

Grief for pets Part 2: Realistic client care so that you 'do no harm'

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ABSTRACT

Research indicates that many clients think about their animal companions' deaths while the animals are still well, and would like their veterinarians to lead discussions about end-of-life issues. However, most veterinarians are unaware of this. Moreover, they have not been trained in how pet loss affects clients, and how best to communicate with them. Because of this, personnel necessarily depend on their intuition and experience and, lacking the evidence-based communication skills that can assist clients optimally, they can inadvertently make some clients' grief more painful. This article critiques some popular

veterinary assumptions about clients' grief in light of current knowledge. It also outlines the practical features of client care during animals' end-of-life phase, emphasising the pre-euthanasia consultation. At a minimum and, in accordance with guidelines to medical personnel, veterinarians should offer every client information about grief and further support resources, when the animal's death is imminent or earlier, if the client desires.

Declaration of interest

The author created *The Loss of Your Pet* client-care and practice training resource.

INTRODUCTION

Due to lack of professional training, most veterinary personnel are unaware of the research on grief for pets. Therefore, most practices do not have a client-care policy that reflects that body of knowledge. In my experience, there is instead an unspoken reliance on the chosen approaches of individual personnel, who necessarily depend on their intuition and experience. Those approaches risk being based on verbal and non-verbal communication that helps veterinarians, as agents of bereavement, to cope with clients' distress, rather than evidence-based communication skills that can assist clients optimally.¹ As a result, veterinary personnel can inadvertently make some clients' grief more painful.^{2,3} They may also make erroneous assumptions about their clients, as also happens among medical personnel in relation to human bereavement.^{4,5} Paper 1 – *Veterinary Ireland Journal* July 2014; 4(7): 380-5 – outlined current theory and research on grief for pets, explaining the common reasons why our clients may struggle. Paper 2:

- Challenges some common assumptions about clients' grief, in light of current knowledge
- Introduces simple, evidence-based features of basic client support for first-opinion practice.

FOUR ERRONEOUS ASSUMPTIONS ABOUT CLIENTS' GRIEF

Assumption 1: 'I know my clients (and most don't need mention of grief support)'

It is true that most clients will come to terms with the death of their pet. However, we cannot know who would value guidance and support unless we ask them, every time. For example, someone who has had many animal companions

euthanised and has seemed always to cope well may, in the Nth case, be losing a companion who was a special link to a recently deceased human and was a support while the owner got through cancer. That example was a real case that I learned about in casual conversation on a train journey. Apparently the veterinary clinic had not supplied information about grief, sent a condolence card or followed up with the client. While she appeared to have a controlled style of grieving⁵ and said she would never tell veterinary personnel of her dead pet's significance or her subsequent grief, her daughter indicated that the client would have accepted information, had it been offered.

Assumption 2: Helplines and counselling are the best form of support

Anecdotal evidence is that many bereaved clients find these types of support helpful. However, as with human bereavement,⁶⁻¹⁰ we lack good research on the most effective forms of support for grieving clients. Grief being unique to the individual, there is unlikely to be one pre-eminent support modality. Moreover:

- Bereaved clients who have a controlled response to loss are unlikely to want to talk about what they are experiencing.⁵ Written guidance with information about self-help resources would probably be more appropriate for them⁵
- A critical review of human bereavement research found no evidence that "emotional disclosure facilitates adjustment to loss in normal bereavement", improves health outcomes or has any value as a universal intervention.⁹ A similar conclusion was drawn from a meta-analysis of interventions for bereaved children.¹¹ Although clients who self-select for counselling

or are first screened may benefit (eg. those with depression),¹⁰⁻¹² few veterinary practices have personnel trained in screening and, to my knowledge, a valid screening instrument has not been developed.⁵

The impact of these limitations may be minimised by offering every client information about grief, and a comprehensive list of further support resources.⁴

Assumption 3. If the bereaved client is living with others, they will cope OK

This does not necessarily follow. Pet loss can disrupt families¹³ and we often do not see all those concerned. They will also be coming to terms with the animal's death and may feel unable to support each other, especially if their styles of response to loss differ.^{5,9} Ensuring the household has written information about grief and diverse support resources is likely to help there.

Assumption 4: The elderly, bereaved pet owner is of more concern than a younger one

The impact of pet loss on adults of different ages is not clear.¹⁴ For example, a retrospective study of 103 bereaved owners in Canada found that "younger owners experienced significantly greater anger/hostility and despair than elderly owners".¹⁵

Those examples illustrate how, if you allow assumptions be the basis of care for grieving clients at your practice, you are probably withholding help from some, and inadvertently worsening grief for them or others. The rest of this article outlines practical aspects of an evidence-based and comprehensive approach to client care. They are presented with the caveat that, while much of the literature rightly highlights how our clients' experience during their pets' end-of-life phase may affect their ability to grieve normally, our response should not be at the expense of the animals'

Table 1: How to break bad news^{20,33}

Step 1. Meet the client in a supportive setting, ideally a dedicated "quiet room"
While not always possible with emergency cases, try to ensure: privacy, comfort for animal and owner, no physical barriers between you and the client, and no interruptions or distractions
Tissues to hand for the client, because that normalises and gives permission for any tears
Enquire if anyone else wants to take part
Establish rapport with empathy statements and, if appropriate, authentic compliments on their care for their animal
Step 2. Understand the client's perspective
Establish how serious they think the animal's condition is. Also, use the animal's history to help you indicate understanding of the client's unique bond with the animal
Step 3. Ask their permission to tell them what you know
Step 4. Tell them, ie. give the bad news
Done in stages, starting with a warning, eg. "I'm afraid Muffin's blood results weren't what I was hoping for" or "Mrs O'Reilly, I have some difficult news to give you"
Then give the news in short chunks of not more than three sentences, with pauses, and check that the client understands
Use open-ended questions, eg. "What questions do you have at this point?" Avoid closed-ended questions, eg. "Do you have any questions about that?" It's a subtle difference, but the first form validates the fact that the client may have questions and invites the client to voice them directly. "Do you have any questions?" does not validate or invite, and only a "Yes" or "No" answer is implied. In that case, although many clients may still state their questions, some may refrain when they need not
Step 5: Empathise and explain anticipatory grief
Show empathy throughout, but especially while the client absorbs the bad news. So, acknowledge their feelings, and validate and normalise them. In particular, mention and normalise anticipatory grief (explained in Paper 1)
Where a client has been careless or neglectful towards their animal, it may be tempting to judge or blame them and withhold understanding. While understandable, it is unprofessional to do so because we rarely know all the circumstances. However, "honesty and the ability to challenge beliefs in a constructive manner are an important part of enabling patients (veterinary clients) to change".¹ Depending on the case, the animal protection authorities might need to be notified. In other cases, there is unintended partial neglect that has caused the animal avoidable suffering. In my view, it is important to be honest with clients then, without being accusatory or presuming to cause them further distress. Each case is different, but possible wordings might be:
<ul style="list-style-type: none"> • It's upsetting for everyone when animals suffer, and that's why we are fortunate to be able to carry out euthanasia. It's not always easy to judge the right time for that, but it's important not to leave it too late. It is then open for the client to ask, "Did we leave this too late?" And for you to respond, eg. <ul style="list-style-type: none"> » Possibly. Ollie is (was) suffering now, and you are right not to have waited any later to come back and talk to us. It's a difficult thing to have to do, I know, but it's the right one for Ollie » Possibly, but it's better now than even later • Thank you for being honest about cost issues. I know that this is difficult for you. I'm struggling with this situation too because we asked you to bring Rover back for a dressing check after three days, and you've waited for eight. As a result, Rover needs an amputation, and we are having to discuss euthanasia. I realise you are going through a difficult patch, and this makes it more difficult for you. Can we work together to make this time easier for Rover? • I became a vet to help animals, and I feel frustrated when animals suffer - like with Kitty here. I do understand that this is a painful situation for you, and I want to support you. I hope we can work together now, to make this time easier for Kitty
Step 6: Planning
Summarise and review clinical aspects and the expected end-of-life timeline
Identify clients' social support - especially important with sudden, unexpected death
Offer information about grief and support resources. Some clients may want to talk to a helpline, see a counsellor or learn more about their grief, in advance
Invite to a pre-euthanasia consultation or, if euthanasia or death are imminent, cover the points in Table 2



Figure 1: Example of information resources suitable for offering to clients at the pre-euthanasia or euthanasia consultations.

interests. For example, animals should not have to suffer avoidable distress in their remaining life while we ease their owners' grief, or be subject to "convenience euthanasia". Rollin,¹⁶ Shanahan¹⁷ and Villa Lobos¹⁸ provide guidance about those issues.

PRACTICAL CLIENT SUPPORT

The over-riding approach is collaborative and includes the client's perspective.^{1,19} Thus it is a dialogue, not a lecture. As part of that, it is essential to ask the client's permission before you talk about the different topics or go into details, by saying, for example: "Would you like me to tell you about/tell you more about...?"; "Would it be all right if I tell you a bit about...?"²⁰ In a survey of 2,008 bereaved pet owners in Switzerland, 2% felt they had been given too much information.²¹ Part of the reason for that is likely to have been a veterinary communication style that emphasised delivering a message, not interacting and receiving feedback.¹

Your approach will need further adjustment when discussing end-of-life issues with juvenile or elderly owners. Brandt and Grabill¹⁴ provide a detailed review and examples of wording.

BREAKING BAD NEWS

Following the evidence-based approach used in human medicine, bad news is best given using a six-point framework. Shaw and Lagoni²⁰ provide a detailed example, and Table 1 outlines the steps. The final stage – planning – would include the offer of a pre-euthanasia consultation.

PRE-EUTHANASIA CONSULTATION

This consultation allows the client to ask questions, and you to understand the client's perspective. While some of that is often done during a euthanasia consultation, that occasion does not give clients enough time to prepare for their loss. For example:

- Following in-clinic euthanasias, some 50% of clients may find it especially hard to leave without their pet.³ By planning the day, they can arrange for a friend or other support to be with them afterwards
- The decision to euthanise can create the added burdens of moral unease and related guilt.^{2,19,21,22} Those may be reduced or removed by support in a pre-euthanasia consultation

- The anecdotal evidence is that a pre-euthanasia consultation enables most owners to proceed with greater equanimity (Douglas Muir, Pet Cremation Services, pers comm, April 2, 2014), and it is likely to help clients to grieve normally.^{2,3}

Key elements of the pre-euthanasia consultation are given in Table 2. Once those points have been covered, other client wishes can be ascertained, eg. the time of euthanasia,²¹ the owner and family members attending or not, the option to say good-bye to their pet after death, the option to speak with you prior to leaving the practice or afterwards, and how to pay the bill – some owners prefer to pay the bill in advance of the euthanasia or some time afterwards. In a recent case to my knowledge, longstanding and very reliable clients had an animal with a chronic, painful illness. Their preferred veterinarian had tirelessly done his utmost to investigate and treat the condition, and they were very appreciative of his skills and kindness. While he was on holiday, emergency euthanasia was needed and was performed compassionately by a colleague whom the clients did not know, on a home visit. Two days later they received the bill, before the ashes had been returned. No condolence letter was received. The clients were distressed by this combination of events and, when they phoned the practice to express this, they found the receptionist unsympathetic. No pre-euthanasia discussion had been offered or information about grief and grief support. If the practice had a clear policy and a trained team, the clients' understandable distress would have been avoided and the practice's reputation enhanced, not diminished. In the case of sudden, unexpected death or euthanasia, many of the topics of the consultation remain important, to help clients to come to terms with what has happened and to grieve. Many may not want to have the discussion at the time, but it is important to offer it to them, and to offer the possibility of one later on, perhaps repeating that offer in the sympathy letter.

EUTHANASIA CONSULTATION

A detailed account of the consultation is beyond the scope of this review, but would incorporate the principles in Tables 1 and 2, and ascertain clients' wishes if not previously known. A detailed practical breakdown is given in Hewson,²³ eg. supportive setting; no time pressure on the client; importance of prior discussion between the veterinarian and veterinary nurse; gentle animal handling as patients may have arthritis or other painful conditions; wrapping the body in a "shroud" of new fabric; having a wireless doorbell in the room, so clients can have private time and then indicate when they are ready for you to return;²⁴ and de-briefing and support for personnel afterwards.

Based on the recommendations for human bereavement, it is essential to offer information about grief and support resources to every client.⁴ Also, receptionists should be trained in how to take euthanasia enquiries and make appointments for various contexts.

Post-death client care

Condolence card

A generic card offends some clients, understandably because it is necessarily superficial and may seem impersonal and insincere. That may cause resentment – a reason why some bereaved owners may use a pet loss helpline²⁵ – and avoidable client attrition (3-4% in the Swiss study²¹). Instead, following the recommendations for doctors,²⁶ an effective and professional condolence message has six elements, including a personal expression of sympathy and personal memory of the patient. Some clients find sympathy cards of any kind mawkish, so a letter on the practice letterhead may be preferable. While writing these messages is time-consuming and is not the same as bereavement support,²⁶ they are usually much appreciated and seem likely to help to prevent the cumulative turnover losses from client attrition that may otherwise occur.

Telephone call

Some clients may find this intrusive, especially, perhaps, if the person making the call is not known to them. Others may welcome it. You can ascertain clients' wishes at the pre-euthanasia and euthanasia consultations, or indicate in the condolence letter that you hope it will not be an intrusion if you follow up by phone. To minimise the risk of causing offence, and to optimise assistance, the phone call is best made by someone involved in the case, whom the client knows.

Collecting animals' ashes

The ashes should be provided in private, not in front of

others. That meeting gives the client time with a member of the team, if they wish, to talk through their loss, explore further support needs, and be invited to any clinic initiatives (Table 2).

CONCLUDING REMARKS

Effective client care at animals' end of life is a team effort. Each practice therefore needs its own policy that team members feel engaged with and have the skills to implement, eg. so that any team member can meet with a client who has dropped in to collect their animal's ashes. Moreover, based on research on bereaved owners in Switzerland²¹ and Canada,^{2,3} up to 70% of clients are likely to think about their pet's death before that is imminent. Some 40% of clients may want their veterinarian to open a discussion and provide information about euthanasia and after-care options in the course of the animal's lifetime, not just when death is imminent.²¹ The only way to ascertain who might want more information, at any stage, is to raise the topic and ask. That requires good communication skills. Not unlike surgical skills, communication skills are best mastered through experiential learning, not by reading, listening to lectures or watching others.^{1,27} While the latter may be informative, there is compelling research that they are unlikely to bring about communication that clients perceive as making a difference.^{1,27} Moreover, it is quicker and more effective if the experiential learning is guided and begins in a no-risk environment, not on paying clients.¹ Based on research on medical personnel, a single period of four hours' training may be enough to make a preliminary difference.¹ Such training should include tips on avoiding compassion fatigue and emotional depletion.

Table 2: Goals and content of the pre-euthanasia consultation.³¹

<p>Allow the client to review with you why there are no further options for ending the animal's suffering, and why euthanasia is the right decision for the animal</p> <p>Use open-ended questions to explore the client's perspective and help them to:</p> <ul style="list-style-type: none"> • Understand their animal's needs in light of their other primary commitments • Recognise the right time to stop treatment • Know what euthanasia involves and whether they wish to be present. If so, it may be appropriate to mention clinical details now (with the client's permission), eg. agonal signs, and effect of low blood pressure or any pre-existing disease. Then agree details to optimise the animal's final experience, eg. any need for a sedative, and use of an intravenous catheter for the injection
<p>Some practices routinely remove animals from their owners for insertion of a catheter. However, some animals demonstrate distress through the experience: many may find the prep room a distressing environment³² and some personnel are not adept at inserting catheters. While animals may be very still, that can be passive coping and as negative an experience for them as is apparent in animals that show active coping, ie. struggle or show fear or aggression. These aspects should be discussed with each client, so that optimising the animal's experience remains the primary and shared concern</p>
<p>Home euthanasia option. In the Swiss survey, 33% of owners had had their animals euthanised at home.²¹ In the UK, several practices provide this service alone</p>
<p>Body after-care options, plans for the animal's ashes, and related memorials and pre- or post-mortem rituals (eg. a celebration of the animal's life; walking a route where the dog or horse used to go, to scatter the ashes; planting a shrub or pot plant in memory)</p>
<p>Clarify who else is affected, including children or older adults,¹⁴ so the client can plan what to say to them</p>
<p>Know what to expect themselves:</p> <ul style="list-style-type: none"> • Ascertain if they have ever had to cope with other serious life events or human death. If it is their first experience of an animal's death, it may be especially distressing³ • Clients with chronically ill animals may have been swinging between hope and despair for some time. Reassure them that relief at no longer having to experience that or nurse their animal is normal • Explain and normalise grief and anticipatory grief (if not already done during Steps 5 and 6 in Table 1), and supply written guidance and a resource list, including any of the clinic's initiatives, eg. seasonal pet memorial celebrations, an online memorial wall/photo book, a donation to veterinary clinical research • Enquire how they feel about leaving the clinic without their pet and help them to plan that time (eg. meet with a friend). Some may also value time off work • Help the client to identify whom they feel they can talk to, if they wish. In the Swiss survey, 88% had family members whom they could talk to, 67% friends, and 34% their veterinarian, but 2% had no one.²¹ If the client's preferred person is a member of the veterinary team, that person should be advised and potential follow-up contact planned, if appropriate. That team member should have the knowledge and team support (eg. de-briefing) to avoid compassion fatigue

Without any training, however, the approaches outlined here should still help to reduce inadvertent negative impacts that we may have on bereaved clients, and prevent associated client attrition. The essential points are:

(i) Ensure team members understand and are practised in words and actions that validate and normalise clients' responses to loss²⁸ because that gives clients permission to grieve^{1-3,19,28,33}

(ii) Give every client the option to refuse information and support. Thus, offer every client:

- A pre-euthanasia consultation (within which the relevant information is offered not imposed) or similar in the case of sudden unexpected deaths or euthanasias
- Information to "signpost" them through grief, including a list of support resources to cater to different styles of response to loss.^{4,5} The Irish Hospice Foundation has a leaflet with "signposting" information and lists some websites and books for further information.²⁹ It differs from the bereavement leaflets of animal charities – rightly, in my view – by not having photographs of animals or people, but flowers. A new client-care and team-training resource developed for veterinary practices is *The Loss of Your Pet*. The client-care packs (Figure 1) include a short CD and comprehensive list of further resources.³⁰

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Reader Questions and Answers

1: WHICH ONE OF THE FOLLOWING IS THE BEST KIND OF BEREAVEMENT SUPPORT?

- A. A helpline like the Pet Bereavement Support Service
- B. Talking to any sympathetic person
- C. A booklet about grief
- D. Rituals, such as a memorial service or seasonal celebration
- E. It's impossible to say because it depends on the person

2: A LONGSTANDING MALE CLIENT HAS HIS YOUNG CAT EUTHANASIED FOR INTRACTABLE LYMPHOMA. HE SEEMS TO ACCEPT IT, SAYING, "IT'S JUST ONE OF THOSE THINGS. HE HAD A GOOD LIFE. IT'S THE WIFE WHO'LL BE UPSET." YOU'VE NEVER MET HER, BUT HE'S ALWAYS SEEMED TO GET THROUGH PET LOSS OK IN THE PAST. WHICH ONE OF THE FOLLOWING CLIENT-CARE OPTIONS WOULD YOU USE?

- A. A personalised condolence letter to him and his wife
- B. Offer him written information about grief with a detailed list of online and offline resources
- C. Offer him the contact details of a counsellor in case his wife needs help
- D. Impossible to say without knowing his wife's coping style
- E. Nothing – he's never needed it before

3: WHICH OF THE FOLLOWING TOPICS SHOULD YOU RAISE IN A PRE-EUTHANASIA DISCUSSION?

- A. The client's desire for information or discussion of each topic
- B. Agonal signs
- C. Other family members who may be affected by the animal's death
- D. After-care options
- E. The client's past experience of animal death or other losses
- F. None of the above

4: WHICH IS THE BEST WAY TO DELIVER THE EUTHANASIA INJECTION?

- A. Via an intravenous catheter
- B. By injection on the owner's lap
- C. Without the owner being present
- D. In the owner's home, using a needle and syringe
- E. It's a judgement call that depends on each animal, their owner and the attending veterinary personnel
- F. Whichever way optimises the animal's experience, following ongoing dialogue and shared decision-making with the owner, taking into account the animal's temperament and condition, the owner's wishes and the competencies of the attending veterinary personnel

ANSWERS: 1. E, 2. C – THE LETTER, WHILE RECOMMENDED, IS A ONE-WAY COMMUNICATION ABOUT YOUR THOUGHTS AND SYMPATHETIC FEELINGS, AND NOT THE SAME AS BEREAVEMENT SUPPORT; 3. INCLUDE ALL (EXCEPT F), WITH THE CLIENT'S CONSENT IN EACH CASE; 4. F