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An unjustified request for 'euthanasia': handling the client

Scenario

A client brings you a friendly, well socialised two year old male neutered cat named 'Bob' for 'euthanasia'. Apparently she's moving to a new flat that doesn't allow cats. "What a shame", you declare. "I'm sure he would make a wonderful pet for someone else. Have you thought about rehoming him?" But the client replies, "I couldn't possibly bear to have someone else own him! Please just put him to sleep doc." What should you do?

Issues to consider

Quite obviously, your first duty is to your patient (RCVS 2016), and it is not in Bob's interests to be killed. At least, not where reasonable potential for a good life, or even just a life worth living, still exists. It has long been argued that killing, when conducted under perfect conditions, is not a violation of an animal's welfare, because no stress or suffering is involved. This has been paraphrased as 'death is not a welfare issue'. More recently, it has been recognised that death forecloses all future opportunities for fulfilling any of an animal's interests, including the interest in experiencing positive welfare states, and so actually constitutes one of the most profound harms that may be inflicted (e.g. Yeates (2010)). The main exception occurs when severe illness or injury makes future positive states very unlikely, or unlikely to be sufficient to compensate for prior periods of suffering. In this case killing may genuinely be termed euthanasia—which, translated from the original Greek, means a good death. In the field of veterinary (and, where legal, human) medicine, euthanasia means a death that is both a matter of humane disposition (i.e., in the patient's interests), and also a matter of humane technique (i.e., conducted without inducing stress or suffering) (AVMA 2013). As a healthcare professional you are obliged to exercise professional judgement in the course of your duty, and are not required to accede to this request, or any other. As stated by the RCVS (2016) Code of Professional Conduct for Veterinary Surgeons, *"No veterinary surgeon is obliged to kill a healthy animal unless required to do so under statutory powers as part of their conditions of employment."*

However, you also have a duty to your client. Her statement that she "couldn't possibly bear to have someone else own him" suggests strong attachment. Presumably, then, it will be upsetting to her to lose Bob. Clearly, you should handle her request with great tact and sensitivity.

Of course you also have duties to your practice, employer and even the profession at large. These can be upheld by doing your reasonable best to maintain good relations with this client, and by charging appropriately for any services you provide.

Finally, you have a duty to yourself and those who depend on you. To uphold these duties, you need to be able to live with any decisions you make. Killing a patient is a grave matter morally, and you would need to be able to justify this to your own conscience. Inability to do so would be likely to be extremely stressful. Most of us continue to be haunted by such decisions, years later. The very high

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rates of stress level and suicides among veterinarians strongly suggests that we give too little weight to such potential sources of stress.

Possible way forward

Your communication skills will be paramount in this case, and you must proceed with great care. You could explain that while you understand and sympathise with your client's predicament, as a veterinarian your primary duty must always be to your patients, and it is not in the interests of a young, healthy cat to be 'euthanized', and thereby denied the many years of life and positive experiences Bob might otherwise enjoy. You could explain that unfortunately it would be a violation of your professional ethics were you to proceed to 'euthanize' in this case.

You could acknowledge that the client obviously cares a great deal about Bob, and could gently move into exploring rehoming options. It might be possible, for example, to home him (or at least, surrender him to a shelter where rehoming is a possibility) so far from her address that she would be very unlikely to ever have to see him again. It is always wise to have contact details available of any charitable organisations that might be able to assist.

If, after such a discussion, the client remains firm in her request for 'euthanasia', you might politely offer to refer her to another veterinarian for a second opinion. As stated by the RCVS (2016) Code of Professional Conduct for Veterinary Surgeons, "*Where, in all conscience, a veterinary surgeon cannot accede to a client's request for euthanasia, he or she should recognise the extreme sensitivity of the situation and make sympathetic efforts to direct the client to alternative sources of advice.*" However, you might warn her that another veterinarian might well also decline the procedure.

References:

- AVMA Panel on Euthanasia (2013). *AVMA Guidelines for the Euthanasia of Animals: 2013 Edition*.
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