation but it is her dog. It is not yours. You put the dog on fluids and pain meds and get back to the owner. You need to find a common ground or it is the dog who will really suffer.

Unfortunately the veterinarian was correct in her diagnosis and the dog later died. In this situation, the vet felt as though it was her legal obligation to do as the owner wished and considered that doing so was better for the animal, especially in light of the fact that the owner was threatening to take her dog home without any treatment. Although the veterinarian argued with the owner, in the end she felt as though it was the owner’s
“right” to make the decision, a decision she knew would have detrimental consequences for her patient.

However, nearly every veterinarian had a limit to the authority they were willing to give clients. For example, when it came to the question of the euthanasia of “healthy” animals, nearly every participant held firm against this request from clients, regardless of their stance on how much authority they believe a client should have in life and death decision-making. Rollins (1999) describes the stress and pain of killing healthy animals or being asked to do so as the most demoralizing part of companion animal practice. He specifically calls this type of stress for the practitioner “moral stress” because “it arises out of a fundamental conflict between one’s reasons for going into animal work and what one is in fact doing, or being asked to do” (62). Even practitioners who identified strongly with the mechanical-type model of practitioner drew the line at euthanasia for the “convenience” of clients:

I made a decision early in my career that I was not going to ever do convenience euthanasia and by convenience euthanasia I mean because they didn’t know the puppy was going to be so active or because someone was not prepared for the work of having a pet. I don’t want pets to be neglected or homeless, but I made a decision that I was not going to be that person who just put a healthy pet to sleep just because the owners did not want them. There are all kinds of other avenues like put them up for adoption and stuff like that. Moving is a bad excuse and allergies I won’t do. There are other people that would be happy to have that pet that are not allergic and that are not moving and they can give them up for adoption to a shelter.

Other vets who are closer to the “mechanic model” insist that the owner must try alternatives before euthanizing some “healthy” animals for “behavioral” reasons such as barking too loudly:

For behavioral issues as long as I talk to the owner and understand where they are coming from- obviously if it is an aggression problem then that is a different story if the dog is a danger it is a different thing, but like for excessive vocalization or something like that I have to ensure myself that it is legit. I have refused to do euthanasias before but I have to ensure for my own piece of mind that they at least tried and if it is not a livable situation and the dog barks all day and they have tried different things like drugs and behavior modification and none of that has worked then I understand putting a pet to sleep for that.
I don’t have a big moral objection to that and the reason why is because there are so many healthy pets that are euthanized that don’t have behavioral problems and that would make great pets that are euthanized everyday.

Thus, even participants who identified fairly strongly with the mechanic-type practitioner, felt there were limits to the authority they were willing to give to clients in determining life and death outcomes for animals.

Many experienced veterinarians argued with the dichotomous characterization of either prioritizing the client or the patient. Instead, they described the importance of a balance between their duties and commitments to animals and human clients. On the other hand, interns were far more willing to commit to one or the other option, at least at the beginning of their internships. When asked to whom do you perceive your primary obligations as a veterinarian, approximately two-thirds of the interns indicated the animal, with the other third leaning towards the clients. However, as their internship progressed, the intern’s feelings were far from immutable.

Interns who initially felt pet owners should have more authority became frustrated when clients’ requests required them to treat animals as “disposable” or in ways they considered unacceptable. For example, those interns who started with much more of an “owner perspective” in the end might argue similarly to the vet below:

Even though the client pays the bill and you are providing them a service, sometimes you have to try to convince the owner to do what is right for the animal. Good customer service doesn’t always mean doing what they want us to do. Good customer service also means educating the client and advocating for the animal. They pay us for medical expertise and they pay us to know what is best for their animal medically speaking so we are also obligated to advocate for what is best for our patients because essentially that is what owners pay us for.

Another intern who initially aligned herself closer to the mechanical-type later said that she finds it acceptable to refuse requests for euthanasia that she finds objectionable:

I: Were there things that you found hard to do in the beginning that are easier for you now?
R: Oh yeah. Refuse euthanasia. At the beginning when I was newbie I felt like a lot of the times we felt like we have to do what the owners want us to do. They came in to
euthanize their animal and that’s my job but now I feel like I kind of have a say in it. I am more comfortable in saying you know your cat or dog is not that sick and there are other options and I can’t do this. I am not going to and there is no good reason why I should and you are going to have to go somewhere else and put that on somebody else’s conscious.

A similar intern describes how he came to take more of an advocacy role for the patient:

In the beginning I euthanized more things than I wanted to and I felt badly about doing them because I was too afraid to question the owners. It seemed rude and cruel and not my place to question them, especially over such an emotional issue. Now I often will say tactfully and not like really questioning them or their decision but more just kind of like trying to get more information. I will say so tell me a little bit more about what is going on with Fluffy and the reason why you have made this decision. I need to know why they want him euthanized or I don’t feel comfortable with it…I am more comfortable questioning them and you can see where that is a touchy subject. I have also learned ways of kind of doing it really tactfully. I have had to explain that I am not questioning your decision but you can understand that I just need to feel comfortable with this so just let me know what is going on.

At the same time, many of the interns who initially cited animals as their primary obligation (a more pediatric model) were surprised at how difficult it was for them to confront owners whose requests seemed unethical. Often they identified with the situation of owners, many of whom they were unable to narrowly define as the “evil,” “uncaring” people they expected. One intern described how her feelings changed over the course of the year:

Well I remember very vividly having this conversation with you back in June. I remember thinking that I don’t think that my opinions will change and saying at that time that I am interested to see what I say at the end of the year. I don’t exactly remember what I said. I certainly haven’t drastically changed but in practice I am a little bit more understanding of people who can’t commit for whatever reason to their pet’s health. I am a little more understanding although I do get annoyed with people who are going to lie to me about what is going on and what has brought them to make the decision. People may try to invent things that are happening to help justify their own decisions and I am more understanding of that, but it still irritates me. I guess my feelings have changed in that I think about more than just the animal.

These interns also began to include the owner’s quality of life in their assessment of whether or not the killing of an animal is appropriate:

When I was in vet school I thought an animal that just pees...to euthanize it for just peeing is wrong. It just pees. What is the big deal? It is still happy and healthy and drinking and eating and doing fine. Now I have the perspective of also taking care of the client. Have you ever lived with an animal that pees on everything you own? You have to think of what they are going through dealing with that. I call it the owners’ quality of
life. You have to think about that when you consider taking on an animal with a chronic
disease. If the client is not going to take care of the animal, the animal suffers. If clients
do not get anything from caring for the animal it just does not work. The point is to help
the relationship between the client and the animal.

An intern who began her internship with more of an “animal perspective” would later
argue, “You can’t just think of the animal existing in a vacuum, there are other things to
consider such as how much money is this going to cost and if the client can afford it.”

Interns began feeling concern for the costs to owners. This intern describes how
her feelings changed regarding people who chose euthanasia for financial reasons:

Originally I felt like well those people who don’t have any money well then they just
should not have pets. Definitely that was an attitude that I had in the beginning that I
don’t really have anymore. You know someone can be taking great care of their pet who
got a major medical illness. Does that mean that they should not have a pet? I don’t
think so, but a lot of people who have the money for the yearly shots and the yearly check
up and getting it spayed initially and buying them food and they run into something
where they can’t afford the UO or the fracture or something like that. I don’t necessarily
think that those people should not have pets anymore. I think that they do their best and
then they run into an unfortunate circumstance and from our end sometimes it is
frustrating cause we might be thinking, “Oh my gosh what do you mean you can’t afford
it when they are sick?” It is frustrating, but I don’t know if that necessarily means that
they should not have pets.

These interns would often create hypothetical situations in which clients might be in
financial crisis such as the one below:

Sometimes owners will qualify for credit, but they don’t want to use it or something but
their animal has something fixable like something broken and you don’t really understand
what they are thinking. Why won’t they just spend the money if they qualify? Maybe
you don’t know all their financial situation. Maybe they have the money but it is their
kids’ college money and they have to make a choice what to spend it on. Well maybe it
is not the wrong thing to not pay for the animal if it is going to take away from
somebody’s education or somebody’s future. You can’t expect owners to make those
kinds of sacrifices.

Interns often felt nervous that they may convince owners to spend thousands of dollars
treating their animal and the animal may die in the end, leaving the owner with a hefty
bill and without their pet. Thus, these hypothetical situations allowed interns to feel
sympathy for the owner and rethink the euthanasia as “fair” or legitimate, balancing the
needs of animals and clients.
Veterinarians often made distinctions as to the types of cases they felt owners should have more authority to make decisions and the type of cases where the veterinarian should seek to influence the owner or advocate for their patient. For example, as discussed in Chapter Three, many veterinarians made the distinction between “clear-cut” rationale and rationale they found to be in ethically grey areas. In these cases veterinarians often separate a “medical call” from an “ethical call” as the veterinarian below describes:

The patient is foremost but I feel a lot of responsibility to the owners, so euthanasia in grey areas, I will support the owners so that they feel good about their decision because it is ultimately their decision in those grey areas- I can’t make that call because it is purely an ethical call. Like the 14 year old who was hit by a car with the spinal fracture and everything- that was a really hard one for me but I did feel like I did my job in advocating for the patient because I was really clear with her. It wasn’t cruel to continue necessarily but I was really clear with her that euthanasia was, not just a reasonable option, but it probably was the best thing for him and I very rarely say that. I very rarely say that and it is reserved for like terminal cancers and terminal like we have tried treatment and now they are deteriorating and now it is not going to work so those kinds of animals that end up circling the drain. In this case the patient did end up circling the drain but, just based on the injuries, I really made it clear to her that I felt that euthanasia was the best option and she just said I understand what you are saying but morally I can’t. I have to give him a chance. I said that is your decision and I respect that and we are going to do everything we can for him and we did. I think that that is reasonable and in the end it is their decision and I feel like who am I to judge? Especially in that decision that was an ethical call- it wasn’t a medical call.

Just like the vet above many participants made distinctions between “medical” and “ethical” decisions in which owners should make ethical calls but veterinarians should make medical calls.

I didn’t actually think that dog was going to die from the contusions and he might not have. He might have died from ARDS [acute respiratory distress] because of the trauma but that is not really something that you anticipate honestly. Some dogs die from just the inflammatory cascade- from just the trauma, but a lot of them don’t so it is not something that you routinely expect and a lot of dogs with pulmonary contusions do fine. I think the extent of his injuries was too severe but it is not like he had an infection or any big flayed areas. He just had lots of broken things so anyway he went downhill and he could have thrown a clot or anything but he went downhill. My point was I didn’t think from a medical aspect he was not salvageable. I just thought from a quality of life aspect it probably was not a good call, but who am I to judge that quality of life? If I had been sure one way or another medically, that is different but those ethical calls are for the owner.
Thus, in cases where the veterinarian saw the decision as an ethical one, the veterinarian uses the “authority” of the owners to make “ethical calls” to feel better about killing animals or, in the case above, sustaining the life of animals the veterinarian would rather euthanize.

Most participants land somewhere along a continuum between the pediatric and mechanical model believing that veterinarians have a commitment to respect the choices of clients, but they should also be an advocate for patients. By the end of their internships, almost all of the interns were far more centrist in their views- challenging the legitimacy of a dichotomous categorization- with only a few still citing the owners or the animals as their primary obligation. Many interns report that they learned to accept a wider rationale for ending an animal’s life and had to grow to appreciate the different relationships people have with their pets.

I think I just accept the decisions that are made are not always the decisions that we would make if they were are pets, but that is just this that they are not our pets. They are our charge to take care of but you have to take into consideration what the owners want as well. You have no idea what other people are going through and I am sure we all judge and are like why are you euthanizing this animal or why didn’t you euthanize this animal? You know we all have animals with one eye and three legs that need medication six times a day and pees all over the house. Not every owner is willing to go to the lengths we are. You have to find a way to accept they make the choice and we can’t know why they make the choice they make all the time.

They acknowledge that not everyone will treat his or her pets the same way they might choose to treat their animals, but they have learned to “accept the decisions of other people.”

Veterinarians worked diligently to balance their commitments to patients and clients, advocating and arguing with owners at times but also, at other times, working to find a way to understand the owner’s perspective. For example, the veterinarian below
describes trying alternatives for the animal but he ultimately accepts the decisions of owners:

I had a lady whose dog had a prolapsed eye but she had already had the other one prolapsed before therefore she said that she could not financially do it anymore. Simple situations that could be fixed medically where owners decline any care or surrendering animals- that was really shocking to me in the beginning especially having worked in a practice like Wellesley where people had (laughs) plenty of money...I offered everything from emergency treatment only which would have cost a couple of hundred dollars, to surrendering to our shelter, to keep the pet alive to like surgery for maybe closer to a thousand dollars and she declined every single thing. At that point my responsibility is to decide- do I want to decline putting this animal to sleep and if it walks out the door is it going to be in pain and suffering and that answer was yes. It was hard to come to that decision but that was really her decision. Knowing that she declined everything it was the hardest one I have ever had for making the decision but it was really her decision.

For many of the vets, a veterinarian’s job is to advocate for their patient, but ultimately the decision rests in the hands of a client or customer and as one vets says, “This animal belongs to someone else who has the right to decide the fate of their animal and I may not agree with their choice but I have to respect it.”

Ideally veterinarians want to help sick animals by doing what is “best” for them, please clients and nurture professional relationships, make a comfortable salary, and have a pleasant working environment with their colleagues. Because participants felt such strong empathy with both their patients and with clients, many were unsure how to behave professionally when their sense of responsibility to care for their patients conflicted with their empathy with an owner’s situation. Thus, on occasion many found themselves prioritizing one of their obligations at the expense of the other. Moreover, clashes between these desires and duties are not always easily resolved especially in light of societal ambivalence regarding the proper treatment of animals. For example, lay people and veterinarians alike can have vastly different opinions about how to determine what constitutes proper animal “welfare,” when the euthanasia of companion animals is
legitimate, or how to weigh the interests of owners, animals, and veterinarians in such
decision-making.

Today veterinary medicine is faced with new values, namely the increasing social
value accorded to animals. The question of animal rights in the context of the
responsibility of veterinary medicine is growing in importance. In fact, Rollins (1999)
estimates that the vast majority of veterinarians claim adherence to the Pediatrician model
as the moral ideal for their profession. Nearly every participant in this study cited the
Pediatric model as the more moral ideal, but they quickly noted how far the profession
was from being able to achieve that ideal. Because their patients are property,
participants recognized elements of the mechanical approach inherent in their jobs.
Sometimes distasteful, veterinarians acknowledge that it is necessary to negotiate with
owners over the cost and extent of medical treatment for animal patients. Vets often
literally compare their job to that of a mechanic or a used car salesman in which
treatment plans are equated with used cars:

There are ideal ways to do things and after doing it for years and years and years, it gets
easier to do the less ideal ways. You are trained to offer them the Cadillac version of
everything and when that doesn’t work you come on down until you finally get to the
1969 Volkswagen version of treatment or even the Ford Pinto of treatment plans. When
they say they can’t afford it, I just give them the option B. You kind of negotiate it. You
go back and forth. You start out saying here is this and see if they go for it. Then you
have to start taking stuff out of the estimate like putting stuff back at the grocery when
you don’t have enough money. What can I do without and still help this animal? Of
course, you always want them to buy the Cadillac, but that is a really hard line to walk
because they may end up just euthanizing if you don’t offer them enough options.

However, as the veterinarian below explains, participants also argue that the mechanic
model doesn’t allow for the unique status of animals as both subject and object- property
and patient.

At least if I were a mechanic, I could give an estimate and the car would run and I could
fulfill my end of the bargain. Sometimes people spend lots of money and the animal dies
or we can’t fix it. If you give them an estimate that is too low then they could say I can
only spend up to $2,000 well if you can’t do the full work-up or treat the patient.
adequately up to their limit then you are not helping the animal. You are spending all their money and then at the end of it you are not going to have any answers. It is a lot of pressure on us. You are just feeling like you wish you could have given them a happy ending since they have spent like seven thousand dollars. Plus, it is not simply being a mechanic in the strictest sense of the word. I bet my mechanic doesn’t get emotionally attached to the cars he works on. If it is an animal that I really want to treat for some reason I am really attached to the owner or the pet then I am a little bit more I guess emotional about it. Otherwise it is not something I worry about. It is the reality of this job.

Thus, participants felt as though the Pediatric Model was the ethical ideal, but they couldn’t deny the ways in the Mechanical Model was inherent in their jobs. Thus, putting themselves into either the category of Pediatrician or Mechanic seemed just as ill fitting as putting their patients into either the category of “property” or the category of “person.”

This fundamental question in veterinary medicine reflects the ambiguities inherent in human-animal relationships of treating animals as both objects and subjects and also taps into issues of control and power in professional relationships. If the animal is a “patient” brought in by a “client” seeking expert advice, the vet has more power in that they are the experts with the medical knowledge of what is best for the animal. If the person who brings the animal to the vet is an “owner,” then the animal is a “pet” or property and the vet is merely a service provider who can advice the owner but must ultimately do what they wish. Of course, these designations as patient or property have real consequences for how we treat those designated as such. Through his study of veterinarians Sanders (1995) contemplates the creation of “personhood” as a social accomplishment, arguing that personhood “may be acquired or forfeited, given or taken away. It is a matter of social identity that determines how a being is treated, the rights and freedoms he/she/it possesses, and even whether and under what conditions the being is allowed to live” (210). Thus, because animals exist somewhere between the categories
of person/subject/patient and nonperson/object/pet, it should not be surprising that veterinarians encounter a wide variety of mixed and uncertain attitudes regarding the life and death of animals in their charge.

According to the law, animals are property and their value is limited to their market value. Law professor Anna Charlton describes an incident in Michigan in which a woman’s mixed breed dog was severely injured by a delivery truck. When the apologetic business owner submitted the 400 dollars in veterinary bills for the dog’s treatment to his insurance company, they refused to pay the full amount. They argued against payment “on the grounds that the dog was not worth $400.00, and so, just as a car owner is required to ‘total’ a damaged car that would cost more to fix than it is worth, the dog owner was told that her dog should have been ‘totaled’ and she could not receive a higher level of reimbursement” on those grounds (Charlton, 1997). It is because of cases such as these that many people (vets included) believe the difference between animals and inanimate property is not reflected adequately in our laws.

The societal views on animal welfare and even animal rights are changing as there is an increasing social value accorded animals. The fact that the law traditionally treats non-human animals as property is becoming problematic for many Americans. Contending that the law has been inconsistent in regard to the moral status of animal and our obligations to them, many people argue that animals are fundamentally different from personal property. They see animals as loving companions whose welfare should be protected legally. Citing cases like the one above, they argue legal decisions under current laws are inconsistent with this understanding of companion animals. Some call for the creation of a new status that formally recognizes companion animals as a distinct
legal category: “companion animal property” (Hankin 2007) People propose creating a new status that formally recognizes companion animals as a distinct legal category which differentiates between inanimate and living property. The idea is to create a special category of property- *animal property*. These legal changes may lead to increasing social backing for veterinarians’ commitment to animals, thus making the model that veterinarians define as the moral ideal, the Pediatrician Model, easier to follow.

As the moral and social status of animals has been slowly changing, some veterinarians are taking leadership roles in shaping new animal policies as well as legal definitions of important concepts such as animal welfare. For example, there are those in the veterinary profession who feel that veterinarians should assume a greater role in addressing cruelty to animals (Patronek 1997; Rollin 1994). They are troubled by the fact that veterinary professionals have been slow in defining and requiring the mandatory reporting of animal abuse. The discussion about mandated reporting has generated controversy within the veterinary profession (Arkow 1994; Hymen 1995). Like the early days of pediatricians before them who were reluctant to do the same for children, veterinarians are troubled by what they perceive as conflicts between the interests of (and their obligation to) patients and clients. They express fear of a loss of income, anxiety over potential litigation, and even concern for escalating abuse toward the pet if removing them from the home proves difficult. Proponents, however, suggest their fears are largely unfounded. It is their belief that raising the moral and social status of animals will only have positive effects on the profession, suggesting as the value of animals rises so will the value of those who treat animals.
Many veterinarians have called for the subject of animal welfare to be incorporated in the veterinary curriculum. The School of Veterinary Medicine of Purdue University created a Center for Applied Ethology and Human/Animal Interaction. Tufts University established the Centre for Animals and Public Policy. Washington State University began a Center for the Study of Animal Well-being and Cornell University built an Institute for Animal Welfare. Other universities have less formal animal welfare groups and organizations. Over the last few decades, many veterinary journals have featured discussions of ethical issues in the provision of veterinary services and those associated with euthanasia are typically the most prominent (e.g., Antelyes 1988; Birbeck 2006; Hannah 2002; Main 2006; Tannenbaum 1985). Yet a survey of the teaching of ethics in veterinary education revealed that only six of the nation’s 27 veterinary schools have a formal course on ethics (Self et al 1994). Ethics is typically taught in conjunction with other subjects such as jurisprudence, practice management, veterinary regulations, and small animal practice courses as well as informally during clinical rotations. For many young vets these efforts are insufficient as it is their opinion that subjects of ethics should be made just as compulsory for a veterinarian as anatomy or surgery.

However, compared to law and medicine, little research has been done on the relevance of existing ethical training in veterinary education for practicing veterinarians (Tannenbaum 1995; Self et al 1991; Weirich 1988). In medical and legal contexts, sociologists have detailed the ways in which the scientific and technical aspects of professional socialization are conveyed quite overtly, while the psychosocial and ethical aspects of professional socialization tend to be hidden below the surface of the training process (Fox 1989; Granfield and Koenig 2003). In his study of medical wards, Hafferty
(1991) argues that the “hidden curriculum” establishes norms that “warn students against becoming too reflexive or introspective, and warn against critically examining the forces that are shaping their professional identities” (32). Mizrahi (1986) describes the ways in which the psychosocial aspects of patient care is either ignored or disrespected as “sociological bullshit” in postgraduate medical training, pointing to an ideological bias in medical that considers and rewards only that learning which is technical. Researchers also cite similar criticisms of legal education for failing to sufficiently incorporate ethical contexts throughout the curriculum, instead “ghettoizing” ethical training into one professional responsibility course (Granfield and Koenig 2003; Stover 1989).

This research suggests that many of these aspects of professional ethical socialization are different for veterinarians in clinical training. For example, the ethical aspects of veterinary professional socialization seem to be far more transparent in postgraduate training compared to other professions. Of course, like medicine and law, most of the ethical education was informal as the interns, residents, and clinicians participated in small group discussions in their shared office space, in break rooms, and in hallways. However, the question of veterinary ethics and ethical behavior was a frequent topic of discussion in formal meetings as well. Mentors relayed their own experiences with difficult euthanasia experiences that, in turn, enhanced the comfort of subordinates and facilitated reciprocal self-disclosures. In some cases, the group worked to support and encourage interns to maintain ethical values and principles and in other cases challenged them to rethink their ethical values and principles. However, these findings invite further research detailing the informal and formal mechanisms of ethical
education and the relevance of existing ethical training in veterinary education for those in postgraduate training as well as practicing veterinarians.
Appendix A

Preliminary Interview Script

Learning to Euthanize
1. Where did you go to vet school? What did you learn about euthanasia in veterinary school? Do you feel prepared for experiences you may face here?
2. Did you have any experience with euthanasia in veterinary school or before vet school? What was your role?
3. How were you technically trained to do euthanasia procedures? Who taught you? Describe for me how you learned the different clinical or technical aspects of the procedure.
4. Did you have courses in vet school that discussed the more emotional aspects of euthanasia or dealing with life and death decisions? Did you have any classes that focused on helping you to deal with client’s emotions or your own potential emotional reaction to euthanasia? How effective do you think those were for you?
5. How much discussion around issues and experiences with euthanasia do you remember having with peers in school? With instructors? Can you recall any stories or jokes told among veterinarians about euthanasia related experiences?

Early Euthanasia Experience
1. What do you remember about the first time you were present for a euthanasia? Describe the situation for me. What was that like for you in terms of your feelings and personal reactions? Was there an owner involved? What was it like for the client in terms of their feelings and reactions?
2. Think back to the first time you performed a euthanasia procedure. Were you nervous before the procedure? Was it more difficult or easier than you expected? Why? What did you afterwards? Did you talk with anyone about the experience?
3. Do you think your first experience with euthanasia was similar to that of other novice veterinarians? Why or why not?
4. What was the impact for you of this first procedure on other euthanasia procedures you might have subsequently done? Do you think this experience shaped future interactions around death related issues? In other words, what is the long-term impact of your early euthanasia experiences?
5. Was there anything about those early experiences with euthanasia that surprised or shocked you and how do you feel about it now?
6. What do you know about euthanasia in a place like Angell? How have you learned that information? Peers? Instructors? What do you think it might be like here? Do you think your experiences will be different than ones you have already performed or observed? Why?
7. What do you anticipate will be the most challenging aspect of your internship at Angell regarding life and death issues and euthanasia? What do you think will be the most rewarding?

Negotiating Death vs. Treatment
1. What has been your experience with delivering bad news? How do you prefer to deliver bad news to clients? How much technical detail do you provide? What sorts of things do clients typically want to know?
2. How involved are you generally in the decision making process? Do you prefer to be included or would you rather leave it solely up to the owners?
3. How often do you deal with requests for euthanasia for non-medical reasons (a healthy animal)? Probing questions: -Behavioral problems? -“Old age” with poor quality of life? -change in owner’s situation (moving, allergies, “health,” etc.)? -owner cannot or will not pay for veterinary care? -dangerous or aggressive dogs?
4. What makes them different from each other in terms of their ease of management? Have you established a personal policy about what you will and will not do in these situations? What are the official or unofficial guidelines? How did you learn these guidelines?
5. Have you ever had a case in which you wanted to euthanize an animal but the owner wanted to continue treatment? Why? Who did you go to? How did it turn out? How did you feel about the
outcome? Have you ever refused to treat an animal or refused to continue treatment? Do you think it is okay for a veterinarian to discontinue service when they believe euthanasia is a better option for the animal?

6. Have you ever had a case you did not want to euthanize but the owner insisted? Why? Who did you go to? How did it turn out? How did you feel about the outcome? Have you ever talked an owner out of a decision to euthanize their animal? How did you convince them this was a better decision?

Determining Quality of Life

1. Describe characteristics of a good and bad “quality of life” for an animal. Do you think other veterinarians agree with you? Where do you think you came up with these standards for evaluating the quality of life of an animal?

2. It seems that owners can have an array of different ideas about how to define “quality of life” for an animal. How much do you rely on the client’s assessment of “quality of life” and how much is yours? Do you let the owners take the lead?

3. Some veterinarians have told me that they also consider the owner’s “quality of life” when deciding whether or not they think it is appropriate to euthanize an animal. Does the owner’s quality of life come into your assessment of the animal’s quality of life? Have you ever had a case in which the quality of life for an animal has come into conflict with an owner’s quality of life?

4. Can you tell me about a time in which an owner’s assessment of a “good” or “bad” quality of life for their animal was different from your assessment?

5. Do you worry that you ever misjudge an animal’s quality of life?

Financial Issues

1. In what ways are financial concerns a part of the decision making process when negotiating life and death decisions?

2. Some veterinarians in early training situations say that euthanasia “lurks over” their most interesting cases. Did you experience this feeling here at Angell? Does the cost of treatment vs. the possibility of euthanasia ever “get in the way” of learning new techniques?

3. How do you approach financial issues with clients when you suspect euthanasia could be an option? How do clients react? What do you do if you suspect an owner will not be able to pay for treatment or even a diagnosis? How can you tell? When do you begin talking about euthanasia?

4. Several vets have told me that owners will sometimes say, “what can you do for $100?” Have you ever had an owner request something like this?

5. Accurate estimates seem to play an important role in negotiating between treatment and euthanasia. Is this true? What happens when treatments go over the estimate? Describe the consequences. Have you ever given an estimate for treatment that was more than the final cost? Are there consequences for estimating higher than you actually end up charging the client? Does it bother you to discuss financial issues with clients? Did it bother you earlier in your career?

6. Have ever been perceived as insensitive by clients when discussing financial issues in which a client was considering euthanasia? Why do you think this happened? Have you ever felt as though you were insensitive towards a client? Have you ever seen another vet act in a way you thought insensitive?

Additional Ethical Considerations

1. What ethical issues do you think exist for veterinarians regarding decisions leading up to euthanasia or related to euthanasia? What is your understanding of the AVMA’s stance on euthanasia for veterinary medicine?

2. In what cases are you unsure about when it is appropriate to euthanize? In what cases are you sure? What is a “clear-cut” case? Do you think other veterinarians feel the same as you do? How are your feelings similar or different?

3. What would you do if you disagreed with a client’s decision either to continue treatment or to euthanize? What do you perceive to be your duties or obligations in these situations? Towards animals? Towards owners? Has your approach changed over time? Do you think other vets feel the same? Do you think that male and female veterinarians feel differently?
4. Do you ever get frustrated, angry, upset or annoyed with clients who are considering euthanasia for their animals? What prompts these feelings for you? How important is the reason or rationale for the euthanasia to you? Have you ever had to euthanize an animal due to the negligence of the owner? What did you tell the owner?

5. Would you say that what reasons people give for euthanasia that you are most comfortable with or find acceptable reasons for euthanasia have broadened or lessened over this year? Why or why not?

Customizing the Euthanasia Experience
1. What makes a “good” procedure or a “bad” procedure from a technical standpoint? How do you prepare the animal? How do you prepare the human?

2. Describe a euthanasia procedure that went well or “easy” for you. What happens when things go right? When you know you are going to perform the procedure, how do you present yourself to clients? What image? Do you take different strategies depending on each case and type of person?

3. Do you ever do things for animals/owners beyond what your job requires in these situations? What sort of special requests do owners make? Have you ever had any requests you thought were unusual in terms of handing the body or saying something specific to the animal? What did you do?

4. Have you ever received a card or letter from an owner of an animal that you euthanized? What sort of things do owners particular appreciate during this experience?

5. Describe a euthanasia procedure that was difficult or went “wrong” for you. What happens when things go wrong? Why do you think it happened that way? Is there anything you would do differently now? What are things that you might say or do to minimize problems? What are technical issues that can make it a “bad” experience for you? For the owner? For the animal? What do you do if the procedure does not go technically “right” in front of the client?

6. Have you ever had a case in which you did not want the family present? Under which circumstances would you be more likely to encourage their presence? Discourage them? What about children? Overall do you prefer the client in the room or out? Does it make a difference for you? Why? What do you say when children are in the room?

7. Have you ever had a client become angry during a euthanasia procedure or after it was done? What did you do? Have you ever had a client regret their decision after you performed a euthanasia procedure? What did you do?

8. How do some vets customize this experience more than others? What are the limits of customizing? In other words, what will you not allow or have you ever said no to a particular request during a euthanasia? Why do vets customize?

Euthanasia as a Uniquely Intimate Encounter
1. When performing a witness euthanasia or negotiating with clients about euthanasia to what extent is the interaction different than other kinds of veterinary interactions (such as vaccines or check-ups)?

2. Have you ever had a client initiate a hug or touch you when you have euthanized their animal? Have you ever initiated a hug or touched a client? Has this ever happened in any other veterinary encounter aside from euthanasia?

3. Has there ever been a time when you surprised by the level of intimacy during or after euthanizing an animal? What happened? Why was it surprising? What sorts of things do you say to owners during the procedure? What sort of things do they say to you?

4. What do you do if you start to cry or become upset during a euthanasia procedure? How do you move on? Have you ever cried at home over a euthanasia experience? What do you do if a client is crying? What sort of things (if anything) do you do or say when this happens?

5. What emotions will you not show in front of owners? What situations make you uncomfortable? Does euthanizing one species over another bother you more? What about the owners? Does the gender of the owner matter? Does how well you know the client or animal matter?

6. Some veterinarians have been known to sit with grieving owners, holding their hands and sometimes even grieving with them. Have you ever had a case in which you did something like...
this? Have you ever let yourself get too “wrapped up” in a case? What was that like? Why do you think that happened? Have you ever seen other veterinarians doing this?

Euthanasia later in the year
1. Is there anything surprising about your experiences with euthanasia or life and death decisions at Angell thus far? If so, what surprised you? How did you feel about it then and do you still feel that way? What have been the most challenging aspects of your internship concerning euthanasia thus far at Angell? What have been the most rewarding?
2. Are there things that you tried to do in cases where clients were considering euthanasia when you were new to Angell that you would not do or be reluctant to do now? What about the other way around?
3. Do you feel as though your attitude towards euthanasia has changed having gone through your training here at Angell? Do you feel that you have reset your initial ideals or principles since starting the internship at Angell? If so what do you think changes over time?
4. Do you think you will face similar euthanasia and death-related situations in your new position? Do you think it will be different? Why? What advice do you wish you might have received before starting the internship?

Routinely Dispensing Death
1. How would you describe your feelings towards euthanasia in veterinary medicine? Do you believe that your feelings have always been this way? Or have your feelings changed on this issue over the years, and if so what made you change your position? Have your feelings remained the same throughout your training in vet school? Do you think many other veterinarians share your attitude toward euthanasia in veterinary medicine?
2. How would you describe your feelings about euthanasia in human medicine? Do you think most other veterinarians feel the same way? What do you think makes it different or similar to veterinary medicine?
3. Has there ever been an experience with euthanasia that made you feel accomplished or proud? Why do you think you felt this way?
4. Have you ever felt regret after performing a euthanasia? Why do you think this happened? How did you deal with this feeling? Did you talk with anyone about the experience? What did they say? Did you feel better after?
5. Have you ever tried to adopt out an animal you did not want to euthanize? What made you do this?
6. I have heard from some veterinarians in intensive internship/residency programs who all recall specific weeks or spans of time during their internships when it seemed they could not “cure” or help any animal but felt as though they were overwhelmed by the consecutive number of euthanasia procedures they were called upon to do. Has this ever happened to you during your internship? How do you resist letting feelings get “out of control” or overwhelming?

Coping with Distress Related to Euthanasia
1. What part of a euthanasia experience is most stressful for you? Talking with owners? Owners in the room during the procedure? Seeing them cry? Is your stress level influenced by how much you feel you know the animal or the owner? How much of the actual experience of performing a euthanasia for you is influenced by the presence of the owner?
2. Relative to other things in your life, would you say that dealing with euthanasia in your work cause you a great amount of stress and anxiety? Have you ever had nightmares relating to your euthanasia involvement? Could you describe that? Have you ever lost sleep due to thinking about your involvement in euthanasia? Do you dream about work? Have you ever dreamt about animals in your care?
3. To what extent would you estimate performing euthanasia procedures influences your personal stress level? Would you say it is a strain on your work? Work-related strain has been associated with alcohol abuse, drug use, problems sleeping, headaches, poor appetite, illness, lower job satisfaction, and increased family conflict. With this research in mind, would you note any psychological manifestations of stress exposure related to euthanasia in your work here at Angell?
4. Do you ever talk with other interns or vets or technicians here about your experiences with euthanasia or life and death decisions veterinarians frequently have to negotiate? What about people in your private life? Family? Spouse? Partner? What do you say? What is their response?

5. Have your family or friends ever been upset with you or expressed dislike with how preoccupied with work issues while at home? Have outsiders ever asked you about your experience with euthanasia? What about a stranger who hears you’re a veterinarian? Family? Spouse? Partner? Do they ever bring it up? Have you ever gotten any criticism from them over this aspect of your job? What kinds of reactions do you tend to get? What do you say to them?

6. How do you maintain a sense of humor? How important is a sense of humor? Can you recall any jokes about veterinarians or jokes told among veterinarians regarding euthanasia? How do you feel about these jokes?

7. How do you maintain a healthy attitude toward your work during these times when you feel stress relating to euthanasia? In other words, how do you resist troubling feelings related to euthanasia from becoming overwhelming? What sort of things helped you to cope? How do you relax after the stressor is removed? How do your peers and colleagues cope with stressful situations? What sorts of things do your peers and colleagues do to relax?

**Final Question**

1. Are there any questions that I have not asked that I should be asking? Is there anything that you feel would be important for me to know about you in order to better understand your perspective?
Appendix B

Access and Research Agreement

Dear Dr. (name excluded),

My name is Patricia Morris and I am a graduate student working on my PhD in sociology at Northeastern University. I am interested in learning more about the ways in which veterinarians in clinical training deal with death-related sources of stress as the focus of my doctoral dissertation. In addition to learning clinical skills, veterinary interns must learn how to deal with many situations that entail the death of animals such as managing a terminal case, euthanizing an animal, or sympathizing with clients who are considering difficult alternatives for their animals that might result in death. Specifically, I am interested in these questions: To what extent, if at all, do death-related situations make novice veterinarians feel emotional distress? When they do feel tensions, distress or uneasiness, how do they cope with these feelings? How might experiences vary according to different characteristics of veterinarians? What are the consequences of the different coping/management techniques in terms of clinical care, peer/client relations, choice of future specialty?

While social scientists have studied the emotional distress resulting from encountering death as experienced by human physicians in post-graduate training, this question has not been studied among veterinarians, although there is every reason to think that they too experience similar uneasiness in the course of honing their professional skills. It is important to explore why this distress occurs and how students cope with it especially in light of euthanasia-related strain associated with increased levels of generalized stress, lower levels of job satisfaction, increased feelings of emotional “burnout,” poor client relations, work-to-family conflict, sleep problems, and even substance abuse found among other occupational groups who deal with similarly potentially stressful death-related situations. Identifying the specific situations that provoke tensions or feelings of emotional distress or uneasiness among novice veterinary practitioners is a key step in addressing these issues. Armed with this baseline data, for example, it may be easier for Veterinary training programs to tailor support to address these concerns. Moreover, to the extent that novice veterinarians are not aware of the coping strategies used by other veterinarians, bringing these informal strategies into formal curriculum could help lessen the stress experienced in early practice. Moreover, to the extent that strain may influence client relations, this
knowledge may help improve client interactions and maintain long-term service relationships (not just
during the life of a client’s current animal but also their future ones as well).

Considered one of the world’s foremost centers for clinical veterinary care and professional
training, [city hospital] is an excellent location to study how novice veterinarians respond to and cope with
emotionally trying situations. To carry out this study, I would like to observe externs, interns, and residents
in their daily activities. My observational role would be similar to that of an extern. As I understand the
program, externs are students attending veterinary universities who are paired with senior veterinary staff
members to participate in clinics, cage-side rounds, didactic rounds, and emergency service. My role as an
“extern” would allow me to observe intern and resident interactions in a variety of clinical settings without
interfering in the daily operations of the hospital and would, of course, be strictly observational. Ideally I
would like to shadow interns two to three times per week spending between three and five hours each visit
spread out over several months alongside the cohort of interns starting their internship in small animal
medicine and surgery in June of 2006.

My observational role would *not* include speaking with clients or asking veterinarians questions
during any clinical situation. In a similar setting in New York, I observed veterinary interns through the
Senior Veterinary Clinical Program designed for students attending veterinary universities in a role similar
to Angell’s externship program. Specifically, I followed three services for a total period of about two
weeks in the spring of 2004 (Gastroenterology/Respiratory Medicine, General Medicine for Companion
Animals, and Oncology). During my brief study at AMC, I was invited to observe clinics, medical and
surgical rounds, as well as procedures such as abdominal ultrasounds and euthanasias (both with clients
present and without). While observing interactions with clients, I was introduced briefly by the intern or
resident as simply a “student who will be observing today” much like they would with a visiting extern.
Although no client or veterinarian ever appeared uncomfortable by my presence or voiced any objections, I
would, of course, always adhere to the wishes of the veterinarians if they do not feel comfortable allowing
me to observe any particular clinical encounter. I recognize that clinical interactions around death related
issues are naturally sensitive subjects and care will be taken on my part to observe unobtrusively with
sensitivity and respect appropriate to the situation.

Following up these observations with one-on-one interviews away from the clinical setting would
generate a more subtle and complete understanding of the thoughts and feelings of the veterinarians. I would like to interview as many of the interns, residents, and veterinary instructors who are interested in volunteering their time. Despite the demanding schedules of the interns, I was able to conduct interviews with all but one of the interns on the rotations I followed at AMC (perhaps because they saw it as somewhat cathartic). While the interviews would be tape-recorded to ensure accuracy, the anonymity and confidentiality of the participants will be strictly maintained both by coding names as well as keeping the tape-recorded data in a secure location. In fact, any notes, articles, books, or reports to arise from this research will not contain the names or identifying information about any individuals or the hospital itself.

I am currently studying with Arnold Arluke, professor of Sociology at Northeastern University and a senior fellow in the Animals and Public Policy Masters Program at Tufts School of Veterinary Medicine, who has studied a vast array of issues relating to human-animal interactions. He will be closely monitoring my progress during this research project and can provide a professional reference as well. Other faculty at Northeastern and the Animal Medical Center in New York can also attest to my professionalism and objectivity, should additional letters of support be necessary.

Please do not hesitate to contact me if additional information is needed at this time. I will, of course, be available to meet for an interview at your convenience. I will phone you sometime next week to follow-up this letter, however, you may contact me at any point via email.

Thank you for your consideration.

Sincerely,

Patricia Morris
Appendix C

Signed Informed Consent Document

Informed Consent Document for Observation and Interviews
Patricia Morris, MA and Arnold Arluke, PhD
Northeastern University, Department of Sociology

Title: Experience with Euthanasia in Post-Graduate Clinical Training in Veterinary Medicine

Request to Participate in Research

Why are you doing this research study?

This letter is a request for your help in a research project. As a Ph.D. student at Northeastern University, I am working towards developing an understanding of the ways in which veterinarians in clinical training define and cope with various sources of stress. I am particularly interested in stress related to issues involving death such as euthanasia, managing a terminal case, or sympathizing with clients who are considering difficult alternatives for their animals that might result in death.

Why am I being asked to take part in this research?

I am interested in gathering a sense of general knowledge shared throughout the veterinary community as well as personal or individual perspectives, thus I will be interested in talking to a wide range of people involved in or knowledgeable of veterinary medicine and more specifically clinical training. Your knowledge about life in/among veterinary interns as well as more experienced practitioners will be very valuable to my research.

What will I be asked to do and how much of my time will it take?

If you decide to take part in this study, we will ask you to schedule about three interviews with investigator Patricia Morris spread out over the course of a year. They will take about an hour each and would be scheduled at your convenience. You must be at least 18 years old to be in this study.

Where will this take place?

The purpose of my visit to Angell is to conduct sociological research using both interview methods and a method called participant-observation. During this course of study, the following will occur: I will be around Angell Animal Medical Center periodically learning as much as I can about veterinary post-graduate education through observation of public behaviors, asking questions, and interviews (with your permission). I intend to observe interns and residents in the teaching hospital as they experience it,
recording their interactions with one another as well as with clients and animal patients. My observational role would not include speaking with clients or asking veterinarians questions during any clinical situation. I recognize that clinical interactions around death related issues are naturally sensitive subjects and care will be taken on my part to observe unobtrusively with sensitivity and respect appropriate to the situation.

**Will I benefit by being in this research?**

While you will not receive any payments for your participation in this study, we anticipate that your answers will help us learn more about veterinarians in post-graduate training as well as generalized occupational stressors. Identifying the specific situations that provoke tensions or distress among novice veterinary practitioners may be a key step in addressing euthanasia-related strain associated with increased levels of generalized stress, lower levels of job satisfaction, increased feelings of emotional “burnout,” poor client relations, work-to-family conflict, and sleep problems found among practitioners. Armed with this baseline data, for example, it may be easier for veterinary training programs to tailor support to address these concerns. Moreover, to the extent that novice veterinarians are not aware of the coping strategies used by other veterinarians, bringing these informal strategies into formal curriculum could help lessen the stress experienced in early practice.

**Will there be any risk or discomfort to me? Can I stop my participation in this study?**

If you decide to collaborate, your participation is completely voluntary and will last as long or short as you feel comfortable. The entire study will last for approximately one year. The possible risks of the study are minimal in that you may feel a little uncomfortable discussing personal or sensitive questions. At any time you may refuse to participate or withdraw.

**Who will see the information about me?**

This research project has been reviewed and approved by the Institutional Review Board (human studies committee) at Northeastern University. Any information I might gather while observing and participating in your lives, and or acquire through questioning or interviews is purely voluntary and will be strictly confidential. Participants will not be identified in any field notes, interviews, reports or publication about this study. Your part in this study will be confidential and any reports or publications based on this research will use only group data and will not identify you or any individual as being of this project. The
tape-recorded interviews will be stored on the researcher’s computer and only she will have access to the
data that will be erased from her hard-drive after transcription.

**Who may I contact if I have questions or problems?**

You may speak with the Principal Investigator of this project, Arnold Arluke, Ph.D., Department of
Sociology, Northeastern University, telephone 617-373-XXXX, email address (excluded). You may also
contact the researcher, Patricia Morris, at 617-373-XXX or email address, (excluded).

**Who may I contact about my rights as a participant?**

If you have any questions about your rights as a participant, you may contact Human Subject Research
Protection, Division of Research Integrity, 413 Lake Hall, Northeastern University Boston, MA 02115 tel.
617-373-7570. You may call anonymously if you wish.

**Please feel free to ask any questions that you may have at any time. You may keep this form for
yourself.**

Thank you,
Patricia Morris, M.A., Ph.D. Candidate
Department of Sociology
Northeastern University

I agree to take part in this research.

________________________________________________________________________
Signature of Person agreeing to take part in research                  Date
________________________________________________________________________
Printed Name of Person Above

________________________________________________________________________
Signature of Person who Explained the Study to the
Participant above and Obtained Informed Consent                  Date
References


NCVEI. 2000. “Current and Future Market for Veterinarians and Veterinary Medical Services in the US.” Report by the National Commission on Veterinary Economic Issues.


