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End-of-Life Communication in Veterinary Medicine: Delivering Bad News and Euthanasia Decision Making

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With increasing recognition of the relationships that people develop with their companion animals [1] comes an awareness of the impact of animal death on pet owners and the veterinary team [2,3]. Rising acknowledgment of pets as family members has been associated with increasing expectations of pet owners for the highest quality medical care for their companion animals as well as compassionate care and respectful communication for themselves [1,4]. Research [2] indicates that 70% of clients are affected emotionally by the death of their pet and that as many as 30% of clients experience severe grief in anticipation of or after the death of their pet. In addition, approximately 50% of clients studied reported feeling guilty about their decision to euthanize their pet. One of the factors contributing to client grief was the perception of the professional support provided by the veterinarian. The manner in which the veterinarian provides care for a client whose pet has died has the potential to alleviate or aggravate grief.

Growing evidence indicates that providing emotional support to pet owners contributes to stress among members of the veterinary practice team [5]. It has been reported that veterinarians are present at the death of their patients five times more often than other health care professionals [6]. Creating a practice culture that promotes self-care and work-life balance is essential to preventing stress, compassion fatigue, and burnout [7,8]. Promoting an atmosphere of collegial support, respect, and empathy serves as the foundation for providing care to clients and their pets.

End-of-life discussions present challenges for veterinarians and clients. From the veterinarian's perspective, a number of factors [9–11] contribute to discomfort,

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including lack of training, being short of time, practice culture, feeling responsible for the patient's illness, perceptions of failure, unease with death and dying, lack of comfort with uncertainty, impact on the veterinarian-client-patient relationship, worry about the patient's quality of life, and concerns about the client's emotional response and his or her own emotional response to the circumstances. Some of the same reasons [11] account for client anxiety in receiving bad news. These include self-blame, unease with death and dying, anticipatory grief, effect on the human-animal bond, impact on the veterinarian-client-patient relationship, pet's quality of life, and concerns about their emotional response to the situation. Research [9,11,12] in human medicine indicates that end-of-life discussions are often suboptimal because of many of the barriers presented here and lack of specific training in end-of-life communication.

The content, duration, and methods of end-of-life communication training in veterinary curricula are highly diverse and variable. Many practitioners have not received formal training and may feel unprepared to engage in these conversations [13]. Educators have identified a skills gap between the content of the veterinary school curriculum and the actual skills required to be a successful veterinarian [14–16]. Practitioners recognize the importance of interpersonal communication. In alumni surveys, communication skills and dealing with clients were listed as the most important skills for success in veterinary practice [17,18], and interpersonal skills were recognized as the main selection criterion used for selecting new graduates [18]. Surveys [13,19–21] indicate that veterinary students understand the importance of addressing the human-animal bond and the need to provide pet loss support when interacting with clients. Taken together, the results of these surveys demonstrate that veterinary educators, practitioners, and students have a strong interest in incorporating communication skills training into the veterinary curriculum.

Extrapolating from evidence in human medicine, how end-of-life conversations are conducted has the potential to influence clinical outcomes, including the creation of an enduring veterinarian-client relationship and veterinarian and client satisfaction [10–12,22,23]. When end-of-life discussions are conducted skillfully, difficult decisions are validated, clients' concerns are heard, and emotions are supported. If these discussions are executed poorly, however, leading to dissatisfaction with the veterinarian or overall veterinary care, the communication can complicate grief, reduce client compliance and retention, and increase the likelihood of litigation [2,22,24–26]. Conducting compassionate end-of-life discussions has the potential to enhance professional satisfaction and to reduce compassion fatigue and burnout [11].

End-of-life communication in veterinary medicine includes delivering bad news; monitoring and assessing quality of life; euthanasia decision making; discussing the euthanasia protocol and body care options; and providing grief support, education, and resources. The purpose of this article is to present best practices for delivering bad news and euthanasia decision making. There are limited empiric studies in the veterinary literature concerning veterinarian-client-patient communication, and information pertaining specifically to end-of-life

conversations is based largely on clinical experience [22]. In human medicine, studies of end-of-life communication are based primarily on expert opinion, case studies, reviews, and predominantly descriptive studies [12,27]. In this article, the SPIKES six-step model (setting, perception, invitation, knowledge, empathize, and summarize), developed by Buckman [11] and currently employed in medical curricula, is utilized to structure end-of-life conversations in veterinary medicine.

UNDERLYING PREMISES

Three underlying principles guide communication skills training in end-of-life conversations:

1. Given the expectations of clients and the impact of end-of-life conversations on pet owners and the veterinary team, compassionate communication is considered to be an ethical obligation, a core clinical skill, and integral to the success of a veterinary team [2,3,28,29].
2. End-of-life communication is related to significant clinical outcomes, including enduring veterinarian-client-patient relationships and veterinarian and client satisfaction [10–12,22,23].
3. Effective techniques for end-of-life communication can be taught and are a series of learned skills. Communication skills can be delineated, defined, and measured, and these skills are best learned through observation, well-intentioned and descriptive feedback, and repeated practice and rehearsal of skills [30].

THE GRIEF PROCESS

Before engaging in end-of-life conversations with clients, it is helpful to gain a basic understanding of the normal grief responses and processes [3,31]. Symptoms of grief can range from stoicism to sobbing or even intense anger. Although deep expressions of grief can be difficult to witness, these emotions are a necessary and natural part of emotional healing. Grief is a spontaneous response to loss and the normal way to adjust to endings and change [32].

Grief often begins with the initial anticipation of loss [33]. Grievers may progress through various phases of grief [32,34]. Shortly after the loss, clients may experience numbness, which may be accompanied by confusion, shock, anger, or denial. This may be followed by a period of searching or yearning for the loved one to return. The next phase may be a period of disorganization associated with strong emotions of despair and difficulty with day-to-day functions. Finally, the bereaved person begins to accept the reality of the loss and to integrate this loss into his or her current life.

An adaptive grief process may last for days, weeks, months, or even years, depending on the significance of the loss. If grief progresses in an adaptive manner, manifestations lessen in intensity over time [33]. Indicators of complicated grief include a prolonged period of grieving, intense responses, and interference with physical or emotional well-being [35,36]. Clients displaying a complicated grief reaction may benefit from referral to a mental health professional sensitive to the needs of those grieving the death of a pet.

Is there a "right" way to grieve? The grief response is unique to each individual. Therefore, there is no "best" way to grieve. The intensity of each person's grief response is based on multiple unique factors, such as the nature of the loss; the circumstances surrounding the loss; and the griever's age, gender, cultural background, and emotional status as well as the availability of emotional support before, during, and after loss [37]. When the expression of grief is restricted, the healing period for recovery is prolonged. When grief is freely expressed, the healing time for recovery from loss is greatly reduced [33]. Veterinarians can best help clients to cope with the death of a pet effectively by encouraging open expressions of grief and by empathizing with their loss [2,22].

DELIVERING BAD NEWS

Bad news has been defined as "any news that drastically and negatively alters the person's view of her or his future" [11]. A more inclusive definition of bad news is "...situations where there is either a feeling of no hope, a threat to a person's mental or physical well-being, a risk of upsetting an established lifestyle, or where a message is given which conveys to an individual fewer choices in his or her life" [10].

There are no strategies or methods that allow veterinarians to break bad news painlessly. Although it is difficult, veterinarians should prepare themselves for a range of client reactions that are largely unpredictable. Some clients may react with anger or blame or with overwhelming feelings of guilt, shock, disbelief, or sadness, and others may appear calm, stoic, or under control. Processing bad news differs for each individual and may require various amounts of time to deal with the news. Through effective techniques, the bad news encounter can be made less distressing for the veterinarian and the client, support long-term relationships with clients, and enhance veterinarian and client satisfaction during a challenging conversation [10–12,22,23].

One useful model for delivering bad news is the SPIKES six-step model developed by Buckman [11] and employed in many medical school curricula. This model provides a structured approach to delivering bad news, and its principles are relevant to the practice of veterinary medicine. Evidence indicates that focused educational interventions using a stepwise model and providing opportunities for practice and observation of actual behaviors as well as provision of feedback, with repetition and reinforcement throughout the curriculum, result in improved communication skills [10].

Setting

- Create an appropriate setting to ensure privacy, client and patient comfort, and lack of distractions. Allow for time, discussion at eye level, and invitation of supportive individuals. A designated clinical comfort room would be a suitable environment in which to deliver bad news.
- Identify who should be present for the conversation:

I am wondering if there are other persons who care about Max who may want to take part in this discussion.

- Take time to establish initial rapport with the client, using open-ended questions, compliments, and empathy statements:

How are you doing?
I am glad that you brought Max in, so that we could address this problem.
The last 24 hours has been really tough.

Perception

- Explore the client's perspective about the pet's illness, using open-ended questions:

What are your concerns regarding Max's condition?
What do you think is causing Max's illness?
Tell me in your own words what you understand about Max's disease.

- Determine the client's desire for information. People have different ways of coping with bad news [12]. Some cope by learning as much as they can so that they can feel in control, and others prefer not to know and cope by avoiding thinking about it. Evidence in medical communication indicates that physicians underestimate how much information patients would like to receive [38–40]. Although most patients would like more information from their doctor, a small group would like less. Therefore, the primary goal is to tailor your discussion to individual client needs:

Some clients like to know a lot about their animal's illness and others prefer the basic facts. What would you prefer?

Invitation

- Ask permission to share the information with the client:

I am wondering if it is alright with you if I discuss some of the specifics regarding Max's illness.

Knowledge

- Deliver the bad news in stages. It is recommended that bad news be delivered in stages, because it takes time for clients to realize the full magnitude of what they have been told [41].
- Provide a warning shot:

Mary, I have some difficult information to share with you regarding Max's condition [Pause].

- Give information in small easily understandable pieces. Share only one to three sentences at a time, and pause and check for the client's understanding before proceeding. Chunking and checking allows the veterinarian to tailor the discussion based on the amount and type of information desired by the

client, resulting in enhanced recall of information and engendering a shared understanding [42]:

The cancer has spread to Max's lungs. This will continue to make it very hard for Max to breathe and will eventually cause his death [Pause].

- Ask for the client's permission to continue to disclose the details of the medical condition:

Would you like me to tell you more about Max's condition now, or would you like to talk later, perhaps at another time when you can bring a friend along with you?

- Check for the client's understanding, using open-ended questions:

What questions do you have at this point?
What additional information may be helpful to you?
Tell me how you understand the choices for Max's care.
What do you think are the most important points to present to your family?

- Avoid use of technical jargon and define medical terms.
- Use supplemental tools, such as written materials or audiotape recordings. Studies indicate that patients only remember approximately 50% of what their physician said [42]. Therefore, providing client information sheets or discharge instructions may help clients to recall key points after the visit. Tape recordings allow clients to listen to the information again when they are in a more relaxed familiar environment or to share with family members [43].

Empathize

- Throughout the conversation, acknowledge, validate, and normalize the client's emotional responses.
- Use silence and empathetic statements, and display compassionate and caring nonverbal cues (ie, sit close to the client; mirror facial expressions; use a gentle, calm, and caring tone of voice; use a slow pace of speech; lean forward; use touch). Practitioners sometimes struggle with finding the right words to say; however, being a caring presence through silence and nonverbal communication can provide just as much comfort to the client:

I'm right here for you. Take your time.
I can imagine how hard this is for you to talk about. This news is overwhelming.
This is a lot of information to absorb, and it came unexpectedly.
It seems to me like you want to make the decision in Max's best interest.

Summary and Strategy

- Summarize what has been discussed.
- Negotiate a plan for treatment or follow-up.

- Identify client support systems:

I am wondering who in your life will support you in making decisions regarding Max's care.

- Provide information on support services (ie, grief counseling, support groups).

EUTHANASIA DECISION MAKING

The term *euthanasia* is derived from the Greek *eu* meaning "good" and *thanatos* meaning "death" [44]. Positive words like humane, gift, and painless are associated with companion animal euthanasia; yet, as a medical procedure, euthanasia is the purposeful act of terminating life [45]. Given the deep emotional relationships that many people share with their pets, discussing euthanasia is stressful for pet owners and veterinary professionals [46].

In veterinary medicine, the primary goal of end-of-life decision making is ensuring quality of life during the treatment or palliative care phase and, ultimately, a peaceful timely death for a terminally ill or injured patient. Clinical experience demonstrates that this process can be heavily influenced by many factors, including the pet's level of pain, clinical signs, diagnosis, prognosis, and response to treatment or palliative care options; the owner's psychoemotional resilience and ability to provide care for the animal; and the ability of those involved in the decision-making process to arrive at a consensus.

Discussing euthanasia is challenging for clients and veterinarians [2,8,45]. Veterinarians often initiate and facilitate euthanasia discussions when they know that death is near. End-of-life discussions clarify the client's wishes regarding the pet's death, help to minimize regrets about how the pet's death was handled, and allow the client to cope with the death of the pet. Once again, the SPIKES six-step model [11,47] provides a useful structure on how to conduct a euthanasia decision-making conversation with a client.

Setting

- Create an appropriate setting (see previous guidelines).
- Establish initial rapport, using empathy statements, open-ended questions, and compliments:

It seems like you have been on a roller coaster for the last few months. How are you doing? How do you feel Max is doing?

This has been a tough time for both you and Max.

Perception

- Establish what the client knows about the pet's illness (see previous guidelines).
- Understand the client's perspective and values on end-of-life care, using open-ended questions:

How do you think we should balance treating Max's cancer and ensuring quality of life [48]?

What are your hopes for Max? What are your fears for Max [48]?
What makes life worth living for Max [48]?
Under what circumstances would life not be worth living for Max [48]?
What do you think Max's quality of life is like now [48]?

- Ask about the client's previous experiences with euthanasia, using open-ended inquiry:

I am wondering whether you have had previous experiences with making a euthanasia decision. What factors came in to play in making that decision?

I am wondering whether you have been present at a euthanasia procedure in the past. Tell me about that situation.

- Explore religious or spiritual beliefs that may have an impact on a euthanasia decision, using open-ended inquiry:

Some clients have religious or spiritual beliefs that guide the euthanasia decision. I am interested in how these beliefs might guide your decision-making process.

Invitation

- Obtain the client's permission to discuss euthanasia. The veterinarian's role is vital in facilitating these discussions, including giving permission for clients to consider euthanasia as an option, acknowledging the difficulty in making such a decision, and allowing clients to express their feelings and desires openly [49]. Using words that reflect partnership (ie, ''we,'' ''be there'') comforts the client in knowing that he or she is not alone in making this decision:

I am wondering whether it would be alright with you if we took a few minutes to discuss the option of euthanasia.

We can hope for the best in Max's care, and we also need to plan for the future so that we can ensure Max's quality of life.

No matter what the road holds ahead, I am going to be there for you and Max [50].

Knowledge

- Provide a warning shot:

This is one of the most difficult decisions a client faces in caring for his or her pet.

Making this decision on Max's behalf is not easy. I wonder if it sometimes feels overwhelming [50]?

- Provide accurate and detailed information about the animal's condition:

Max is probably feeling like you do when you have a bad flu. It probably hurts just to move, and it is difficult for him to get comfortable. His body temperature is high, and he is having difficulty breathing [Pause] [22].

Because I haven't seen Max for 3 weeks, his decline seems quite dramatic to me. He has lost a great deal of weight and muscle tone and seems far less responsive. I believe he is experiencing quite a bit of pain. Although I can give him more medication for his pain, his disease will continue to cause him to suffer [Pause] [22].

- Give information in small easily understandable pieces, pause, and check the client's understanding before proceeding. Some clients need time to accept the decision to euthanize their pet; therefore, the euthanasia decision-making discussion may extend over several visits.
- Provide instructions on how to monitor the pet's condition. Clients often wonder out loud how they are going to know when the time is right for euthanasia. Anticipating death and knowing that it is near can be intimidating, overwhelming, and anxiety provoking. Therefore, having solid concrete information about what to watch for and what to do may make the decisions feel more manageable:

Mary, things to watch for in Max are a decrease in his appetite and interest in drinking water; reduced activity level; difficulty in breathing, such as panting or increased effort; and a lack of interest or responsiveness to you and his daily activities.

- Ask for the client's permission to continue to disclose the details of the euthanasia procedure:

I am wondering if it would be alright with you if I were to walk you through the euthanasia procedure we use at our clinic.

There are a few options and decisions in relation to the euthanasia procedure and body care, and I am wondering if you would like to discuss them now.

- Avoid use of technical jargon and define medical terms.
- Avoid the phrase ''nothing more can be done,'' and reframe using the phrases ''supportive care'' or ''palliative care'':

We will provide supportive care to Max to make his life as comfortable as possible.

Empathize

- Throughout the conversation acknowledge, validate, and normalize the client's emotional responses.
- Use silence and empathetic statements and display compassionate and caring nonverbal cues:

I want you to know that I fully support your decision and will do my best to honor your wishes for Max [49].

> You have taken such good care of Max throughout his illness. I can tell how much you love him [50].
>
> It's quite common for clients in your situation to have a hard time making these decisions. It feels like an enormous responsibility [50].
>
> Of course, talking about this makes you feel sad. It would not be normal if it didn't [50].

Summary

- Summarize what has been discussed.
- Negotiate a plan for treatment or follow-up.
- Identify client support systems.
- Provide information on support services (ie, grief counseling, pet loss support hotlines and groups).

IMPLEMENTATION

The Practice Culture

The practice culture influences whether end-of-life communication is valued by the veterinary team and thereby addressed or overlooked [9]. Role modeling, acknowledgment of the death, and interactions with team members have been identified as instrumental factors in skill acquisition and development of healthful coping mechanisms [7]. Practice leaders are role models not only in demonstrating skills but in displaying attitudes. Taking time to reflect on challenging conversations, the death of patients, and expressing your emotions may have an impact how your team does this.

Communication Rounds

Conducting regular communication debriefing rounds is one mechanism by which compassion, the ability to cope with losses, and skill development can be enhanced. Unlike traditional clinical rounds, the purpose of communication rounds is to reflect on interactions with clients and team members. Such rounds are conducted with the Oncology Service at Colorado State University on a weekly basis and are regularly attended by students, interns, residents, technicians, and clinicians, all of whom actively contribute to the discussion. Such dialogue fosters open communication, expression of emotion, elicitation of concerns, provision of support for team members, and acquisition of skills. The goal of these conversations is the ongoing development of a safe and supportive environment within the team. These conversations assist professionals in finding an appropriate balance between the perceived need for objectivity and the natural tendency to identify and relate to clients and patients and to respond emotionally to losses.

Facilitation

To ensure safety and supportiveness as well as to provide structure to the discussion, it is important to identify a skilled facilitator. Someone within the practice team may possess the necessary skills, or you could partner with a professional in mediation or mental health counseling to lead these rounds.

A good facilitator is someone who is an esteemed, respected, empathetic, and trusted team member who possesses strong communication skills. The role of the facilitator is primarily to ask questions, foster discussion, elicit contributions from the group, and summarize key points. Although facilitators offer input and make suggestions, it is often more meaningful to do so after obtaining input from the team. An effective facilitator uses a collaborative approach, recognizing the importance of collective expertise, compared with a paternalistic approach, in which the facilitator directs the group as the sole expert. A model is provided here, including example scripts for setting the stage for communication rounds and examples of guiding questions that can be used by a skilled facilitator.

Example Script: Communication Rounds

Setting the stage

Facilitator:

> The purpose of these rounds is to set aside time each week to reflect on our interactions with clients and with team members. This is an opportunity to discuss communication situations that you found challenging for any reason or to present a communication scenario that you thought was successful. I am wondering whether anyone had a client interaction from the past week that they would like to share.

Fostering discussion

Facilitator guiding questions include the following:

- Tell us what happened.
- What was that like for you?
- What do you attribute to the success or difficulty of this interaction?
- What impact has this situation had on the team?
- What effect did this interaction have on the client?
- How might you approach this situation differently next time around?
- What suggestions do you have?
- What has worked well for you in the past?
- What other experiences can you draw from?
- How has this experience influenced how you plan to work with clients in the future?
- What changes might we implement based on this experience?
- What do you do to care for yourself when you are feeling stressed?

SUMMARY

Skillful facilitation of end-of-life discussions is part of every veterinarian's ethical responsibility as stated in The Veterinarian's Oath [29]. Given the expectations of the profession and clients and the resultant impact of end-of-life conversations on pet owners and the veterinary team, compassionate communication is considered to be a core clinical skill and an integral part of the job of the veterinary team [2,3,28]. Through use of effective techniques, end-of-life

discussions can be made less distressing for the veterinarian and the client, maintaining long-term relationships with clients and enhancing veterinarian and client satisfaction [10–12,22,23]. These skills can be taught and are a series of learned skills. Even more importantly, these skills can be modeled and foster a culture that supports clients and their pets and enhances satisfaction of the veterinary team.

ADDITIONAL RESOURCES

For more specific information on communication skills, such as nonverbal communication, open-ended questions, reflective listening, and empathy statements, the reader should consult the recent article by Shaw [51].

For more complete and applied information regarding client-present euthanasia discussions and procedures, the reader should consult the book by Lagoni and colleagues [3] on the human-animal bond and grief.

For veterinary team and client resources on pet loss and grief, the reader should consult the web sites of the Argus Institute (www.argusinstitute.colostate.edu) [52] and www.PetPeopleHelp.com [53].

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