

# **Pet Loss**

## BEST PRACTICE GUIDELINES

# **For Veterinary Teams**

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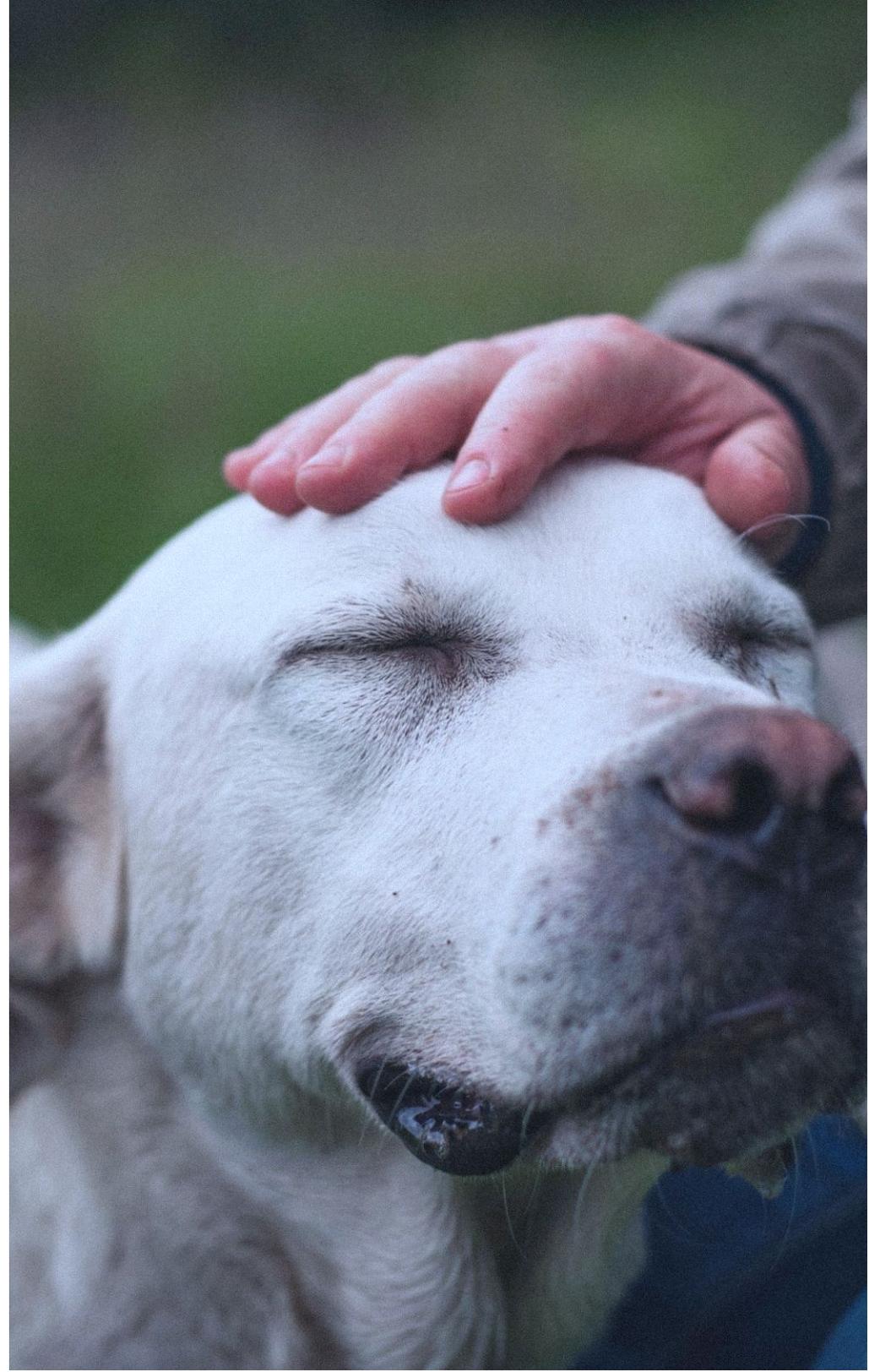
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# INTRODUCTION

Through a collaborative partnership, Seneca College and VCA Canada are pleased to share this set of best practice guidelines. Funded by Seneca Innovation, the project involved the completion of a literature review, data collection from 310 pet owners who shared their experiences interacting with veterinary teams, and a consultation with leading industry experts. The culmination of this work has resulted in the Pet Loss Best Practice Guidelines for Veterinary Teams.

Seneca College and VCA Canada understand that pet loss is a form of disenfranchised grief in that it is not widely acknowledged by society and consequently, grief is highly stigmatized and clients are often left isolated. Those mourning the loss of their pets require compassionate care and while research has demonstrated that the veterinary industry is up for the task, there is a systemic gap in formalized training. Clients expect that their loss will be understood and care will be provided accordingly. Coupling this with the constant exposure to death can lead to issues of burnout and compassion fatigue for staff. As a reactionary and preventative measure, the following set of guidelines will address these interrelated issues. Skills acquisition is considered a strong buffer to compassion fatigue and so the more equipped staff feel in supporting clients within their scope of practice, the less likely they are to experience compassion fatigue. When staff are

equipped, they are more likely to provide clients with meaningful care thus ensuring everyone's needs are met.

Therefore, the Guidelines emphasize the importance of the Veterinary-Client-Patient Relationship (VCPR) and “bond-centered” practice, with a particular emphasis on the Veterinary-Client Relationship once the pet has passed.

For the purpose of these Guidelines, ‘pet’ will be used to refer to the animal in lieu of ‘companion animal’ or ‘patient’. ‘Client’ refers to the pet owner as represented in the veterinary-client relationship. We acknowledge that other terms such as ‘pet parent’, ‘caregiver’, and ‘owner’ may also be used in literature and practice. The use of ‘pet’ in our project is not meant to minimize emotional attachment, but rather allow for role clarity. In addition, ‘veterinary teams’ or ‘veterinary professionals’ are used to encompass the different roles of staff involved in care, including veterinarians, veterinary technicians, veterinary assistants, receptionists, and practice owners/managers.

The Guidelines will follow a Start, Stop, Continue approach based on information collected from the project. The findings reveal that there are many areas of practice in which the veterinary industry is providing a high quality of care to its clients, and these practices will be encouraged to continue.

In some instances, new practices will be suggested to begin, and unhelpful practices will be discouraged.

Before we begin, it is important to note overarching themes which emerged as they set the tone for the following guidelines. First, clients who have experienced the loss of a pet other than a cat or dog, do not appear to receive the same level of care compared to clients who have lost a cat or dog. When we are referring to pets throughout this document, we are referring to all species; regardless of the type of pet they

have lost, all clients deserve the same level of empathy and compassionate care. Second, humane treatment of their pets is an important factor shaping clients' decisions. Clients expect that their pets will be treated in humane ways, all the way from end of life discussions to after the pet has died. When this compassionate care does not occur, it can affect their grieving process. Therefore, the Guidelines will focus on ways in which veterinary teams can provide families with bond-centered care during end of life and euthanasia, and client-centered care once the pet has passed.

## DISCLAIMER

The following Guidelines are practice suggestions. We acknowledge that there may be limitations to implementation based on geography, practice scope and service availability. However, integration of even some of the suggestions in lieu of the entire set will yield positive results to all parties. To that end, we encourage teams to integrate any of the suggested practices within their capabilities. In addition, any resource, service or product included in the Guidelines is shared based on the professional opinions of the research team. These resources should be integrated only after assessing the team's professional situation and the capacity of these resources to meet the team's needs.

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# END OF LIFE PRE-PLANNING

While some resources exist, it cannot be overstated that there is no one-size-fits all approach to supporting clients through their pet's end of life. [The Companion Animal Euthanasia Training Academy](#) offers '[The 14 Essential Components of Companion Animal Euthanasia](#)' as one option to guide veterinary teams through euthanasia appointments. We want to extend the approach to include service after death for the client and their families.

Therefore, to better understand clients' perceptions of the situation and assess each client's individual needs, it is suggested that veterinary practices adapt an **End-of-Life Pre-Plan** to guide the process.

By utilizing such a plan, clients will be provided with a sense of control during a time that can feel quite helpless.

In addition, this will help veterinary teams better understand how to support their clients by allowing for meaningful discussion that still stays within the scope of the team's practice.

Our **End-of-Life Pre-Plan** recommends the following headings, understanding that not all sections will apply to every client situation:

-  End of Life Discussions and Decisions
-  Hospice and Palliative Care
-  Euthanasia and Death
-  Aftercare and Memorialization
-  Client Support After Loss

Guidelines in this document will suggest practices to consider under each of these headings, which clinics and hospitals can then adapt for integration into their own template.

# END OF LIFE DISCUSSIONS AND DECISIONS

End of life discussions often present very challenging times for both clients and veterinarians. It is a sensitive time that requires a high level of compassion and attention to detail on the part of the veterinary team. Current research validates that veterinary teams do an excellent job displaying empathy and understanding to clients' situations. Dedicating time to counsel clients, review treatment options, answer questions, and listen to client concerns makes a big impact on the memory of their pet's death. In contrast, not receiving compassionate care can negatively impact a client's grieving process.



Coined by [Alisha Matte](#), ExplorEEEEER is a framework to approaching end of life discussions to elicit pet owners' needs and wishes. This approach is designed as a conversation checklist assigning the veterinarian's role as an explorer. The steps in an ExplorEEEEER conversation are:

- E**xperiences
- E**xpectations
- E**motions
- Lifestyle **E**lements
- R**elationships

Client's past and current experiences, expectations, emotions, lifestyle and relationships all impact the ways in which they will experience their pet's end of life and grieving process.

The following guidelines will provide opportunities to actualize elements of this framework through a bond-centered approach to end of life discussion and decision-making. While all efforts should be made to plan these discussions as early as possible, we recognize that plans can change. For those clients whose loss is imminent, it is equally important for veterinarians to provide them with information on what to do should their pet pass unexpectedly and to prepare to engage in these discussions after death should the client require.

**List euthanasia as a client service** to improve the understanding that providing compassionate end-of-life is afforded the same care as other treatments.

- i. Expand your listing to share the clinic's approach to euthanasia (e.g. private room, end of day for privacy, pre-payment options, etc.)
- ii. Include aftercare options (cremation, aquamation etc.) and links to providers for more information.
- iii. List pricing options (and details) as you would other services.
- iv. Include resources for client care and support that are being provided in-house and by referral (ie. Veterinary Social Work).



**Schedule time to have end of life discussions** which can allow for more opportunity to explore client concerns and minimize the feeling of being rushed for both parties.

- i. The conversation should be held in a private environment with as little distractions as possible.
- ii. Having the conversation with the client/family in their home could be of benefit. This would be of particular relevance for mobile veterinarians.
- iii. Initiating this discussion early in the prognosis can provide the client time to consider how they would define a positive end of life experience.
- iv. Provide resources for the client to access (print, online) after the discussion. It can help them to confirm or correct memories of the discussion after it occurs.
- v. Clients having experienced a previous loss tend to feel more confident in options that exist based on memory. It is recommended that all options be discussed regardless of the client's previous experiences so they understand any new options that may exist for the pet and the client.

**Maintain forthright, open communication with clients** and be prepared to listen to their concerns and questions.

- i. Create a non-judgemental environment to discuss end of life decisions as guilt and shame are common themes described by clients.
- ii. A pros/cons approach to treatment plans can help clients understand the impact of the options being presented.
- iii. Clients may be unable to process prognosis or treatment information during the initial receipt. Where possible, share printed or written materials for reference and be available for a follow-up discussion to review concerns should the client require.
- iv. Consider pre-booking a telephone or in-person follow-up communication to answer questions and review options at the end of the initial appointment.

**Prepare the veterinary team for delivering difficult information to clients**, particularly as it relates to the pet’s diagnosis and prognosis. It can be emotionally taxing, especially in the absence of tools on how to approach such difficult conversations.

- i. Veterinary teams are encouraged to consider building their own self-reflection and self-management strategies so that staff are empowered to manage their own thoughts, emotions and reactions during challenging situations. The [Crisis Prevention Institute](#) provides insightful information and training on how to be mindful of one’s own reactions, maintain rational detachment, be attentive, use positive self-talk, recognize one’s own limits, and debrief. The more aware staff is of their own emotions and thoughts, the better they will be able to provide compassionate support to others.
- ii. A particularly useful model for delivering challenging news in an empathetic and patient manner is the [SPIKES Six Step Approach](#), developed by Robert Buckman (originally created for human medicine).

<b>The SPIKES Protocol for Delivering Bad News to Patients*</b>	
Step	Description of Task
Setting	Establishing patient rapport by creating an appropriate setting that provides for privacy, patient comfort, uninterrupted time, setting at eye level, and inviting significant other(s) if desired.
Perception	Elicit the patient’s perception of his or her problem.
Invitation	Obtain the patient’s invitation to disclose the details of the medical condition.
Knowledge	Provide knowledge and information to the patient. Give information in small chunks, check for understanding, and frequently avoid medical jargon.
Empathize	Empathize and explore emotions expressed by the patient.
Summary and Strategy	Provide a summary of what you said and negotiate a strategy for treatment or follow-up.
*From Baile WF, Kudelka AP, Beale EA, et al. Communication skills training in oncology: description and preliminary outcomes of workshops on breaking bad news and managing patient reactions to illness. <i>Cancer</i> . 1999;86:887-97. Baile et al.’s protocol was adapted from Buckman R. <i>How to Break Bad News: A Guide for Healthcare Professionals</i> . Baltimore: Johns Hopkins University Press, 1992.	

Source: Shaw, J.R., & Lagoni, L. (2007). End-of-Life Communication in Veterinary Medicine: Delivering Bad News and Euthanasia Decision Making. *Veterinary Clinics of North America: Small Animal Practice*, 37(1), 95-108. Doi: 10.1016/j.cvsm.2006.09.010

**Clients are looking for reassurance** to help ease their decision-making process. Reassurance can come in many different forms while still staying within professional scope of practice, medical ethics and personal morals, and should be ongoing throughout the end of life experience. Expressions of compassion and empathy by the veterinary teams makes a strong, positive impact on the client's grief.

- i. Approach conversations with authenticity and a genuine intention to be present for the client.
- ii. Use paraphrasing statements to ensure the staff understands what the client is saying, offer opportunities for clarification, and reinforce that what the client is saying is important.
- iii. Validate clients' feelings where possible.
- iv. Speak in non-judgmental ways so that the client is afforded a safe space to express themselves.
- v. Address any personal and systemic challenges that arise for the client so these factors can be considered in the decision-making process (e.g. emotions related to previous loss experiences, relationship changes, finances, social support network etc.).
- vi. Embody a mentality where euthanasia is seen as a partnership between both parties (once the veterinary professional and client agree to the euthanasia). With this, there is a commitment to ensuring that the procedure is carried out to the best possible standard so that the pet has a 'good death' which can more positively impact both the client and the veterinarian.
- vii. Include a Veterinary Social Worker as this may support both the client and the veterinary team in these discussions. Consider a referral to this resource if not available in the clinic.

**Integrate quality of life assessments** as they can be a reflective tool to engage clients in end of life discussions. Consider::

- ▣ [Ohio State University: How Do I Know When It's Time](#)
- ▣ [HuMANE Care Quality of Life Assessment Aid](#)
- ▣ [JOURNEYS: A Quality of Life Scale](#)
- ▣ [Lap of Love Quality of Life Calendar](#)
- ▣ [Quality of Life \(HHHHHMM Scale\)](#)

By engaging clients in this type of assessment and allowing them to garner more insight into their pet's quality of life, it can assist their decision-making process and potentially alleviate intense feelings of guilt during the grieving process which often emerge when people begin to second-guess their decisions.

**Address caregiver fatigue and burnout** as it can profoundly impact the end of life experience for all parties involved.

- i. While Veterinary Social Workers are well suited to facilitate these discussions with clients, the absence of social workers should not preclude veterinary teams from providing clients with support. During end of life discussions, dedicated time should be allocated to discussing clients' quality of life. To learn more about caregiver burden and things to consider in your discussion, resources such as [PetCareGiverBurden.Com](#) can be helpful.

**Consider offering hospice and palliative care** to clients be it in-clinic or through referral where available.

# HOSPICE AND PALLIATIVE CARE

Clients may have preconceived ideas about what hospice and palliative care mean. For some, the terms may be interpreted to be the pet's 'death sentence' and may be perceived as 'giving up' on the pet. Therefore, educating team members about the nature of veterinary hospice and palliative care would be a starting point to empowering them to begin these discussions with clients. Veterinary teams may need to explain both options in the context of veterinary medicine to ensure the client understands the scope of services available and can make an informed decision for their pet. The following guidelines may support this discussion:



**Consider the setting** in which these conversations occur and the tone that shapes them.

- i. Where possible, facilitate these conversations earlier in the treatment planning process. Experience shows that the earlier the information is presented, the more receptive clients tend to be.
- ii. While not always possible, clients may find engaging in such conversations feels more comfortable at home than in a clinic where there are many distractions. If this is not possible, facilitate these conversations in as quiet and safe a room within the hospital as possible.
- iii. It is encouraged that clients have these conversations with veterinarians they have established a relationship with, as that can ease some of the pressure of having the conversation.
- iv. Shift the focus. Emphasize on the journey of maintaining the pet's quality of life instead of the steps towards death.
  - i. For example, what can be done to address each symptom in the moment? Could it be pain control? Release from strict diet?
  - ii. Each specific recommendation will reduce the situation from a large and overwhelming end to smaller more manageable steps forward.

**Deliver a more nuanced definition of palliative care** (e.g. ongoing kidney disease treatment can be considered a form of palliative care).

- i. Explore the impact of hospice or palliative care on both the quality of life and longevity.
- ii. Be as specific as possible (e.g. medications, travel or visit frequency etc.) about what might be considered in palliative treatment.
- iii. Focus on the opportunities to alleviate symptoms of disease or pain through these services.
- iv. Be open about palliative care options that can also include humane euthanasia.

**Provide print and/or digital information** about hospice and palliative care services.

- i. Consider training team members in end-of life care or hiring specialists into the practice. Having this skill set in-house can greatly improve client communication in this area.
- ii. Prepare a list of hospice and palliative care resources in your region including contact information of service providers, websites, videos, and online groups. This will help clients understand the viability of hospice and palliative care as an option for their pet.

**Provide clarity and details** for clients to determine how to interpret changes in their pet at home since clients may struggle to understand the presentation of symptoms.

- i. Provide clients with a list of changes that would indicate when the veterinarian should be consulted as this will provide a higher level of reassurance for clients.
- ii. Consider the client's capacity to interpret medical information. Delivering information about prognosis and unique disease processes at their level of understanding can reassure and relieve future guilt the client may experience.



# EUTHANASIA AND DEATH

The client experience during euthanasia and pet death can overshadow compassionate efforts made during pre-planning and after care. The event is emotionally complicated and many clients are not truly prepared for the sensory overload of sights and sounds during a euthanasia. It can also overshadow any previously positive relationships built between the veterinary team and the family. Secondary stress in veterinary team members tending to the patient and client is another potential outcome of euthanasia. While the client is experiencing one death, the negative cumulative effect on team members experiencing multiple deaths cannot be understated. To mitigate the potential distress to the client, pet and veterinary team, pre-planning details around the moment of euthanasia is strongly encouraged. Every effort should be made to engage in these discussions as early as possible. To facilitate the discussion, consider the following recommendations.



## Location and Environment

Where the euthanasia occurs can have a profound impact on both the client and pet. For the client in particular, memories of the final moments are often replayed as part of the grieving process and therefore it is the veterinary team's responsibility to help foster as supportive and comforting an environment as possible. To do so, the following guidelines can be considered.

**Engage in discussions with clients to determine their needs during the euthanasia process** regardless of where the euthanasia takes place. For example:

- i) Ascertain if the client wishes to remain present or not, without making assumptions or passing judgment.
- ii) If the client wishes to be present, determine the level of detail the client wishes to receive during the euthanasia process and communicate accordingly to stay within the client's comfort level.
- iii) Discuss euthanasia location options and preferred settings (e.g. at home, in-clinic, outdoors, sounds, lights, smells).
- iv) Discuss payment options so clients can choose when to pay (e.g. days before appointment, day of appointment, after appointment)
- v) Consider a time of day that the euthanasia will occur that works for both the clinic and client.
- vi) Suggest clients consider who will be present during the euthanasia. Collect contact information should the practice be required to connect with these contacts on behalf of the client should an emergency arise.
- vii) Larger practices should specify that clients identify preferred veterinary professional(s) to be present

**Explore clients' interests for at-home euthanasia** and respond accordingly. There appears to be a growing interest as it can ease some of the challenges of euthanasia by providing familiarity to both the client and the pet.

- i) Recognizing a range of expertise in the practice of at-home euthanasia, the following are in order of preference:
  - a) Consider referral to a hospice and palliative care veterinarian *prior* to euthanasia service. This affords the client and pet an opportunity to build a relationship with the referral practice.
  - b) Referral to a hospice and palliative care veterinarian during end of life discussion. The absence of a pre-existing VCPR between the client and this specialized practitioner should not minimize the benefit this service can bring to euthanasia.
  - c) Consider referral to mobile services offering in-home euthanasia.
  - d) Consider the option to include at-home euthanasia as a service.
- ii) Referring veterinarians are encouraged to have a conversation with the receiving veterinarian (with the client's consent) to discuss specifics that may support care (e.g. aggression issues in the pet).
- iii) Ways in which this at-home euthanasia can be offered at an affordable price needs to be explored to ensure that it remains a viable, compassionate option without compromising service quality.

**Create a calm, quiet and tranquil environment** when euthanasia takes place in the clinic. Consider the entire visit from the moment the client arrives to when they leave. This includes ensuring:

- i) Offer a calm and separate area to the client and pet immediately upon arrival to the clinic thereby avoiding the common waiting area.
- ii) Plan the euthanasia to occur in a space that does not appear sterile or cold (like an examination room or a room where the pet was previously treated), but rather a comforting and quiet space with privacy, seating, and the option for dimmer lighting.
- iii) **Veterinary staff should keep the pet with the client for the entirety of the euthanasia procedure rather than taking them out of the room for any purpose. This allows the client to be with their pet for every one of their last moments.**
- iv) Avoid or reduce interruptions. These last moments can shape the trajectory of a person's grieving process.
- v) In the event that the client cannot be with their pet, facilitating a process whereby the pet is with someone familiar who loved them and/or provided them compassionate care is the next best option.
- vi) Consider using a battery-operated candle at the front desk to signify a pet is passing, with a sign or plaque encouraging all to speak softly and with respect during this difficult time.
- vii) Avoid or reduce loud noises, noxious smells, or other animals/people in the clinic as some pets may be reactive to these stimuli. Both the client's and the pet's comfort should be taken into account given the high-stress nature of euthanasia.
- viii) Remind clients to bring home comforts with the pet (blanket, pillow, bed, snacks or meal). Familiarity with their surroundings improves client perception of their pet's comfort.



**Clients may experience difficulties leaving their pet after the euthanasia has occurred.** Veterinary teams play an important role in helping to assure clients that their pet's body is treated with respect and dignity through both direct and indirect ways.

- i) Wrap the pet's body in warm and comforting material. Using a soft blanket is preferable to a used towel. Encourage clients to bring a familiar blanket from home that they are willing and comfortable to part with.
- ii) Where resources permit, there should be a team member on standby to stay with the pet as the client leaves. This can help provide the client with some comfort as they leave the practice.
- iii) Confirmation that the pet's body will be handled with respect, care and dignity after the client has left can help alleviate some of the difficult emotions clients may be experiencing. Communicate what will be done with the pet's body should the client inquire:

**What** is the body going to be carried in?

**Where** is the body stored and for how long?

**How** is the body moved to the crematorium?

**When** will the body be moved?

- ❑ There is indication spending time with the body may be beneficial for both the client and other pets processing the loss. Consider options for clients to remain with the body for a short period of time.
- ❑ For in-home euthanasias, a delayed pick-up could be made available.
- ❑ For in-clinic euthanasias, veterinary teams could allow clients to take the pet home, with an agreed upon time for the pick-up.
- ❑ In any setting, it is the responsibility of veterinary professionals to dissuade any stigma or judgement associated with clients who choose to remain with the body. Consider the cultural practices associated with remaining with the body of a loved one for some.

**Process billing and finances in sensitive and compassionate ways.** For example:

- i) Clients have the option to pay prior to the euthanasia. Where possible, the billing could be addressed days beforehand.
- ii) Consider billing clients for the costs days after the euthanasia.
- iii) The cost of euthanasia should not be lowered if that affects the overall quality of care and service. However, options should be made available to affordable euthanasia to avoid suffering (e.g. Humane Societies may offer euthanasia and communal creation at lower cost). Clients have a right to be informed of all options so they can make an informed decision.

## Support Factors

Familiarity is an important variable to the pet loss experience. At a time when things can feel very overwhelming and out of the client's control, the more that can be done to keep familiar factors in place, the more comfort can be brought to their experience. To help foster this familiarity, the following guidelines are suggested:

**Provide clients with the option** to include whomever they deem important to their support network in the euthanasia process.

- i) Consider virtual options for family or friends that are unable to be present but would be supportive of the client (e.g. Skype, Facetime, Hangouts etc.)

**Any client who has experienced the loss of their pet outside of their regular practice should be contracted within a 24-hour period.** Prompt communication is an important factor to ensuring clients feel connected and supported.

- i) Veterinary teams providing euthanasia to clients of other practices must inform the regular clinic as soon as possible to facilitate this communication. If possible, confirm receipt of the message.

**There may be a need for designated staff trained in grief counselling in**

**emergency clinics** because clients will likely not be as familiar with staff in an emergency care setting, Although this may be helpful in all hospitals, there is an added need in emergency hospitals due to the decreased level of familiarity and the added stress of being in an emergency situation.

## Dysthanasia

Clients and veterinary professionals alike have been present for the agonizing experience of euthanasia 'gone wrong'. Whether it be an allergic reaction to a drug which was administered or a death which dragged on longer than expected, people are left haunted by these dark final moments of a beloved pet. Naming and defining these experiences of euthanasia can help those present make sense of what happened, and Dr. Kathleen Cooney recommends the term "dysthanasia" to capture the distress and anguish felt by both the pet and those present when a euthanasia procedure goes awry.

According to [Dr. Cooney](#), four factors define dysthanasia, or a "bad death":

1. The pet feels unacceptable pain, anxiety and/or fear
2. Improper technique is used
3. Observers experience distress and anguish
4. Support among the patient, client and veterinary team breaks down

By identifying the central elements of dysthanasia and becoming more comfortable with using the term in practice, veterinary professionals can create better procedures to manage and overcome each potential situation. Dr. Cooney has developed three steps for veterinary teams to follow if a dysthanasia should occur:

### Label it

- i. Label the appointment as a dysthanasia.
- ii. Debrief with the team to find what went wrong and discuss solutions for the future.
- iii. Follow-up with the client to show empathy and a willingness to discuss what went wrong.

### Talk about it

- i. Follow-up with the client no later than 24 hours after the dysthanasia.
- ii. In following-up with the client, answer any questions and fears they may have and review the facts of the procedure.
- iii. Recognize that the client may be feeling a wide array of emotions and they will need to grieve in their own way. By offering support and open communication, veterinary teams can be conducive to the client's healing process.

### Learn from it

- i. Appreciate that dysthanasia can be a starting point for growth and learning, if veterinary teams and clinics make space to openly discuss what happened.
- ii. Team members present during dysthanasia are exposed to primary and secondary traumatic stress so space needs to be made to share and process those feelings.
- iii. Understand that there is always the potential for dysthanasia to occur so being prepared will always be useful.

Dr. Cooney reaffirms the three practice principles of **compassion, confidence, and control** as essential for any euthanasia or dysthanasia experience. By practicing from a place which embraces all three, veterinary teams can protect themselves and the client in any situation.

# AFTERCARE AND MEMORIALIZATION

The ways in which clients memorialize their pets can have significant impacts on their short and long-term grieving process. Veterinary teams play an important supportive role by acting as conduits to information and resources. The following section includes ways teams can support clients in making aftercare and memorialization decisions.



## Aftercare Decisions

Regardless of how many losses a client has experienced, it is important to provide a wholesome set of options that a client can consider in making an informed decision about aftercare. Veterinary Social Workers could play an important role in these discussions. In their absence, this requires the veterinary team to dedicate time to providing this service. Therefore, it is recommended that clinics support their veterinary team members seeking training and networking opportunities related to aftercare.

**Veterinary management should consider identifying “Client Aftercare Specialists” roles within the team** who would be prepared to:

1. **Stay current** on aftercare and memorialization products and services. In a growing and changing market, new options are emerging frequently and in order to ensure clients are aware of the different options available, staff must first be informed.
2. **Organize a product and service guide** in both print and digital formats to create accessible means to share information with clients.
3. **Provide options to clients earlier** in the care and treatment plan. This could be done through non-invasive and non-threatening ways such as posters, pamphlets and printouts that are constantly available in clinics.

4. **Ask clients if they have a preferred aftercare provider** and assist them in this decision-making process.

Clinics are encouraged to stay informed of all options in their region to ensure clients can make informed decisions about their pet's aftercare.

5. **Form relationships with all local services** to advance the clinic's ethical approach to care.

Include cremation services that both pick-up or receive clients directly with their pet.

Inform clients of burial bylaws or stipulations in your region. Alternatively, direct them to the resource they should contact to explore that option.

6. **Spend time with the family** to discuss all aftercare options so that clients do not feel rushed and are provided with ample time to discuss options.

Provide families with a flexible yet reasonable amount of time to confirm their aftercare decisions after they leave, in case they need more time to process options or in the event that they change their mind.

Some clients are not ready to make a final decision about remains at the time of death. Provide clients with written and/or digital information they can review after leaving; verbal communication is not always sufficient.

**Prepare to include spiritual and/or religious beliefs.** Clients may choose to incorporate these into the end of life process but be afraid to ask. Knowing this, veterinary teams should:

- i) Be the ones to start the conversation. Assure clients that integrating faith practices will be respected and accommodated to the best of the veterinary team's ability
- ii) Veterinary teams should be aware that burial may be a type of spiritual or religious ceremony for clients, so it should be offered as an option, understanding demographic limitations.
- iii) Clinics should understand the local bylaws which are in place prohibiting burials in certain areas, as well as the benefits and consequences for the client, and then provide such information to clients.

## Aftercare Process

Veterinary management is encouraged to establish a quality control process to ensure that unnecessary errors are prevented when supporting clients with the aftercare process.

- i) Develop and utilize a checklist to ensure that anything being returned to the client is accurate and of high quality. This includes, but is not limited to, urn with ashes, paw prints, hair clippings, etc.

## Memorialization

The veterinary team is advised to engage in open communications with clients regarding memorialization and commemorative practices. Having these discussions early in the end-of-life process affords clients enough time to consider their options. It also affords the veterinary team time to plan and prepare. Veterinary Social Workers in the team would be well suited to facilitate these discussions.

**Inquire about previous pet loss** to understand unique factors in how the client processes loss and grief. This could include:

- i) Seeing if any rituals are emerging or present for the client, and understanding the role of these rituals in gaining closure.

**Speak with first-time clients about expressing grief** and memorializing their pet.

- i) Be aware and sensitive to the great multitude of commemorative practices

clients may engage in when honouring their pet.

- ii) Consider who the client requires support from during commemorative activities, such as personal, professional, and/or community support networks, and talk about how to include them in the process

**Prepare to answer questions about including children** in commemorative practices.

- i. While veterinary teams cannot be expected to counsel clients and families on this matter, they can provide

resources to clients and share the experiences of other clients in similar situations. (e.g. [Pawsitive Resources](#) has books dedicated to speaking about pet loss with children)

- ii. Provide clients with informational resources prior to the pet's death so that they can mentally prepare themselves for helping their children cope. Where possible, having books and resources available in the clinic rather than providing clients with a list of resources will help increase access.

# CLIENT SUPPORT AFTER LOSS

While the Veterinarian-Client-Patient Relationship (VCPR) changes once the pet has died, the relationship between the veterinary team and client can still be fostered to both support the client's grieving process and to promote good business. The following outlines ways in which veterinary teams can provide aftercare support while still working within their scope of practice.



**Veterinary practices are encouraged to develop a pet loss strategy of care** that considers the following guidelines.



Provide each client with a package of information once their pet has died, regardless of the pet's species, including:

- i) Relevant and compassionate literature. A repository of documents can be housed and relevant ones should be shared given your client's context. For example, for clients with children, literature on supporting children through loss should be included. Providing information on how to support pets grieving other pets can also be provided for which Dr. Amy Sugar has produced a useful [document](#).
- ii) Providing material in a range of options including print and digital is important for accessibility (e.g. clients whose first language is not English).
- iii) A referral list of pet loss support groups and counsellors should be made available. The list should also include telephone crisis lines and web-based supports (e.g. online pet loss support groups such as [VetVine's Virtual Pet Loss Support Services](#)), chat rooms such as the [Association for Pet Loss and Bereavement](#)). Given the changing nature of services, veterinary practices are encouraged to keep the list up-to-date so that clients are not left feeling disappointed after contacting a service that no longer exists.

**Confirm a client would like follow-up** contact. If the practice is affiliated with a Veterinary Social Worker or Grief Counsellor, staff can ask clients if they would prefer a follow-up call from this person instead.

- iv) Clients should be offered the option to elect out of follow-up communication
- v) Follow-ups with clients should be personalized and compassionate. Avoid standardized messaging and tailoring language to the uniqueness of the client and their pet.
- vi) All members of the veterinary team should sign the follow-up message.
- vii) Team members dealing with personal loss in the clinic should also receive the same follow-up considerations. The fact that they are integral to the process does not minimize the impact of follow-up by their colleagues.

**Include a Veterinary Social Worker or Pet Loss Grief Counsellor on staff or by referral.** These roles could:

- i) Serve as a communicative liaison between clients and team members, including conflict management.
- ii) Support families with end of life discussions, including helping parents to discuss loss with their children.
- iii) Support families with aftercare decisions.
- iv) Provide veterinary wellness support to staff both as a proactive measure to prevent compassion fatigue as well as reactionary measures to help build individual and team resiliency should compassion fatigue already be occurring. This could include staff training, informal check-ins and more formalized support.

Additionally, these individuals could lead the next recommendation to;

**Integrate pet loss support into the clinic suite of services** including:

- i) Referral to short to long-term counselling sessions. This can be done through telephone, online and/or in-person methods based on the client's comfort level. Providing telephone and online support may also help alleviate space concerns if there is not a viable room in the clinic where this can take place. It is encouraged that veterinary practices consider paying for the counsellor's wages so that services can be offered at no-cost to clients.
- ii) Monthly pet loss support group sessions. If possible, clinics are encouraged to secure a community-based location to deliver such sessions in order to avoid triggering clients by having to return to where the loss may have taken place while their grief is still fresh (e.g. libraries, community centers, etc.).

In the absence of hiring a Veterinary Social Worker, practices should at minimum foster relationships with community resources providing pet loss support to provide a continuum of care.

In addition to providing support for clients, **it is imperative that attention be paid to supporting the wellness of veterinary teams** as constant exposure to euthanasia, death and other factors can negatively impacts both individual staff as well as the overall team if proactive and reactive measures are not taken.

- iii) For strategies to help manage and improve wellness, please consult the Ontario Veterinary Medical Association's initiative, [I Matter](#).
- iv) Veterinary management is encouraged to **regularly assess levels of compassion fatigue** and provide both organizational and individual support as required. This can be achieved through the support of trained compassion fatigue specialists, including Veterinary Social Workers.

## COVID-19 IMPLICATIONS

Many of the end of life supports that clinics were offering have changed dramatically to meet public health restrictions. As a result, veterinary teams, pets and clients are experiencing end-of-life scenarios with few options and little control. This can produce thoughts and emotions that make the process more complicated for all involved. Combining this reality with heightened depths of social isolation, illustrates the importance of connecting with community support now more than ever.

Veterinary practice as a whole has been challenged to provide essential end-of-life services without the benefit of pre-existing tools to navigate through physical distancing and increased Personal Protective Equipment (PPE). We acknowledge that the

same public health restrictions impact recommendations made in the Best Practice Guidelines. And, without fail, external feedback we have received has been that the focus on reducing stress for both clients and the veterinary team has been a top priority.

Of utmost importance is that **clients know their pets are being treated with care, compassion and dignity** in life and in death. Assuring clients that their pet will feel loved will help to alleviate some of the difficult emotions that are likely to arise from being separated from their pet. It also connects the team and the client in a shared commitment to giving their pet a good death.

Some of the following considerations have been adapted from the Fear Free Webinar Series, titled “[Euthanasia in the Time of Coronavirus: Providing, Protecting, Preserving](#)” by Dr. Kathleen Cooney, DVM, CHPV, CCFP (particularly the sections on euthanasia and death, and aftercare/memorialization).

### End of Life Discussions and Decisions

- a. In the absence of a face-to-face meeting with clients, consider booking meeting time using video call services instead.
- b. Making telephone or video calls from a quiet, distraction free location can improve connection with your client.
- c. Clients distanced from their family may wish to include more than one ‘caller’ in the video for support and connection.
- d. Sharing resources with clients through email in lieu of pamphlets or brochures can offer them an opportunity to review options as they are making end-of-life decisions.

### Hospice and Palliative Care

- a. Confirm services being offered while public health restrictions remain in place. There may be changes from traditional approaches.



## Euthanasia and Death

- a. Consider having a euthanasia attendant, preferably the veterinarian, who is the one person consistently interacting with the client and family throughout the euthanasia experience.
- b. Consider alternative locations (outside, in client vehicles, in-clinic with limited contact etc.).
  - i. If the euthanasia is happening in a vehicle it is recommended that the windows are rolled down to allow of an increase in air flow. It may not be possible to maintain a safe physical distance inside of a vehicle.
  - ii. Backyards or green spaces on the clinic property can be utilized although caution should be taken when euthanizing cats outside. This can be facilitated more smoothly if a pre-euthanasia sedative is given inside and the cat is relaxed enough to be outside safely.
- c. Consider verbal consent protocols instead of a signed form in situations where the VCPR is well established.
  - i. In situations of euthanasia where the client will not be on-site, have more than one person witness the consent at the time of drop-off. Avoid having consent only over email; a minimum of a verbal conversation is recommended.
- d. In situations where the client is permitted to be on site, efficiency becomes important to limit contact time with clients, while still trying to find a balance of providing compassionate care.
  - i. Conduct a pre-visit phone call with the client to collect as much information, answer any questions, and process payment.
  - ii. Screening questions can help evaluate the exposure of risk to COVID-19.
  - iii. Encourage client PPE to allow for safer involvement. It can be challenging to manage crying and runny noses with masks on, so it is important to have hand sanitizer, tissue paper and a garbage bin closely accessible.
  - iv. Use an IV line extension set (or multiple) to create a safe distance between the client and veterinarian.
  - v. Because it is difficult to convey compassion while wearing PPE, particular attention needs to be paid to conveying empathy through words and eyes.
  - vi. Although the euthanasia process may not occur the way the client envisioned, compromises may be able to be made safely. For example, instead of a person holding their pet in their arms, the pet can be on a bed near the client where they still touch them.
- e. In situations where the client cannot be physically present:
  - i. Encourage the good-byes to happen beforehand. For examples, clients can be encouraged to write a goodbye letter which can be read by a member of the veterinary team present during the euthanasia.
  - ii. Allow clients to be present with their pet through video conferencing methods.

## Aftercare and Memorialization

- a. If the clinic does pawprints in-house, they may consider asking the crematory to do it instead as clay often requires more handling than other options.
- b. If a family wrote a letter to their pet, those can be sent to be cremated with the pet if the client chooses.
- c. With permission from the client, set up a process by which the pet crematory can ship the ashes directly to the family instead of to the clinic which creates an unnecessary point of contact.

## Client Support After Loss

- a. Follow up calls are likely more important now more than ever due to the increased nature of isolation.
- b. Referrals to online pet loss support groups and chat rooms should be made when required.
- c. Provide suggestions on different ways clients can still memorialize their pets (e.g. virtual memorials with their family and friends, planting a tree in their pet's honour, hosting a post COVID honouring ceremony, etc.).

# RESOURCES

Links to internet sites are for information only and are not meant to be exhaustive. Care has been taken in providing these links as suitable reference resources. However, due to the changing nature of the Internet content, it is the responsibility of the user to make their own investigations, decisions, and enquiries about information retrieved. Providing these links does not imply any endorsement, non-endorsement, support or commercial gain.

### End of Life Decision Making:

#### Quality of Life Scales

[Ohio State University: How Do I Know](#)

[When It's Time](#)

[HuMANE Care Quality of Life Assessment](#)

[Aid](#)

[JOURNEYS: A Quality of Life Scale](#)

[Lap of Love Quality of Life Calendar](#)

[Quality of Life \(HHHHHMM Scale\)](#)

### Hospice and Palliative Care

[International Association for Animal](#)

[Hospice and Palliative Care](#)

[WVPMO](#)

### Euthanasia and Death

[Companion Animal Euthanasia Training Academy \(CAETA\)](#)

[Dysthanasia](#)

[Ontario Law - Dead Animal Disposal Act](#)

## Client Support After Loss

[VetVine Virtual Pet Loss Support Services](#)  
[Association for Pet Loss and Bereavement](#)

## Veterinary Wellness

[Crisis Prevention Institute](#)  
[OVMA I Matter](#)

## COVID-19 Implications

[Fear Free webinar: Euthanasia In the Time of Coronavirus: Providing, Protecting, Preserving, Kathleen Cooney, DVM, CHPV, CCFP](#)

## Industry Experts Panel

Personal Communication, June 8, 2020

- ▣ Dr. Faith Banks: Owner of Midtown Mobile Veterinary Hospice Services, Certified Hospice and Palliative Care Veterinarian
- ▣ Dr. Shane Bateman: Associate Professor in Clinical Science Department, Ontario Veterinary College and Chair, Board of Guelph Humane Society
- ▣ Sarah Bernardi: Registered Social Worker, Ontario Veterinary College
- ▣ Dr. Kathleen Cooney: Companion Animal Euthanasia Training Academy, Certified Hospice and Palliative Care
- ▣ Alisha Matte: PhD graduate from the Department of Population Medicine, Ontario Veterinary College
- ▣ Dr. Amy Sugar: Founder of Pawsitive Resources, Veterinarian, Certified Pet Bereavement Counsellor
- ▣ Pete Vincett: Chief Commercial Officer of Gateway Services

**The first edition of the *Pet Loss Best Practice Guidelines for Veterinary Teams* is an organic and living document that will adapt as systems and needs change. For more information about the project, including receiving a copy of the final report or to share information that could help improve the Guidelines, please contact the project's Principal Investigator: Angie Arora, MSW, RSW, [angie.arora@senecacollege.ca](mailto:angie.arora@senecacollege.ca).**

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