

## **Euthanasia under pressure – when the S hits the fan**

Mary Gardner, DVM  
Lap of Love Veterinary Hospice - Nationwide

We are not taught to be good at death. No one taught me how to walk into an exam room for a euthanasia, what to say to a crying teenager, or whether or not to hug the old man that just lost the last piece of his late wife. But even moreso – we are not trained well on how to handle the worst situations – like when the S hits the fan.

So what could hit the fan?

- 1) You can't find a vein
- 2) The pet has a vocal reaction to the sedation or the euthanasia itself
- 3) The pet has a physical reaction to either
- 4) You have the emotionally challenging clients

Many veterinarians get concerned when they can't find a vein – but knowing all the routes possible will help relieve the pressure of always obtaining IV access.

The AVMA Euthanasia Guidelines allow for other routes of pentobarbital administration (with unconscious sedation only):

1. Intra-cardiac – If needed, gently place your hand over the thoracic cavity and say “I’m going to give this in a central vein that will bring it directly where it needs to be.” Shield needle and syringe from the family with your other hand. Aim more cranial and ventral than you think and leave room in the syringe for air and/or blood. 1 mL per 10 lb is recommended. (Cooney 2012)
2. Intra-renal – this is a standard protocol for cats by many in-home euthanasia veterinarians. Say “I’m going to give the second injection through the abdominal cavity into a large vessel, it generally takes anywhere from a few seconds to a couple minutes.” 80% will pass before you have finished giving the full injection. Give 3 mL per 10 lb in the cortex, even in the smallest of kidneys (most skilled practitioners will recommend 6 mL). (Cooney 2012)
3. Intra-hepatic – if needed, this is a good alternative to intra-peritoneal as it causes death in 2-5 minutes. Explain “I’m going to give the injection near a highly perfused organ, he’s going to pass away in just a few minutes.” Use 2 mL per 10 lb and aim cranially just under the xyphoid process. (Cooney 2012)
4. Intra-peritoneal (pre-sedation not required at this time) – there is some evidence that abdominal irritation from barbiturate injection (Wadham 1997), but IP is still a good alternative, especially for fractious cats. 3 mL per 10 lb is recommended (Cooney 2012)

A natural passing doesn't always happen very quickly either. I have had many frantic phone calls from people wanting me to rush to their home because they wanted a natural passing for their pet but the process is taking too long or not very peaceful. The pet might start having a seizure, they may start to choke or they may have difficulty breathing. This is not easy to watch or let your pet go through and people need to be prepared for this. What happens if your pet is alone during this traumatic time? I wouldn't want to be alone during my final moments, so families with pets that are near the end should have someone with them at all times to make sure they are not suffering.

Points to cover with families during the dying process:

- It can happen at any time – day or night
- The dying process can take hours

- The pet may stretch, put their head back, yawn, seize and even vocalize
- Afterwards, they will first have a period of muscle relaxation (including the release of urine and feces) followed by rigor mortis
- Plan for aftercare – provide the family with information on how to handle the body after including information on burial, crematory information or a local emergency clinic that will arrange cremation.

Sometimes the ‘S’ that hits the fan is about how you feel the family is reacting to the situation. I have found there are 4 main types of client reactions/behaviors outside the ‘norm’ (if there can be a norm during such a sensitive time).

Please note:

- these are just general classifications. Not many clients will fit into one tidy box! But recognizing and reading clients’ general needs, wishes, and goals can help us to better serve them and give them the experience *they* want.
- ALL clients are grieving. They cared enough to call us, and that means something.
- Individuals display their grief in different ways
- All clients need and deserve our respect and care
- There may be different client types within one family unit
- Don’t take any behavior personally; it really is not about you.
- Meet the client where they are: guide them and respect them.
- Remember: your goal is to provide their pet with a peaceful passing at home. And that is exactly what you are doing.

#### 1) THE ACTIVE COMMUNICATOR (AC)

- The most (obviously) interactive type
- May tell a lot of stories about their pet or just want to talk in general
- May appear the warmest of the types
- Generally, love all that you do and make sure to TELL you that
- Likely to be open and show their grief
- Although many are talkative, not all are. The less talkative AC types will be able to clearly communicate how much interaction they want and need.
- Be aware: This type of client can sometime keep you at the appointment longer than needed, (or for a longer period than you have) simply because they want to connect.
- Best ways to approach:
- Actively listen to their stories about their pets, ask questions, and “go with the flow” as far as conversation is concerned
- Remember to guide the appointment along and watch the time. The goal is to help this person feel heard and for them to feel connected to you

#### 2) THE VIGILANT OBSERVER (VO)

- Often quieter than the active communicator, but usually pleasant
- Watchful and very interested in the process of what you are doing
- May ask a lot of technical questions, be concerned, or want to know about the process after euthanasia (i.e. details about body transport and cremation)
- May have had a previous “bad” experience with euthanasia
- May be anxious and worried about the process
- Likely to show their grief

- Typically grateful to you, most especially if the appointment went better than they expected.
- Be aware: Can become controlling in a negative way or try to lead the appointment.
- Best ways to approach:
- Explain more details as you see fit: this client may need more information than usual in order to feel more comfortable
- Reassure this client throughout the process

### 3) THE PRIVATE MOURNER (PM)

- This individual wants minimal interaction with you; does not share stories or talk much
- Prefers you communicate only what is needed about the appointment
- For the PM, silence is golden
- May request no further contact or decline emails and remembrance items
- Although may be experiencing strong grief, may be less likely to demonstrate it or may prefer to show grief privately
- Be Aware: Can appear aloof or like they do not connect with you
- Best Ways to Approach:
- Be comfortable in the quiet: do not talk extra unless you can improve upon the silence
- Explain the process as you would for anyone but respect their desire for less verbal communication otherwise.

### 4) THE STRAIGHTFORWARD CONSUMER (SC)

- May approach the visit as a business transaction
- Shorter visits often suit them best
- May seem less attached to pet than others (although this may not be the case at all!)
- May decline further contact or memorial items
- Most likely to choose to NOT be present for all or part of the process
- Unlikely to show a lot of emotion in front of you. If does show emotion, may be more apt to try to hide it, or feel embarrassed/shrug it off
- Be Aware: You may not feel as connected to this type of client, but this does not mean they aren't grateful to you for helping pet.
- Best Ways to Approach:
- Refrain from judgment or taking the interaction personally
- Treat pet and client with kindness and respect as you would any other

In this lecture we will cover all the routes of euthanasia and some other 's' hitting fan situations!

#### **References:**

AVMA. 2011. Euthanasia Guideline Review.

Cooney, Kathleen, et al. (2012). "Veterinary Euthanasia Techniques, A Practical Guide." Wiley-Blackwell.

#### **Resources:**

Treatment and Care of the Geriatric Veterinary Patient, Gardner & McVety, Wiley Publishing