

Some Questions to Ponder When Euthanizing a Family Pet

By Dr. Cesar Tello

Being a product of our upbringing, there are certain personality qualities we acquire from our fathers and then there are certain attributes we siphon from our mothers. Having been raised in a matriarchal household, I absorbed much of my emotional acumen from my mother through listening to her veterinary technician stories. It was through these stories that I was first introduced to the concept of compassion and its role in humane euthanasia; and it is against this backdrop that I would like to highlight some questions concerning euthanasia.

Whatever philosophical system you adhere to, it's fair to state that a veterinarian must have a good handle of the analytical approach to medicine while at the same time sharing a softer, intimate side, especially when dealing with euthanasia.

I have been in practice for close to ten years and have seen quite an array of pets that have needed a humane exit from this planet. I propose that there are at least three cardinal questions to be asked of those who have difficulty deciding when it's time to euthanize their pet. I can't remember the meandering path my thoughts took to lead me to these questions, but suffice to say they have served me well in my short tenure as a vet.

It is my hope that these queries provide a scaffold of support for the veterinarian as they attempt to address the quagmire of questions that surface:

1. Is your pet's condition terminal?

This is an analytical question. "Does my cat have a disease that will directly cause his death, such as advanced cancer, heart failure, or kidney failure?" Often times it's straight

forward. When all the variables can be threaded together through employment of a proper workup or after the long application of a treatment protocol, it's a blessing; but please be aware that there may arise certain situations that require you to sort through a list of appropriate tests to reach a presumptive diagnosis and subsequently answer this very general question. It can be tricky. You should never feel like you are compromising a principle to reach a conclusion. It's my opinion that your duty lies in bringing out potential scenarios that warrant euthanasia.

2. What is your pet's quality of life?

After diagnosing and treating the disease has been attempted, by whatever definition you and your client have agreed upon, you can then venture into the next question. This is a more subjective inquiry clouded in a veil of objective observations. "When I come home does Muñeca still come and talk to me, searching for affection or does she just hide and exhibit reclusive behavior?" "My dog wasn't so reticent before, especially when it came to food." "The treatment isn't really progressing or it's becoming a negative experience." "She used to jump everywhere; now she just lies there and gives the impression that she's given up." Here we can borrow from our own human experiences. Most healthy people who are recovering from a medical condition or surgery ask themselves, "How many days until I get better?" People who are dying may ask, "How many days until I die?" It's really a reversal in perspective. In human medicine euthanasia is not widely accepted. Turn to anyone who's witnessed a relative in hospice to gain some insight into the sometimes undignified experience of dying a slow death. Many times, it's a matter of opinion and it's up to us to guide our clients through their options. In the end, it's the client's responsibility to make any final decisions about euthanasia.

3. What is the family's emotional threshold?

Here is a question that I think is family oriented. It's a good question to ask because it compels the family members to relate how they deal with stressful situations. It also gives you a glimpse into how you can advise them based on their idiosyncrasies. There are some people that have strong opinions about death. "Doc, if she's meant to die, I want God to decide. I just can't do it." Other people will relay how they saw a previous pet live past their time and didn't want to see that happen again. Whatever the reason, this is an opportunity to highlight any potential outcomes that may develop with respect to suffering. Since pets do not speak, it's up to us to point out signs of pain and quality of life issues and gauge people's reaction. It's also important to remember that each family member may have a different emotional threshold and that this can lead to potential miscommunication issues; as much as possible, try to encourage a consensus decision making process.

Finally, it would be irresponsible of me if I did not encourage my colleagues to have a discussion with their clients about finances. Because of the inseparable bond that exists between service and monetary compensation it is important to have a frank diplomatic conversation where we outline the potential financial burden involved with making a proper diagnosis and instituting an appropriate treatment plant. If finances are a bottleneck and they will aggravate the pet's health status, the signs of suffering and the relevance of euthanasia need to be thoroughly explained.

As a child, I remember my mom being a very good storyteller, especially when it came to bedtime. Many of them were fables, but then there were those veterinary themed ones that struck a chord with me on account of their humanistic message. It's only now that I finally

understand that she was really trying to unwind after a long day, do a little self-therapy and shower me with motherly attention, all in the same breath. One particular story went something like this:

It was a walk-in appointment at the end of a long arduous day. Standing alone in the waiting room was a small framed elderly woman in a long black trench coat with no apparent pet carrier by her side. She said, "I'm here to put my son to sleep." Doc and I looked to one another. Who was she talking about since we didn't see a pet? Then she revealed under the shade of her voluminous overcoat an extremely thin grey sleepy cat snuggled in the thick lapel of a soft oversized blanket. "I know it had to be done but I just couldn't bring myself to come in sooner. He's been sick for a few years but I convinced myself that he was okay; but now that he has end stage kidney failure, I just can't let things continue. I don't want him to suffer anymore. He's my son. I've said my goodbye and I know his time has come." She started to cry because she had finally acknowledged that it was time to let go. My mom and Doc felt sad for her.

Doc took the cat into the back and put him to sleep, tenderly and with a sigh. It was quick and painless, unlike her soliloquy that revealed the turmoil and trauma of a slow death. My mom reentered the waiting room where the woman was sitting alone staring into the palms of her empty hands. She told her that the cat was at peace; and that she was very sorry for her loss. The old lady reached for my mom's hand and said, "Thank you. I loved him dearly and feel better now that he is in a better place."

My mom then turned to me all bundled up in bed and said that putting a pet to sleep is a very personal and emotional decision. There's no room for guilt or blame, only love and compassion. This person may have been unclear about determining the right time to put her cat

to sleep - she may have even waited too long; but when faced with a dilemma, it's important to acknowledge that the burden of her decision is hers only to bear.

As compassionate veterinarians, we should strive to assist and assuage our clients in whatever capacity we can and try not to judge them. Instead we can channel our instinct to be partial by incorporating the above questions early on so our clients are better prepared to make the difficult decision of euthanizing a family pet.