
Introduction

Euthanasia in Veterinary Medicine

Euthanasia is different for today's vets. 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. . . . 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. . . . 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 euthanasia. They want it to be a *nice* experience.

—Forty-four-year-old veterinary professor
in a lecture on euthanasia to his graduating seniors

As companion animals, or pets, increasingly become part of American households and, for some, a valued part of the family, the termination of an animal's life has also become the purview of veterinarians. Time and time again, small-animal veterinarians, like the professor in the opening quotation, explained to me how euthanasia has changed. In today's veterinary offices, veterinarians and their human clients share in the experience of an animal companion being "put to sleep." For veterinarians, this event is routine, as they may orchestrate it daily in their work. For many pet owners, having made the agonizing decision to euthanize, it is a rare, highly emotional experience.

Ask a typical American pet owner about his or her animal companion and you will likely be told not only the species but also the breed, age, personality, and favorite foods, as well as how cute, smart, or brave the animal seems.

Such a response, although common today, would have astonished people a century ago, when animals rarely lived inside the house and certainly did not wear special holiday sweaters to pose for family portraits. Today people bond with their pets on various levels, considering them anything from annoying or costly accessories to valued family members. Perhaps at no time are these bonds more apparent than when pet owners face the decision of whether to end an animal's life. For some pet owners, simply anticipating that last trip they will make to the veterinarian with their beloved companions is stressful, and actually dealing with their pets' terminal illness, unexpected injury, or old age is an especially traumatic experience. Others have no such misgivings in similar circumstances; for them, the decision is straightforward and less emotionally wrenching. Whatever the mind-set of the owners, veterinarians must facilitate these life-and-death situations.

As a social scientist interested in medical sociology, death and dying, and human-animal relationships, I wanted to know more about how veterinarians deal with euthanasia and the interactions it entails. I spent a year and a half speaking with small-animal veterinarians and observing day-to-day activities in several veterinary hospitals. Being in treatment rooms with many veterinarians and clients as they made decisions or provided care gave me a bird's-eye view of the interactions between veterinary doctors and their human clients, animal patients, technicians, and colleagues. Although I often found my fieldwork emotionally upsetting and physically exhausting, research from a distance could not give me the access to the private and emotionally charged interactions between veterinarians and their clients that direct involvement could. Simply put, people reveal much more to an outsider willing to share in the ordinary day-to-day experiences than they do on a standardized questionnaire.¹

Although this book focuses exclusively on the experiences of small-animal veterinarians, I had initially become interested in the study of euthanasia after hearing a fascinating story from a large-animal veterinarian. During his first month working for a busy large-animal practice, the young doctor was sent on a presumably routine checkup of a sick cow at a well-regarded client's dairy farm. Business with the cow concluded, the client, a rather burly farmer, inquired if he would mind euthanizing the family's pet chicken. Choking back a laugh, the novice feared he was the target of a hazing ritual or a practical joke. However, the family's earnest and somber demeanor told him this family had a special attachment to the chicken and wanted a peaceful death for their beloved companion. Rather than disappoint his new client and colleagues, the young veterinarian reluctantly agreed to euthanize the pet chicken.

In addition to a lack of confidence in his ability to deal with grieving clients, the novice veterinarian's reluctance to euthanize stemmed from a more practical concern—how to best euthanize a chicken. His training had indicated that cervical dislocation, or breaking the neck, would be the quickest and most humane method for the species, but he feared it would not *appear* peaceful or painless to the family. The veterinarian decided to instead use the more aesthetically pleasing method of intravenous barbiturate overdose, commonly used to euthanize pet animals, but he did not know the amount of solution to inject. After injecting the solution, and apprehensive that the animal might be only temporarily anesthetized, he created a pretext to get the family out of the room by suggesting that they gather a box and blanket for burial. In their absence he performed the cervical dislocation.

As he told me the story, his tone of voice and facial expressions strongly suggested that he saw the events of the chicken euthanasia as peculiar and harrowing and also somewhat comical. He exclaimed, "I actually had to 'euthanize' a family's dying chicken—if you can believe that! . . . What really got me is how attached this family was to this one chicken—like it was their dog or something." His astonished emphasis on *euthanize* led me to surmise that he did not typically think of the death of his patients as euthanasia. And he was clearly not accustomed to thinking of a chicken as a valued family pet.

I begin the book with the tale of a chicken euthanasia for two reasons. First, the anecdote points to how a client's regard for an animal shaped the interaction between the veterinarian and the client. A chicken's status as a valued family companion governed the method the veterinarian used to end this chicken's life. The story further demonstrates how veterinarians stage the death of animals for the benefit of their human clients. In fact, I found the efforts of veterinarians to create a good death for patients and an appearance of such for clients so compelling that I devote Chapter 2 to the subject.

Second, the chicken story reflects the complicated and shifting relationships between humans and animals. The *Wall Street Journal* published a series of articles on chickens' rise in popularity in urban neighborhoods.² People keep chickens for fresh eggs but also as companion animals, with some even becoming house pets. Several online forums address the emotional side of raising chickens and dealing with their death (see, for example, <http://poultryone.com>). Other people see chickens primarily as food, relating to their death in the same way the young veterinarian did to his poultry patient—"It's no big deal—it's *just* a chicken" (emphasis added). As this veterinarian's statement demonstrates, many do not understand the grief felt by enthusiasts over the loss of such a bird. Yet even though the young veterinarian was

bewildered by the family's grief, he did his best to respect their relationship with the chicken.

The small-animal veterinarians in this book often go out of their way to convey to their clients that grief over the death of any animal is normal and legitimate. Consider the case of a young software engineer and his pet mouse, named Sam. Upon hearing that his companion would likely not survive, the young man was inconsolable. Behind closed doors, some staff members could not understand his attachment to a mouse and joked to each other, "This guy is nuts. He is crying about a mouse!" Though the veterinarian herself struggled to understand this client's emotional attachment to a mouse, she quickly chastised her staff: "That mouse 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."

When a human dies, most families are surrounded by nurturing friends and other family. But when a pet dies, families rarely receive the same attention. Although some friends and family may want to comfort loved ones after the death of a beloved animal, they may not fully understand or appreciate the loss. For example, the well-intentioned suggestion "You might feel better if you get another dog" can seem to some pet owners the same as "Don't worry. You can get a new spouse." Other, less sympathetic people may consider grieving for animals to be silly or overly sentimental and respond to the loss with an insensitive remark such as "It's *only* a cat. What's the big deal?"

Rather than deal with insensitivity or misunderstanding, some pet owners want to suppress, or at least hide, their emotions over the loss of an animal companion, but they often regard the veterinary office as a judgment-free place to express their grief. Although I observed some pet owners as they made seemingly callous decisions regarding the death of their animals, I also witnessed euthanasias in which extremely distraught owners asked to hold their companion animals during the process and spend time with the bodies afterward. I frequently observed such ends for the death of not just dogs and cats but also birds, mice, ferrets, hamsters, and an iguana.

Narratives on the death of patients in this book reveal the emotional role of modern companion-animal veterinarians in comforting bereaved pet owners. For example, as shown in the death of the mouse Sam, although the veterinarian was bewildered by her client's grief, she took him to the grieving room and offered sympathy. She even searched the Internet to find appropriately sized options for a casket or urn in case her client desired one. Concerned that many of their clients will not receive sufficient emotional support or

sympathy from others for their loss, veterinarians told me that they often feel a special obligation to validate all of their clients' grief. For a sociologist, these emotion-laden encounters between veterinarians and their clients provide a rich context for examining how emotionality is managed in professional settings. The affective role veterinarians assume in comforting bereaved clients is the topic of Chapter 3.

To capture the breadth of encounters that unfold between clients, animals, and veterinarians regarding euthanasia, I consider the range and complexity of people's relationships with animals. For many social scientists, talking about *any* aspect of human-animal interaction requires a discussion of humans' ambiguous perceptions of other animals.³ For example, some people may view an animal as a functional object, while others see it more as a companion subject. Some children enrolled in horseback riding lessons may see the horse as basically a vehicle, while others relate to it as a large pet.⁴ People train dogs to fight to their death, race them for gambling purposes, leave them chained to fences in the backyard, breed them in puppy mills, train them for dog shows, take them on family vacations, buy them designer accessories, pamper them with spa treatments, or leave them substantial inheritances. Such wide-ranging treatment of horses and dogs provides just a few examples of the ambiguity inherent in our relationships with nonhuman animals.

Social scientists interested in human-animal relationships frequently note that animals play both utilitarian and affectional roles in many people's lives.⁵ In other words, a person may regard different members of the same species as a subject or an object. As I discussed earlier, chickens are usually seen as functional objects (poultry to eat), but some people see them as sentient individuals (cherished pets). The dairy farming family in the pet chicken story raised most of their chickens for eggs and meat, but one chicken joined the family as a pet. Along similar lines, farm animals are property (commodities for profit), yet some farmers develop emotional connections to their cattle, pigs, and sheep. In her study of Scottish farmers, for example, Rhoda Wilkie found that farmers do not relate to their animals as simply property.⁶ Indeed, as commodities, animals are seen as future meat and producers of dairy products, but farmers may also name, pamper, and feel affection for them. As one would expect, the emotional ambivalence inherent in these relationships is most troubling when it comes time to slaughter the animals.

While observing employees in animal-related workplaces, social scientists repeatedly find that occupational behavior reflects the ambiguity inherent in human-animal relationships. For example, in his studies of guide dog trainers, Sanders speculates that defining service dogs as both subjects and objects explains their simultaneous perception as equipment trained to serve,

protect, and assist and as companions with whom one develops a shared emotional bond.⁷ Other scholars bring to light similarly complicated relationships between workers and animals in a wide variety of settings, including biomedical laboratories,⁸ primate labs,⁹ animal shelters,¹⁰ race tracks,¹¹ veterinary and medical schools,¹² and animal-cruelty law enforcement stations.¹³

Many scholars contend that these ambiguous perceptions and ambivalent emotions regarding nonhuman animals are fundamental aspects of human-animal interaction. For example, Hal Herzog playfully titled a recent book *Some We Love, Some We Hate, Some We Eat*, alluding to humans' inconsistent treatment of other animals.¹⁴ Andrew Rowan argues that such attitudes are deeply entrenched in human society, calling it the "constant paradox."¹⁵ Arnold Arluke and Clinton Sanders introduce the concept of a sociozoologic scale in part to explain such paradoxical treatment.¹⁶ An animal's position on the scale determines whether as a society we worship, protect, segregate, or destroy those of its kind. Although positions along the scale vary considerably from culture to culture and change over time within any given culture, generally speaking, the more an animal is regarded as being like us, the less we will tolerate, ignore, or condone its mistreatment.

As medical providers to nonhuman animals, veterinarians are in a position that exemplifies the ambiguity inherent in human-animal relationships—they treat animals as both subjects (patients who deserve quality medical care) and objects (the client's property).¹⁷ Thus, I was not at all surprised to see veterinary staff refer to an animal equally and interchangeably as a patient receiving care and as the owner's pet. Similarly, people who bring their animals into the veterinary hospital are as likely to be referred to as the pets' owners as they are the clients. In a similar way, throughout this book, I refer to those who pay for veterinary services as clients, owners, and caretakers and those who receive veterinary care as patients, companion animals, and pets.

Though most participants in my study use these terms interchangeably, many are sensitive to a budding debate in both the veterinary and animal rights communities. Some companion-animal veterinarians argue against the use of the terms *pet* and *owner* because they objectify animals in their care and, as a result, devalue the profession. Others, whether or not sympathetic to the argument, do not wish to make their terminology a political statement that might offend clients. Certain members of the multifaceted animal rights community contend that such words symbolize the oppression inherent in pet keeping. While I am aware of the ideological debates that surround these words, I use them largely for variety and because those I studied use them as commonplace designations.

Veterinarians encounter clients with widely disparate views and attitudes regarding animals in their charge. An animal's position along the continuum from valued subject (a patient deserving quality medical care) to functional object (the client's property) has clear implications for the kind of treatment it receives. For example, a client whose child has grown tired of the responsibility of taking care of a pet may request that the veterinarian euthanize a healthy, well-behaved animal. Yet pet owners who insist that the veterinarian carry out life-sustaining treatment or painful surgery on dying animals are just as common.

As subjects, companion animals provide valued emotional support to pet owners¹⁸ who consider them cherished friends or even family members.¹⁹ Some owners can conceive of circumstances in which they would choose to give a scarce drug to their pets rather than to a person outside the family.²⁰ These animals may receive hundreds or thousands of dollars' worth of veterinary care. According to the 2006 American Veterinary Medical Association (AVMA) national survey on pet ownership, U.S. households spent approximately \$24.5 billion on unspecified veterinary care for more than seventy-two million dogs and nearly eighty-two million cats.²¹ At one of the veterinary teaching hospitals featured in this book, a recently retired veterinarian recalled the time Elvis Presley chartered a plane to bring his companion animal to a state-of-the-art facility. Flying your dog from Memphis to Boston was extravagant in the 1960s and still is, but more and more of today's pet owners travel great distances to take their beloved companions to facilities offering the most sophisticated veterinary care available.

An article in the *New Yorker* in 2003 explored the question of how far Americans might go to prolong the health and comfort of their pets.²² As it turns out, regardless of wealth, people are willing to devote considerable sums to the care and well-being of their companion. Some pet owners are willing to incur significant expense to save or extend the lives of their dying animals, demanding more high-tech care for diseases such as diabetes, heart disease, and cancer. Increasingly, animals receive advanced medical, dental, and surgical care, including dialysis, root canals, hip replacements, chemotherapy, cataract extractions, and even pacemakers. As a result, veterinarians can now become board-certified specialists in over thirty fields, including cardiology, radiology, ophthalmology, and oncology.

In addition to providing medical care to animal patients, veterinarians may also offer cosmetic and medically unnecessary services as requested by their human clients—for example, partial tail or ear removal required to meet breed standards or surgical amputation of a cat's claws to protect household

items.²³ Regardless of whether clients requesting these services regard their animal as a family member, such surgeries relegate the animal to the status of an object by disregarding its distress and the potential for harm. For example, clipping ears or tail limits a canine's ability to communicate with other dogs, and loss of claws hinders a feline's ability to defend itself. Moreover, because some pet owners are unwilling to spend even minimal dollars on an animal they see as easily replaceable, veterinarians are asked to euthanize animals for non-life-threatening conditions. Some pet owners adopt animals for a very specific purpose, such as guard dog or jogging companion; if the animals become unable to perform the desired function, their owners may replace them. For example, although treatment may be available to ease the animal's discomfort, an arthritic dog might be put down, or euthanized, because the animal is no longer able to patrol the yard or keep up during the owner's evening jogs. Thus, though arthritis is not fatal to humans, it can be for non-human animals.

Legally, companion animals are property and can be euthanized for any rationale their owners devise. Although *euthanasia* can refer to ending the life of a human or a nonhuman animal, what qualifies as euthanasia for each group differs considerably. The word derives from the Greek *eu* ("good" or "well") and *thanatos* ("death"). For humans, calling a death *euthanasia* is restricted to circumstances of mercy killing, in which death is a welcome relief from prolonged pain and suffering. For nonhuman animals, a good death is defined not by motive but by method. In other words, so long as death is without pain and distress, animals are *euthanized* in animal shelters, veterinary offices, and research laboratories for the convenience and benefit of humans.

Traditionally, shelter workers referred to the death of animals in their care as *euthanasia* because they considered it a painless end to an otherwise cruel life of starving in the streets or being kept in cages for years. However, some in the sheltering community known as no-kill advocates argue that a focus on method without regard to rationale devalues the lives of animals.²⁴ Similar reasoning would never be used to justify the death of humans. Capital punishment, for example, no matter how painlessly performed, is not euthanasia. For no-kill shelter workers, the routine killing of unwanted, healthy animals should not be euphemistically referred to as *euthanasia*. They wish to apply the same standards for euthanasia to animals that are applied to humans.

Euthanasia is rarely a legal practice for physicians and remains controversial among practitioners for reasons whose elaboration is beyond the scope of this book.²⁵ Briefly stated, physicians opposed to legalized euthanasia argue that aiding in the death of patients violates the physician's professional oath to do no harm. They regard decisions related to euthanasia as too great a moral

burden for physicians. Advocates of euthanasia, however, believe that patients should have the right to choose death to end their pain and suffering and that medical assistance is consistent with the physician's oath to serve the welfare and interests of the patient.

Physicians on both sides of the issue of legalized euthanasia share concerns about establishing safeguards and defining precisely what justifies ending suffering, which is necessary to prevent abuse by family members who stand to inherit money or avoid mistakes by hasty medical professionals.²⁶ Many physicians fear that, even with strong safeguards, legalized euthanasia could create a culture in which sick people feel obligated to choose euthanasia rather than impose financial burdens on their families. Physicians even grapple over the best terminology to describe their role in helping a person die—physician-assisted suicide, medically assisted dying, medicide (Kevorkian's term),²⁷ mercy killing, or terminal sedation. Debates aside, few physicians support ending a life that is not marked by severe, incurable suffering.²⁸

Veterinarians euthanize patients with serious or incurable diseases, and they also must consider other reasons for euthanizing patients when death is clearly not in an animal's best interest. In this respect, euthanasia presents very different considerations for veterinarians than for physicians who treat humans. As I have suggested, pet owners have widely disparate views on the moral status of animals, ranging from assigning them significantly less to, at times, greater moral value than humans. Some owners request euthanasia for their healthy animals because of loud barking, damage to furniture or property, or failure to use the litter box. Even well-behaved animals can be euthanized because their owners move to an apartment with lease restrictions, develop an allergy, or no longer wish to care for the animal.

While such requests are fairly rare, veterinarians frequently must deal with more complicated dilemmas. Sometimes euthanasia of an elderly animal seems warranted if the increasing demands on the human caregiver become onerous. However, in some of these cases, the veterinarian might be sympathetic to a client's situation but unconvinced that the burden on the owner is great enough to justify the animal's death. Life-and-death decisions often have to be made on the basis of an owner's ability to pay for life-extending treatment. For example, an animal could recover completely with a \$900 surgical fix, but the owner cannot pay for the surgery. When an alternative to euthanasia costs more than clients are willing or able to pay, veterinarians must decide if they are comfortable performing euthanasia.

Decisions regarding euthanasia of companion animals are rarely straightforward, and veterinarians and their clients must work together to make

difficult choices. Pet owners have to decide how much time, energy, and money they can devote to care for their animals. Care for sick animals often has to do with where individuals choose to draw the line. What should be done when a hundred-pound, arthritic bullmastiff experiences increasing difficulty walking up and down stairs to the client's third-floor apartment? What about the diabetic cat who requires daily shots? Should the veterinarian continue sustaining the life of a sick or severely injured animal with only a small chance of survival? Veterinarians must decide for themselves when killing an animal is justifiable and whether they can ethically refuse a client's request to perform euthanasia or continue life-sustaining treatment.

In this book I do not seek answers to such philosophical questions. Though I recognize that the morality of human behavior is of great importance to society and the veterinary profession, several prominent philosophers have already written books specifically for veterinarians to help them reflect on such weighty questions.²⁹ As a social scientist, I am interested in the subfield of descriptive ethics, which seeks to uncover people's moral beliefs and behaviors. Rather than determine the correctness or consistency of such beliefs, I examine what people think and do when confronting moral quandaries. From a sociologically informed perspective, this book provides an account of veterinarians' hands-on experience negotiating with clients and deciding when ending an animal's life is ethically appropriate.

My study's participants repeatedly described the practice of euthanasia to me as both "the best and worst part of [their] job." On one hand, euthanasias were fraught with ethical dilemmas and frustrations that forced them to develop emotionally protective strategies. Some euthanasias were so psychologically draining that veterinarians were hard pressed to perform this dirty aspect of their job. On the other hand, participants described euthanasia experiences as professionally rewarding and personally gratifying. For many, being good at euthanasia and helping pet owners through the grieving process formed an important part of their identity as accomplished veterinarians. Perhaps ironically, many veterinarians expressed a surprisingly similar version of the following sentiment: "You can tell a lot about a veterinarian by the way he or she handles euthanasia. How you end your patient's life can be just as important as healing the patient."

Trained and committed to saving animals and improving their lives, veterinarians can suddenly find their role changing from doing all they can to prolong an animal's life to ending it. While euthanasia is not always an emotionally taxing act, the types of situations that provoke stress for individual veterinarians depend greatly on their personal values and attitudes. Given the wide range of beliefs and values regarding the proper treatment of animals,

all veterinarians will likely confront disagreement with some clients when negotiating life-and-death outcomes for their patients. Veterinarians take a professional oath to serve both the animal patient and the human client, and many experience significant moral stress when they perceive a conflict between these obligations.³⁰ Trying to reconcile their moral views about animals with those of their clients, most veterinarians regularly face taxing moral quandaries related to euthanasia.

When veterinarians and their clients do not share the same moral values regarding animals, they must work together to determine when euthanasia is a reasonable choice. At times a veterinarian may persuade clients to take a different course, but this process is often tiring and frustrating. For example, unlike in most doctor-patient interactions, frank discussions of cost of care as it relates to life-and-death issues are common in veterinarian-client relationships.³¹ Talking about financing an animal's care can make veterinarians feel less like doctors and more like car mechanics, and veterinary staff often make light of these negotiations with clients by jokingly comparing their actions to those of used-car salesmen. But selling every client on the medically ideal but expensive Cadillac plan is not realistic. Thus veterinarians must offer concessions—potentially at a patient's expense—by presenting clients with more-affordable treatment, from the practical Volvo plan all the way down to the unreliable (and perhaps deadly) Ford Pinto plan.

Negotiations that involve bargaining with owners over treatment costs to avoid euthanasia are particularly unsavory for most veterinarians and can be especially troubling for novices. As participants gained experience in clinical settings, they almost universally began to cynically express their frustration with such disappointing realities of veterinary practice. For example, when reflecting on their patients as a whole, most made note of an upsetting paradox:

Money is a tricky thing in veterinary medicine. . . . There is such a thing as a client having too much money and [one having] 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. . . . Veterinary medicine has a lot to do with money.

After facing such disparities in resources and willingness to pay for an animal's care, novices quickly learned that both types of negotiations often end in disappointing outcomes for the veterinarian.