INTRODUCTION

While GPs have 20 of their patients die annually\(^1\), companion-animal veterinarians in first-opinion practice encounter at least 100 deaths annually. This is because some animals die in our care or some animals are dead on arrival, and we perform euthanasias at a rate of approximately two per week (in my experience working in UK urban practices).

However, unlike human hospitals and some GP clinics, many veterinary practices still do not offer clients particular support for, or information about, grief. This omission undermines the understanding of animals as family members (whose death is necessarily a cause for grief), which many practices use to market their services to owners. The omission also has significant practical consequences for clients and practices.

In the case of clients:
Research is needed but, for example, a Canadian study of 177 clients, commencing in the first two weeks after their animals had died or been euthanased\(^2\), found that 30% experienced “severe grief”, which typically lasted for six weeks before diminishing over variable periods. Also, most “believed there was a high association between their ability to deal with their pet’s death and a veterinarian who was supportive around the time of that death”\(^2\). Those findings are consistent with empirical evidence.

As with human bereavement\(^3\), most bereaved owners are unlikely to need particular intervention\(^4\). Nevertheless, research\(^5-7\), self-reports\(^5\) and expert opinion\(^5-7\) all indicate that the psychological impact of a pet’s death is often comparable to that of human death, and is made harder by e.g., societal censure of expressions of grief for animals.

At the practice:
Some clients will not return because their abiding memory is of a place of death and distress from which little or no further support was offered. This may partly explain why 14% of 2,008 bereaved Swiss pet owners changed practices despite being satisfied with the euthanasia\(^8\). Other clients may leave because the vet has over-extended him/herself for a bereaved client and has, therefore, been late for other appointments or forgotten to phone a client about, e.g., lab results.
Negative word of mouth following such instances can cause other clients to leave, or potential clients to opt for a different practice.

This direct and indirect post-euthanasia attrition creates significant, cumulative financial losses, in the order of
for a pet, the grief is “disenfranchised” in society. There are several reasons for this [Hewson, submitted] e.g.; lack of agreement about the value of animal life; such that grieving pet owners may be judged of less social value than those suffering human bereavement, and thus as less deserving of sympathy; although there is nothing recent or atypical about people having close attachments to animals, there is a tendency “to construct the human/animal bond as something that is only of value to humans who are in some way marginalised, and supposedly deficient in human contact.” Thus, grief for pets may be seen as the weakness of a pitiable minority and not something that a well-adjusted person should experience.

**Guilt following euthanasia**

Some 50% of owners who have their animals euthanased are likely to feel guilt for this. Contributing factors include:

- how the veterinarian broke the bad news and helped the owner reach an informed decision for euthanasia;
- doubt over whether euthanasia was the right decision taken at the right time;

Dawson’s research and work with grieving pet owners in the UK points to “responsibility grief” arising from the owner’s responsibility for having ended their animal’s life, and the doubts, guilt and other distress that can arise from that.

**Animal as link to other significant relationships or experiences**

Just as possessions or a child can link us to a deceased person, animals can also provide a link. An animal’s death may therefore trigger added grief for the third party and may also trigger grief from previous, painful events, e.g., childhood sexual abuse.

**Frequency of bereavement**

Because most companion animal species have much shorter lifespans than we do, their owners experience grief and bereavement relatively frequently.

The above factors may magnify a bereaved pet owner’s grief, making it seem to others like an over-reaction. This can prompt trivialising remarks (“It was only a hamster”; “Just get another one”). Such responses can cause the owner further distress, leading some to avoid any risk of it by taking time off work or becoming socially isolated.

**OTHER FACTORS AFFECTING GRIEF FOR PETS**

Grief for pets is also shaped by personal and demographic factors, styles of response to loss, and situational factors. The roles and interactions of these elements are complex and some are still unclear.

Personal and demographic factors include the owner’s age, gender, care-giving style, personality, and attachment style. For example, in a study of 350 horse owners in Australia, women with a neurotic personality (i.e. negative disposition and prone to anxiety and depression) on formal assessment had particular distress over the euthanasia
decision and resulting loss. Neurotic personality was also a strong predictor of pet loss distress among 510 American pet owners.

Styles of response to loss among pet owners have not been described. However, the Range of Response to Loss model by Machin, cited in Relf et al. is helpful, empirically. Under that model, a bereaved person focuses primarily either on their feelings (overwhelmed response) or on acting normally and keeping feelings and the expression of them in check (controlled response). Adams et al. found that, because of societal attitudes, bereaved owners tried to maintain control of their emotions and resume regular activities as soon as possible. Thus, a controlled response may be over-represented among our owners, and may be mistaken for indifference.

The controlled and overwhelmed responses can each be adaptive if the person’s coping style is resilient i.e. they can move between feeling their emotions, and maintaining normal activities and behaviours. Resilient grievers progress normally through their grief, making good use of support that is appropriate to them. For controlled grievers, such support is likely to be self-help material and written information, whereas overwhelmed grievers are likely to prefer self-disclosure through helplines and counselling. In contrast, vulnerable grievers cannot balance their feelings with the need to control them and continue daily activities. They might, therefore, benefit from more particular support and follow-up.

Situational factors include the person’s current circumstances (e.g. financial pressures, illness among family members or other pets) and the circumstances of the animal’s death. While euthanasia may cause particular grief, a retrospective study of 103 Canadian pet owners indicated that: “Owners whose pets died naturally experienced significantly more total grief, social isolation and loss of control compared to owners who had their pets euthanised”. This finding aligns with that of Adams et al., also in Ontario. They used different research methods and found “euthanasia is not necessarily a determining factor of grief except among participants who experience extreme guilt”.

Sudden, unexpected or painful human death magnifies the bereaved’s grief, and anecdotal evidence suggests this is also true of animal death. We should, therefore, do as much to support clients whose animals die suddenly, unexpectedly or from painful deaths [e.g. pulmonary thrombo-embolism, animal attacks, road accidents] as we do for clients whose animals we euthanase. Some situational factors are under the control of the practice, e.g., how bad news is broken and the protocol of the euthanasia consultation. Staff training is the best way to help the team minimise the adverse impact that situational factors can have on grieving clients, and develop the communication skills needed, without risking compassion fatigue.

ANTICIPATORY GRIEF

When an owner learns of the need for euthanasia, they may start grieving, even though the animal is still alive. This ‘anticipatory grief’ is well described in the face of human death and is a normal way of preparing for what lies ahead. However, because anticipatory grief often includes a sense that what is happening is unreal, it may lead some clients to withhold consent for what the veterinarian judges to be timely euthanasia. A recent survey of 58 UK vets confirmed that such cases are extremely stressful for many vets. In addition, affected clients may then resent the vet for persisting in the recommendation, or feel rushed into consenting to it (6% of respondents in Adams et al.). The clients may then experience strong feelings of guilt for having consented. This mutually distressing situation may be avoided if we know how to name and normalise anticipatory grief when breaking bad news to our clients (see Article 2).

COMPLICATED GRIEF

After a human bereavement, most people adapt without the need for expert intervention. This is probably true of bereaved pet owners as well. However, some may experience ‘complicated grief’, i.e., a prolonged grief reaction with persistent distress, maladaptive coping behaviours and adverse health reactions. A retrospective survey of 106 pet owners at a first-opinion clinic in Hawaii indicated that 5% to 12% of that client base might suffer complicated grief when their animal died. This is in line with the 10% prevalence among those bereaved of a human. A recent meta-analysis indicated that preventive measures are ineffective there, so they may be ineffective for pet owners too.

SOCIAL AND ECONOMIC COSTS OF PET OWNERS’ GRIEF

The health consequences of human bereavement are known, and a study of the social and economic costs of bereavement in Scotland has indicated that spousal bereavement predicts longer hospital stays, at an annual cost of £20m. Because the psychological impact of pet death can be similar to that of human death, pet death may have similar adverse effects on some owners, with some strongly attached owners being at risk of mental health complications. Moreover, although the participants in Adams et al. reported being able to continue to go to work, others do take time off – up to five days in some cases, to my knowledge. The effect of their sudden absence on their co-workers and their employers’ business is unclear.

Hypertension why clients grieve, the difficulties they face, and the consequences for clients and practices of not supporting grieving owners, the article concludes by examining why many practices do not do more.

WHY VETERINARY PRACTICES DO NOT OFFER MORE SUPPORT

The reasons why practices do not engage more with client-care at pets’ end-of-life probably include some of the postponing
following, many of which may be inter-related:

- Most veterinary personnel have not been trained in grief and its course. Consequently, many do not appreciate that their clients’ grief for pets is disenfranchised, and do not know what to say to grieving clients.
- Veterinarians seldom have a strong attachment bond with their patients. Because we are very accustomed to euthanasing animals, seeing them die, and viewing their dead bodies, we cannot easily appreciate the impact that these realities can have on their owners.
- Because of society’s indifference to owners’ grief, and the silence about grief in general, many clients trivialise their grief to us (e.g., apologising for it) or avoid expressing it or mentioning it to us [12].
- Minimising the significance of clients’ grief enables veterinary personnel to resolve inner conflict at feeling reluctant or unable to offer grief support.
- Fear that to mention grief, its course, and possible causes of pet death are not included.
- The lack of evidence-based grief support resources.
- A cultural reluctance to discuss death and grief generally [37].
- Providing grief support is not a professional requirement ( unlike the case with e.g., UK doctors [38]).

In contrast to practices’ relative lack of engagement, the research suggests that most clients would value more explicit support, e.g., with a pre-euthanasia consultation in which to review the decision, after-care options, grief etc [6, 12]. In the UK, an unpublished survey of ~1600 pet owners indicated that 84% would accept the offer of a pre-euthanasia consultation and be willing to pay for it (Douglas Muir, Pet Cremation Services, pers comm April 2, 2014).

CONCLUDING REMARKS

This article has illustrated the complexity of grief for pets, and possible reasons why veterinary practices don’t routinely support grieving clients. Due to insufficient training and over-reliance on experience and intuition, it is natural to make assumptions about clients’ grief or to adopt support strategies uncritically. The second article will critique some popular assumptions and introduce simple, evidence-based support strategies that are realistic in first-opinion practice.

Table 1: Estimated euthanasia-related losses in clients and associated turnover, per full-time small animal vet between 2014 and 2016. Losses related to other causes of pet death are not included.

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of animals per client</td>
<td>1.5</td>
</tr>
<tr>
<td>Total number of animals</td>
<td>40</td>
</tr>
<tr>
<td>Average client spend per animal per year</td>
<td>€200</td>
</tr>
<tr>
<td>Turnover lost from this attrition</td>
<td>€8,000</td>
</tr>
<tr>
<td>Further lost turnover from clients lost through euthanasias the previous year(s)</td>
<td>0</td>
</tr>
<tr>
<td>Total lost turnover</td>
<td>€8,000</td>
</tr>
<tr>
<td>Cost of refilling vet and nurse positions vacated due to burnout</td>
<td>€1,000</td>
</tr>
<tr>
<td>TOTAL LOSSES PER VET</td>
<td>€9,000</td>
</tr>
</tbody>
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Footnote
1. Average, two euthanasias per vet per week => ~100 p.a, and five of those clients leave. A further seven leave because of dissatisfaction arising from the vet’s emotional depletion; four because directly affected by errors in communication and clinical judgment, and three because of high vet turnover.

REFERENCES
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26. Lee SA; Surething NA: Neuroticism and religious coping uniquely predict distress severity among bereaved pet owners. Anthrozoos 2013, 26:61-76
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Reader Questions and Answers

1: AN ELDERLY MAN STARTS TO WEEP UNCONTROLLABLY WHEN YOU EUTHANASE HIS CAT. WHICH OF THE FOLLOWING BEST DESCRIBES HIM:

A. Controlled vulnerable
B. Overwhelmed vulnerable
C. Overwhelmed resilient
D. Controlled resilient
E. Impossible to say without knowing more

2: WHICH ONE OF THE FOLLOWING BEST DESCRIBES WHAT WE MEAN WHEN WE SAY THAT GRIEF FOR PETS IS "DISENFRANCHISED"?

A. Pet owners aren’t the only ones who grieve when they suffer a loss
B. Pet owners grieve differently from other bereaved people
C. Pet owners shouldn’t grieve for their pets
D. Displaying grief for a pet is not a societal norm and is not supported by society
E. Pet owners don’t have a place where they can go to grieve

3: A MAN RUSHES IN WITH HIS 5-YEAR OLD CAT THAT HAS NEVER BEEN ILL, BUT HAS SUDDENLY SCREAMED HORRIBLY AND FALLEN OVER. YOU CONFIRM THAT THE CAT IS DEAD AND POSSIBLY HAD AN EMBOLISM, BUT WOULD NEED A POST-MORTEM EXAMINATION TO KNOW MORE. THE OWNER DECLINES THAT AND IS THEN JOINED BY HIS THREE YOUNG-ADULT DAUGHTERS. ALL FOUR ARE DISTRAUGHT, WEEPING LOUDLY AND HUGGING EACH OTHER. ONE HOUR LATER THEY ARE STILL WITH THE CAT BUT NO LONGER CRYING. WHICH ONE OF THE FOLLOWING BEST DESCRIBES WHAT IS HAPPENING:

A. They are showing signs of anticipatory grief
B. They are showing signs of complicated grief
C. They have neurotic personalities
D. Their behaviour is to be expected under the circumstances
E. None of the above

4: GRIEF FOLLOWING AN ANIMAL’S EUTHANASIA IS MOST ACCURATELY DESCRIBED AS WHICH ONE OF THE FOLLOWING:

A. A sequence of five stages: numbness, then guilt, then anger, then yearning, then adaptation and acceptance
B. A way to adapt to and accept guilt
C. Distress because of doubts that the euthanasia had been performed at the right time for the animal
D. The behavioural, social, psychological and emotional reactions that a person has in response to the ending of a continuing bond
E. None of the above

5: A NEW CLIENT PRESENTS HER FOUR-YEAR-OLD SPEYED GERMAN SHEPHERD WITH A HISTORY OF WEIGHT LOSS, REDUCED APPETITE, AND PRURITUS. THE DOG IS THIN WITH PATCHES OF SUPERFICIAL DERMATITIS AND HAIR LOSS ON HER TRUNK AND LEGS THAT THE OWNER SAYS HAVE BEEN GETTING BETTER SINCE HER POLISH VET-LODGER GET HER SOME STRONCHOLD. FURTHER DETAILS ARE UNCLEAR—SHE COMPLAINS THAT SHE HAS SEEN OTHER PRACTICES AND ALL THEY WANT IS MONEY, AND SHE HAS SEVEN DOGS THAT ARE ALL IN GOOD HEALTH. YOU SEE THREE OF THEM IN THE VAN, AND THEY SEEM VERY WELL WITH HEALTHY COATS, ALERT ETC. ROUTINE INVESTIGATION OF THE PATIENT INDICATES ADVANCED RENAL DISEASE WITH ELEVATED PHOSPHORUS. YOU EXPLAIN THE POOR PROGNOSIS, AND THERE IS MINIMAL RESPONSE TO IN-PATIENT TREATMENT. THE OWNER CANNOT PAY FOR FURTHER TREATMENT AND INSISTS ON REFERRAL TO SPECIALISTS. THEY CONFIRM YOUR DIAGNOSIS AND PROGNOSIS. THE DOG’S RENAL PARAMETERS ARE NOW VERY HIGH. THE OWNER REQUESTS FURTHER REFERRAL AND WILL NOT COUNTENANCE EUTHANASIA. WHICH ONE OF THE FOLLOWING BEST DESCRIBES THIS SITUATION:

A. The owner is an animal hoarder
B. The owner is neglecting her animals.
C. The owner is in anticipatory grief.
D. B and C
E. None of the above

Comment: The owner’s apparent love of dogs and difficulty in accepting the situation are consistent with anticipatory grief. Without examining the other dogs, you cannot tell if she is neglecting them or not. It seems unlikely based on the ones you saw in the van. However, given the history, the index of suspicion for a degree of animal neglect is raised; in discussion with owner, you would need either to involve the appropriate authority or ascertain the condition of the other dogs yourself.