Helping Clients Cope With the Death of a Pet

Christy Langwell, CVT

The Human-Animal Bond
The American Veterinary Medical Association defines the human-animal bond as a dynamic relationship between pets and people in which both species benefit and have an influence on each other that promotes better health and well-being. Based on the use of the word dynamic, we might add that the bond sustains force or energy, allowing positive growth toward a vital, healthy, and centered state of being.

According to the Centers for Disease Control and Prevention, the human health benefits of animal interaction include decreases in blood pressure, cholesterol level, triglyceride level, and feelings of loneliness as well as increases in opportunities for exercise, outdoor activity, and socialization. In 2011, the American Psychological Association published a study that showed strong evidence that pets have positive influences on people.

In 1982, Purdue University opened The Center for Applied Ethology and Human-Animal Interaction to advance knowledge about human-animal relationships. In 1997, the name was changed to The Center for the Human-Animal Bond, but its purpose has always been to promote university activities for developing ideas and encouraging advancements in education on animal-human interactions and animal welfare. The veterinary community has a responsibility to enhance the human-animal bond through science and medicine and by emotionally supporting pet owners.

Avoiding Client Dissatisfaction
When discussing veterinary care with clients, effective communication is required to help ensure positive outcomes. Because of the highly emotional nature of euthanasia, misconstruction regarding it is likely and, based on my discussions with grieving pet owners in a postmortem facility, occurs more often than we should allow.

The effect of client finances on veterinary care should not be ignored. In my experience and in-depth reviews of pet owner discussion forums, I found that pet owner finances have a strong influence on the veterinary care we provide. In veterinary-related discussion forums, the two most common topics discussed by pet owners are money and feelings of being taken advantage of by veterinary staff. Anger toward staff is prevalent, especially in circumstances ending in euthanasia.

In the 2009 article “Economic Euthanasia on the Rise,” the senior media and community relations coordinator at Colorado State University acknowledged that one of the most challenging moments in veterinary medicine is discussing the decision to euthanize a pet with a pet owner. Considering the effect of finances on decision-making, we can expect to have difficult conversations with clients. Especially during a weak economy, we can expect an increase in economic euthanasia: the election of euthanasia over treatment due to a client’s financial constraints. The manner in which euthanasia is presented as an option can significantly affect a client’s perception of veterinary care. Therefore, I think that economic euthanasia should be offered to clients as a realistic option for which they will not be judged.

While discussing euthanasia with clients, finances must be gently and openly recognized but need not be the central focus. Final disposition can be a financial consideration, so alternative approaches to euthanasia and handling of remains should be offered to help clients adhere to a budget. Pet owners should be informed of local ordinances regarding the disposal of remains. The services we offer must consider the patient and the client. If possible, we want to prevent clients from feeling that their only option is euthanasia because treatment is not affordable. The message we convey might not be in favor of euthanasia, but our demeanor and body language can have a considerable effect on what clients hear.

Our Perspective
Veterinary practice is a service-based industry. The intangible services we provide should include emotional support, such as sympathy, empathy, and compassion, to complement our medical services.

life is easily measured in length of time. Quality of life is used to assess patient status through disease affliction. Assessing a patient's quality of life requires communication with the pet owner (Box 1). However, pet owner perception may be skewed by emotion, making objective assessment difficult. To make valid quality-of-life assessments, we must educate pet owners on how to recognize signs of pain, discomfort, and depression in their pet.

Offering euthanasia is a delicate discussion and the point at which veterinary care is not just about the science we can offer. We must also provide “supportive care” to clients, considering that they suffer as they anticipate the loss of their beloved pet.

The decision to euthanize may be based not only on the ability to alleviate pain and suffering but also on a client's financial situation. The decision can make clients feel very guilty, especially when finances affect the type and amount of care that we can provide. Veterinary staff should not add to clients' feelings of guilt but should educate, guide, and support clients in making informed decisions. When euthanasia has been chosen, we must also provide supportive care to the patient by relieving pain and maintaining hydration, nourishment, and comfort.

Being sympathetic can help demonstrate our understanding of clients' struggle when deciding whether to euthanize their pet; as we know, the burden of the decision must lie solely on the pet owner. Being empathetic can confirm our genuine involvement. Empathy is felt when someone ignores his or her personal point of view in order to see someone else's perspective. Active empathy, much like active listening, is displayed through body language, specifically gestures (e.g., a comforting touch, an embrace, welcoming of emotion). Active empathy creates a safe environment for emotional acceptance. When clients see that we grieve with them, the burden of concealing emotion becomes less overwhelming for clients. Our compassion can help give clients confidence in our veterinary support and guidance.

The Grief “Journey”
Consider the term grief process: the word process has a technical connotation, but grief is poignant. Grief cannot be ranked, but society tends to consider the death of a human to be more important than that of a pet. However, the significance of a pet owner's loss depends on the depth of the relationship between the individual and his or her pet. The key word is individual, as grief is a personal “journey” and no one can quantify the significance of any loss other than his or her own.

Familiarity with the stages of grief (i.e., denial, bargaining, anger, guilt, sorrow, resolution, and loneliness) can help us understand it. These stages are not experienced in a specific order. Stage indicates progression, and grief is ultimately progressive, but emotions follow no rules or timeline. Anticipatory grief allows mental preparedness and can be more intense than grief after a pet dies. Pet owners despairing with anticipation may seek bargaining-attempt veterinary care to preserve their pet's life. We must advise clients when their expectations are unrealistic and assist educated decision-making. Our heartfelt acknowledgment of anticipatory grief can help clients know that they can safely express their grief and receive our support.

Pets are part of our everyday life. Their smells are on us. Their sounds fill our homes. After a pet dies, mourning allows positive momentum toward establishing a new normal for life. Moving toward a new normal can be overwhelming, and reestablishing one's self in the absence of a beloved pet is not easy.

We often struggle finding the right words to comfort someone experiencing immeasurable emotion. Consider the communication between animals: they do not use words, relying heavily on body language. We might recognize the relative importance of words and instead focus our communication on gestures of acknowledgment: offering a tissue, being present, being unafraid of touch. Sometimes, there are no right words.

Closure Can Be Ambiguous
Closure implies a definitive end. However, there might be no definitive end to grief and mourning because there are no doors to close emotions. Feelings of loss can become part of life despite a desire to resolve grief. Grieving pet owners often seek to ease personal guilt when considering “should have” and “could have” scenarios.

We must recognize our limitations when supporting grieving pet owners. To heal, grieving pet owners must desire healing. We can “walk a grief journey” with someone, but not for someone. We can share in the emotions but must maintain a perspective of positive detachment—being responsible to, not for, pet owners. Therefore, we must know when to refer a grieving client to professional counseling. Positive detachment is vital for the emotional stability of veterinary staff.

Memorialization
Memories are intangible assets that can be comforting, endearing, or tormenting, depending on the individual. Many pet owners consider their pets to be the epitome of unconditional love—a sentiment that is not often attributed to other people. Reflecting on the relationship with a pet can help give pet owners the strength to establish a new normal in which grief transforms into acceptance. For most pet owners, memories and memorialization can help adapt to losing the sight and the physical presence of their pet.

Many pet owners want to honor their deceased pets and may have memorialization preferences. We should educate ourselves
on the many options for memorialization and be prepared to offer them to, and discuss them with, pet owners. Memorialization might only involve conversations with a client about his or her pet. Veterinary staff must be willing to listen when pet owners tell their story. Each time a pet owner repeats a story about a deceased pet is necessary for the pet owner's memorialization experience. By listening, we honor the story, the pet, and the person.

**Children and Grief**

For children, death is a challenging lesson on the meaning of forever (BOX 2). Adult reactions to death can heavily affect how a child react. Children tend to conform to displays of grief that they observe in adults, making parents and veterinary staff important role models for expressing grief. Showing compassion to children and encouraging them to express their feelings can help their loss experiences become valuable life lessons. Healthy management of a child's grief can help a child develop the ability to deal with loss during adulthood.

Children should be allowed to participate in age-appropriate ways regarding euthanasia and memorialization of a pet. Allowing children to take an active but limited role can help them build a foundation for coping with losses throughout life. However, we should be considerate of parents' preferences for their children. We must assume that parents know their children best, but we can help ensure that children are not excluded from participating because of parental discomfort. Assure parents that, with our assistance, their children can participate in a manner that is healthy for them. Thorough explanation of your euthanasia services can help parents decide whether their children should be present during euthanasia, should see the pet afterward, or say goodbye before the procedure. Staff training and experience are vital to ensuring that euthanasia is handled as appropriately as possible.

When allowing child participation, adults should be careful to avoid euphemisms and misleading statements. Saying that we will be putting a pet to sleep might cause children to become nervous about bedtime and exacerbate their grief response. Blaming the veterinarian by saying that the doctor could not make the pet better might cause children to become fearful of going to their doctor. Lying by saying that we found a new home for the pet can greatly damage a child's sense of trust if the child learns the truth. Likewise, consider how you use the terms medication and drug. Medication has a positive connotation, whereas drug can have a negative connotation. If we tell children that we are using a medication to euthanize their pet, they might become afraid to take medications when they need them; therefore, consider using drug when discussing euthanasia agents.

Children may self-dose grief. For example, if a child is allowed to be present during an examination-room discussion about a sick pet, the child might suddenly exit the room to play in the waiting area. A short while later, the child might return with a question, which should be answered immediately to reinforce the child's participation. The child might leave and return several times. This is a way of self-dosing grief: when emotion becomes too intense, children may remove themselves from the situation and return when they feel secure. In my experience, adults might learn from this, as self-dosing may be a healthy way to find some relief while grieving.

**Box 2. How Children Respond to Death**

1–4 Years of Age

- Does not have a cognitive understanding of death; is influenced by adult emotional displays; is aware of deviations from daily schedule; needs frequent confirmation of the permanence of death (i.e., that the pet is not coming back); expresses grief through behavioral changes
- Signs of distress: irritability, sleep pattern changes, bedwetting
- Needs: consistency, nurturing, comfort, human touch

4–7 Years of Age

- May still not understand the finality of death; may feel guilty (e.g., may think the pet died because the child was angry with the pet for an irrelevant action [e.g., the pet chewed the child's toy]); may ask repetitive questions in search of consistent answers; expresses grief through play (e.g., may claim that a doll died)
- Signs of distress: nightmares, appetite changes
- Needs: encouragement to express feelings, conversation, consistency

7–11 Years of Age

- Is capable of logical thinking; may seek detailed answers to questions; actively focuses on how adults display emotion in order to find the "correct" way to express grief; expresses grief through mirroring behavior
- Signs of distress: educational and social withdrawal, sleep and appetite changes, concern about the possibility of personal illness, feeling the need to care for parents
- Needs: answers to questions, encouragement to express emotions, guidance in controlling emotions, a balance between time alone and with others, conversation, consistency

11–18 Years of Age

- Is capable of problem solving and abstract thinking; expresses emotions based on personality; has a mature acceptance of the finality of death; expresses grief through depression, denial, repression, or withdrawal from family conversation
- Signs of distress: anger, disobedience, rejection of previously accepted teachings (e.g., religious philosophy); feeling the need to care for parents; acting out
- Needs: encouragement to verbalize thoughts and feelings, validation (not minimization) of grief emotions, people who will listen

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*References:
Planning Ahead

Planning ahead helps minimize last-minute or inappropriate decisions regarding euthanasia. Before euthanasia, talk to clients about their preference for their pet's remains: would they prefer group or individual cremation or burial? Give clients time to contemplate their decision and what it involves; for example, is a client who chooses individual cremation willing to pick up the ashes?

Before we can educate pet owners on the body-care options for their pets, we must have thorough knowledge of (1) the crematory and burial services available to veterinary practices and (2) the associated state and municipal regulations. Knowledge of the various postmortem companies is necessary for staff to effectively “sell” the services. Because of major differences between pet crematories and disposals, awareness of a facility's licensure is important. The veterinary staff should be encouraged to visit the cremation facility that will be used; a crematory without an open-door policy might be cause for concern. We are accountable for the integrity of our cremation services: choosing to remain uninformed is a client who chooses individual cremation willing to pick up the ashes?

When discussing burial and cremation options, ensure that clients understand both. For example, pet owners may be unaware of town ordinances against backyard burial. The availability of pet cemeteries might help alleviate client concerns about having to forgo burial. We must also address the possibility of relocating a buried pet if the client moves.

Cremation of pet remains is common, and we can help pet owners understand the difference between individual cremation and group cremation. Your familiarity with your cremation company's disposal of group remains can add to your clients' confidence in the services you provide. Be aware that some crematories have a license to dispose of group remains while others have designated areas for scattering; by allowing visitation to scattering sites, crematories can enhance their integrity.

Advances in End-of-life Care

The veterinary profession has made numerous advancements in end-of-life care. Argus Institute of Colorado State University Veterinary Teaching Hospital (http://csu-cvmbs.colostate.edu/vth/sympathy-memorialization-ethology-the-feelings-thoughts-and-experiences) helps support the needs of pet owners faced with difficult decisions. The institute offers unique perspectives in developing the human-animal bond, with a focus on partnership, crisis support, and communication. The institute is a leader in raising industry standards and serves as a resource to the profession.

The International Association for Animal Hospice and Palliative Care (http://www.iaahpc.org) helps increase awareness of, and foster guidelines for, comfort care of animals nearing the end of life. Continually seeking advancements in quality of care will not only enhance the veterinary field but also increase our ability to facilitate the veterinary staff–client-patient relationship.

The International Cemetery, Cremation, and Funeral Association (ICCFA) (http://www.iccfa.com) provides education, networking, and guidance to human end-of-life service practitioners. The Pet Loss Professionals Alliance (PLPA) (http://www.iccfa.com/groups/pet-loss-professionals-alliance) works in partnership with the ICCFA to ensure respectful and dignified treatment of deceased animals. The PLPA expects animals to be handled with the same dignity and respect afforded to humans.

Conclusion

In addition to our impressive knowledge, skills, and technical duties, we also educate and emotionally support our clients. Unfortunately, formal training in emotional support of clients is often neglected. As a profession, we can do a better job of educating, nurturing, guiding, and supporting our clients. We must remain committed to being perpetual learners, continually dedicated to positive growth within our profession.

The veterinary staff can have a profound effect on the human-animal bond. We must remember that our patients are pets and that pets have people. Our relationships with pet families can greatly affect the level of care that we are able to provide to our patients. During euthanasia, we stand next to individuals whose entire family could not be present; in the final moments of their pet's life, we are family. We embrace animals that are left in our care for euthanasia because their owners cannot bear to be present; in these moments, we are the pet's only companions. We stand silently enduring grief, holding the hands of those who cannot stand alone. We can all perpetuate the compassion of the profession.

References

7. What is quality of life? Colorado State University, Veterinary Teaching Hospital, Argus Institute, Diagnostic and Support Services. csu-cvmbs.colostate.edu/vth/diagnostic-
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1. Which statement about grief is most accurate?
   a. Grief is a measurable process.
   b. Grief “journeys” are similar for all people of all ages.
   c. The stages of grief occur in a specific order.
   d. Grief is progressive but cannot be quantified.

2. Which of the following is not a recognized health benefit of pet ownership?
   a. a decrease in blood pressure
   b. a decrease in blood glucose level
   c. a decrease in cholesterol level
   d. an increase in opportunities for socialization

3. Which statement does not pertain to economic euthanasia?
   a. It tends to increase when the economy is bad.
   b. It means choosing euthanasia over treatment due to financial constraints.
   c. It is not appropriate to discuss with pet owners.
   d. It must be presented as a realistic option in treatment plans.

4. Which of the following is/are an intangible service(s) offered by veterinary hospitals?
   a. guiding pet owners in decision-making
   b. giving pet owners emotional support through sympathy, empathy, and compassion
   c. educating pet owners to make informed decisions
   d. all of the above

5. Supportive care includes
   a. pain relief.
   b. maintaining hydration.
   c. maintaining nourishment.
   d. all of the above

6. Empathy is defined as
   a. sharing thoughts and feelings with another person.
   b. understanding and indirectly experiencing the feelings of another person.
   c. awareness of suffering and desiring to alleviate it.
   d. knowledge about emotions and their effect on people.

7. Which of the following is inaccurate regarding anticipatory grief?
   a. It only occurs just before euthanasia is administered.
   b. It allows people to mentally prepare for loss.
   c. It should be acknowledged to help clients know that they can safely express grief.
   d. It may cause people to request bargaining-attempt care.

8. Which of the following is most practical for a valid quality-of-life assessment?
   a. daily observation of the patient by a veterinarian
   b. learning to trust the pet owner’s perception
   c. educating the pet owner to recognize signs of pain, discomfort, and depression
   d. educating yourself on the difference between quality of life and quantity of life

9. Which of the following best describes memorialization?
   a. communicating emotions
   b. honoring memories
   c. producing tangible reminders of a pet
   d. professional grief support

10. Which of the following best describes self-dosing of grief?
    a. A child is allowed to decide whether to say good-bye before euthanasia is performed, to be present during euthanasia, or to view his or her pet after euthanasia.
    b. A child decides how to react to death based on observing adult reactions.
    c. A child participates in examination-room discussions unless his or her parent prohibits it.
    d. A child removes himself or herself from an overwhelming circumstance and returns when he or she feels secure.