Workable Answers: Expanding Knowledge Around Euthanasia: A Review of Blue Juice: Euthanasia in Veterinary Medicine, by Patricia Morris

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Workable Answers: Expanding Knowledge Around Euthanasia


Patricia Morris’s ethnographic research surrounding euthanasia in veterinary medicine thoroughly addresses the ethical challenges and moral and behavioral constructs surrounding euthanasia as a pivotal and frequently encountered point of care. In Blue Juice: Euthanasia in Veterinary Medicine, Morris effectively describes the complexity, frustration, confusion, emotionality, and inconsistency encountered daily by veterinarians who must make decisions about ending the lives of their patients. As “participant observer,” Morris clearly describes the tension inherent in small companion animal practice wherein “companion animals fall along a continuum somewhere between objects and individuals, between persons and non-persons” (p. 174).

Blue Juice appears to be the most thorough and accurately depicted work surrounding euthanasia and the effect of euthanasia-related practice issues on veterinary practitioners. Morris’s work points to the inherent flaws in the veterinary education system concerning training around end-of-life issues and communications and especially around the compassion stress that is unique to veterinary medicine—the phenomenon wherein doctors must do their best to care for their patients and clients, often become emotionally attached to both, and then must euthanize many of those patients in whom much professional and compassionate energy has been invested.

Morris’s goal of providing “an account of veterinarians’ hands-on experience negotiating with clients and deciding when ending an animal’s life is ethically
appropriate” is well met (p. 10). Shadowing veterinarians at veterinary teaching hospitals and a private practice, Morris delivers an accurate and compelling narrative that highlights an essential ambiguity in veterinary medicine that is unique among health care providers: the animal is viewed as both the patient of the veterinarian and the property of the caregiver. As such, veterinarians must constantly negotiate with clients regarding diagnostics, treatment options, and end-of-life decision making. Morris points to the emotional toll, moral challenges, and frequent sense of helplessness experienced by veterinarians who must constantly weigh conflicting interests of clients and patients.

Morris identifies a significant weakness in modern veterinary education—the near nonexistent, nonstandardized, inaccurate, or inadequate training in thanatology (death/dying/bereavement), compassion fatigue, and end-of-life communication. Lack of understanding about grief responses, mourning, grieving styles, and the expected and unavoidable cost of caregiving exact a huge emotional toll on veterinarians. Ethical and clinical decision making are complicated by the lack of a consistent view of animals in society, consensus about what constitutes reasonable grounds for euthanasia, and tension concerning whose interests (human owner or nonhuman animal patient) must be prioritized.

Although Morris does not provide workable answers to these inherently complicated issues in veterinary companion animal medicine, she adroitly describes what veterinarians encounter. From debates over what constitutes “convenience euthanasia” to frustration about unnecessarily prolonging suffering when owners refuse euthanasia, *Blue Juice* describes the skill and adaptation necessary in “negotiating death” when veterinarians must “manage disagreement with pet owners” (pp. 19, 49). She describes the thoughtfulness and concern veterinarians and staff expend to provide the experience of a “good death” for both patients and the clients who accompany their animals.

In describing efforts to support owners around the time of euthanasia, Morris outlines the methods employed by veterinarians to support decisions to euthanize, to assuage guilt where appropriate, and to offer validation of the importance of the loss for clients. Indirectly, Morris addresses disenfranchised grief wherein society does not fully recognize the reality of intense grief reactions as being legitimate when the death of a pet is involved. She notes the essential role veterinarians play in providing what might be the only understanding for the depth of grief that a client may encounter, thus validating the loss so that clients are supported to mourn as fully as they need.

Morris describes the technical, cognitive, emotional, and communication skills that are necessary for “novice veterinarians” to “learn euthanasia” (p. 106). Although there is not a set curriculum to teach euthanasia as a global skill, there are effective professionally inculcated approaches that veterinarians individually and collectively adapt. Likewise, Morris describes “problem focused” and “emotion focused” strategies that practitioners employ to try to manage the “emotional
and moral stress associated with animal death and the practice of euthanasia” (p. 137).

Although there are minor errors in some medical terminology (i.e., “IP” or “intraperitoneal” injections of euthanasia solution are injected into the abdominal cavity, not the stomach), Morris clearly spent more than adequate time with veterinary medical teams so that the technical aspects of illness, trauma, death, dying, client interactions, patient care, and euthanasia are exquisitely and realistically relayed. Not all of her contentions are accurate. For instance, not all veterinary facilities take patients to a “designated treatment area” for “medical procedures more complicated than taking an animal’s temperature” (p. 60). Likewise, not all veterinarians believe that clients should always be present for a companion animal’s euthanasia. Some veterinarians believe that a client’s emotional distress regarding euthanasia can cause anxiety and distress to the companion animal being euthanized, and they also believe that most companion animal owners who truly love and care for their companion animals sometimes are simply not able to be present at a euthanasia, and there is no moral judgment made about such clients. There is wide variation in practice, and many veterinarians strive to be flexible in meeting individual needs of patients and clients.

Morris is thoughtful in describing the limitations inherent in ethnographic research. And although there are discrepancies (previously mentioned) in perspective and practice, these are minor and Morris’s work is an effective and eloquent description of the reality of the conundrum of euthanasia in veterinary medicine. Her brief mention of human euthanasia in reference to no-kill shelter euthanasia philosophy was difficult for this reviewer to follow, and it was perhaps not necessary to include it.

Of most interest for ongoing exploration may be the long overdue need for standardized and comprehensive education surrounding thanatology, compassion stress, and critical communication skills for both veterinarians and human health care providers. Additionally, the brief mention of “sharp ethical lines” drawn between veterinarians and their peers in other sectors of practice (shelter medicine, production animal medicine, laboratory animal medicine, international veterinary public health, and wildlife medicine) is critical to address (p. 152). The tenets of the veterinary oath and the mandate for veterinarians to serve both other animals, humans, disparate cultures, and society at large require interdisciplinary understanding and dialogue if veterinarians (as the experts in animal care and welfare) are to help people understand the complexities of our interactions with animals so that realistic, thoughtful, and ethical decisions can continue to inform the welfare of both animals and society.

I come to Morris’s work as a veterinarian practicing for nearly 30 years (primarily in the area of emergency and critical care), thanatologist, compassion fatigue educator, and spiritual care provider. As such, I am grateful for
Morris’s sometimes raw but ultimately accurate and honest articulation of the depth, breadth, and intensity of death/dying/euthanasia, emotional stress, ethical struggles, and moral challenges. She addresses well the extreme efforts by veterinarians to provide compassionate and professional care for both patients and clients. Morris’s observations are compelling, insightful, and artfully articulated. Her book should be required reading for every veterinary student, every veterinary educator, every veterinary curriculum committee, and all veterinary medical education accreditation organizations. Morris’s book illustrates why the time has come to provide in-depth standardized training around end-of-life issues to all veterinary students so that practitioners “first, do no harm” to patients or clients. Addressing the compassion stressors outlined in *Blue Juice* arguably would minimize ethical lapses and increase clinical competency associated with unmitigated compassion stress.

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