



End-of-Life Issues in United States Veterinary Medicine Schools

George E. Dickinson,^a Paul D. Roof,^b and Karin W. Roof^a

^a College of Charleston

dickinsong@cofc.edu

roofk@cofc.edu

^b Charleston Southern University

proof@csuniv.edu

Abstract

The purpose of this research endeavor was to determine the status of dying, death, and bereavement as topics within the curricula of the 28 veterinary medicine schools in the United States. Data were obtained via a mailed questionnaire (100% return rate). Results revealed that over 96% of the schools have offerings related to end-of-life issues, with 80% of students exposed to these offerings. The average number of hours students devote to end-of-life issues is 14.64, about the same as for U.S. medical and baccalaureate nursing schools. Topics covered most often are “euthanasia” and “communication with owners of dying animals.” Veterinary schools overwhelmingly note that dying, death, and bereavement are important topics. It might be helpful to veterinary medicine students if their own feelings regarding dying and death were addressed early in the curriculum and throughout class activities and clinical work. Veterinarians would likely relate better to animal guardians and to nonhuman animals themselves if they felt more comfortable with dying and death.

Keywords

end-of-life issues, euthanasia, veterinary school curricula

Veterinarians and physicians face many ethical issues, as both treat animals. Physicians solely minister to *Homo sapiens*, while veterinarians relate to both *Homo sapiens* and other animals. Indeed, veterinarians doctor “other animals,” but they must also interact with the human guardians of these animals. After pronouncing a human being dead, the medical doctor’s role with the patient no longer exists, as the follow-up functions are handled by medical staff, then a mortuary. The same is not true for veterinarians, however, as a client may ask the veterinarian to dispose of the body of the patient. Furthermore, except in the states of Oregon and Washington, physicians in the United States cannot

legally help a patient die, whereas veterinarians may often be asked to hasten the death of an animal.

Physician J. A. Knight (1983) suggested that the ethical and moral issues in veterinary medicine are broader and more complex than in human medicine, since veterinarians handle all the human problems plus the problems related to animal rights, suffering, and legal standing. Since animals have one-fifth the life span of people, veterinarians see death at a much higher rate than their physician counterparts (Hart & Hart, 1987).

Furthermore, unlike physicians, veterinarians have no time-honored emotional formulae on which to rely following an animal's death, perhaps contributing to "disenfranchised grief" (Fogle & Abrahamson, 1990). Unlike an individual who loses a friend or relative and receives outpourings of sympathy and support, a person who has lost a companion such as a cat or dog may be ridiculed for overreacting or for being foolishly emotional. Thus, grief at the death of an animal often cannot be openly acknowledged, socially sanctioned, or publicly shared—this is disenfranchised grief.

Yet humans appear to have an emotional bond to their companion animals that is not unlike what they experience with family and friends (Planchon, Templer, Stokes, & Keller, 2002). There are many similarities between grieving for a companion animal and grieving for a human, as reported by Weisman (1991): preoccupation was common; people reported mistaking shadows and sounds for their dead companion; they experienced guilt and ambivalence; and there were corresponding feelings of loneliness and emptiness during the grieving process.

Clinical exchanges in veterinary settings are also far more negotiative than those played out in human medical interactions (Sanders, 1995). Veterinary medicine is client-oriented rather than patient-oriented. In contrast to human medicine, the cost of potential treatments is a primary consideration in veterinary decisions, with the euthanization of the animal as a viable final option if the client determines that the treatment expense outweighs the emotional and medical consequences. The role of veterinarians regarding the death of animals, therefore, is significantly different from that of medical doctors and their dying and deceased patients.

Some 20 years ago, Weirich (1988) observed that veterinary schools were not routinely training new veterinarians in methods of dealing with the problem of the death of a companion animal. "Very little attention" was given to the formal teaching of euthanasia management, as most schools relied on clinic situations rather than actual instruction (Edney, 1988, p. 184). For veterinarians, "euthanasia implies killing in a painless or minimally painful

manner and, when at all possible, only to end suffering” (Rogelberg et al., 2007, p. 717). There is no sensitivity training in veterinary schools and no training concerning methods for the final disposition of the bodies of companion animals, noted Cooke (1988). Likewise, a study by Fogle and Abrahamson (1990) revealed that in England at that time, 96% of veterinarians responded that they had had no formal training in how to explain to a client that a companion animal was terminally or critically ill, and 72% felt that such training would be useful. Cooke also noted: “The prospect of performing euthanasia on a loved pet, with all of the attendant emotional possibilities, must be a chore that most veterinarians would rather not encounter” (p. 225).

The potentially disturbing psychological ramifications of euthanasia work are apparent, since this is a physical, technical, and emotional act (Rogelberg et al., 2007). To paraphrase Wanzer, Federman, and Adlestein’s discussion (1989) regarding medical doctors: the care of a terminally ill animal and his or her guardian(s) is an art that should have its fullest expression in helping with the technologically complicated medical environment surrounding them at the end of life.

Veterinarians encounter the problem of making the decision to end an animal’s life when the desires of the human guardian are often difficult to identify (Edney, 1988). Like other professionals dealing with end-of-life issues, veterinarians are concerned about discussing euthanasia and giving bad news to the human guardians of companion animals. When putting a companion animal “to sleep” is being contemplated, Nieburg and Fischer (1982) suggest asking the human guardian whether the animal can do the things that he or she once enjoyed; whether there is more pain or more pleasure in his or her life; whether the animal has become bad-tempered and snappish as a result of old age or illness; whether the animal has lost control of his or her bodily functions; and whether the person can afford the expense and time involved in keeping the sick companion animal alive. Whatever the final decision, this is not an easy choice for an individual to make. From the veterinarian’s perspective, the most legitimate reasons for euthanizing a companion animal revolve around the animal’s quality of life (Sanders, 1995). The final decision, however, rests with the human guardian. For those who do make the decision to euthanize their companion animal, at first there is a feeling of regret for having given permission for euthanasia, despite illness or incapacity. According to Weisman (1991), this regret should not be interpreted as an indictment of euthanasia but rather as an expression of how guilty human guardians feel about their power of life and death over their beloved companion.

The purpose of this research is to determine the current status of dying, death, and bereavement within the curricula of the 28 veterinary medical

schools in the United States. Are veterinary schools today preparing future veterinarians to deal with end-of-life issues? Is euthanasia management now addressed, as it was not in 1988? Research (Porter-Williamson et al., 2004) has shown that instruction about end-of-life issues can make a difference in a positive way for medical students in relating to patients and their patients' families. Could the same not be said for veterinary medicine students?

Method

A survey was mailed to the deans of the 28 veterinary medicine schools in the United States. (One can never have certainty, however, that the target participant is the person completing the survey.) The initial survey, accompanied by a cover letter and a return self-addressed, stamped envelope, was mailed in the fall of 2007, with three follow-up letters and accompanying surveys mailed over the next three months.

Queries included: extent of the topics of dying, death, and bereavement within the curriculum, number of teaching hours devoted to these topics, percentage of students participating in the offering(s), teaching method(s), professional background of the instructor(s), end-of-life topics covered in the curriculum, grief support/grief hotlines available in the area, opinion of end-of-life issues in the veterinary medicine curriculum, and opinion regarding having social workers or a licensed grief counselor on staff. End-of-life topics chosen were based on a previous survey of medical schools (Dickinson & Field, 2002) in the United States and the United Kingdom. The survey received approval from the Institutional Review Board for the Protection of Human Subjects at the College of Charleston and the Association of American Veterinary Medical Colleges' Executive Director's Survey Committee.

Results

Return rate for the veterinary medical schools was 28 of 28 (100%). When veterinary school deans were asked the greatest extent to which the topics of dying, death, and bereavement are represented in their curriculum, the results revealed that most did not have a separate course, but rather included these topics within the module of a larger course. When asked for the approximate number of teaching hours devoted to these topics within the curriculum, the average number (including core courses and electives) was 14.64 hours, with the percentage of students actually participating in the dying, death, and bereavement offerings averaging 79.75 (see Table 1).

Table 1. Mode and Place of Delivery for End-of-Life Topics (in percentages)*

<i>Delivery Mode</i>	<i>Percentage</i>
Offered as a separate course	14
Included in module of another course	68
Covered in "one or more lectures"	14
Scattered throughout several courses	11
Incorporated into clinical rotation	21

* Percentage totals more than 100 due to more than one option checked by some respondents.

Teaching methods used in the various end-of-life offerings were primarily lecture and seminar/small group discussions, followed by role-playing and audio-visuals (see Table 2).

Table 2. Teaching Methods on and Other Exposures to End-of-Life Issues (in percentages)*

<i>Teaching Method</i>	<i>Percentage</i>
Lecture	79
Seminar/small group discussions	79
Role-playing	54
Audiovisuals	50
Staffing of pet loss hotlines after training	11
Visits to a crematory	4
Providing direct client support	4
Panel of pet owners discussing euthanasia experiences	4

* Percentage totals more than 100 due to more than one option checked by some respondents.

When respondents were asked about the professional background of the instructors, they indicated that veterinarians themselves were the most frequent "teachers," followed by social workers and psychologists. Fifty percent of the presentations were team-taught by veterinarians and another professional, typically a social worker or psychologist, whereas 25% were offered by a veterinarian alone, and 25% were offered by a professional other than a veterinarian (see Table 3).

Table 3. Professional Background of Instructors for End-of-Life Issues (in percentages)*

<i>Professional Background of Instructors</i>	<i>Percentage</i>
Veterinarians	75
Social workers	36
Psychologists	36
Philosophers	7
Attorneys/veterinarians	4
Epidemiologists	4
Marriage and family therapists	4

* Percentage totals more than 100 due to more than one option checked by some respondents.

Regarding end-of-life topics covered in the curriculum, “communication with owners of dying animals” and “euthanasia” were found in all the veterinary schools that spend time on end-of-life issues. These topics were followed by bereavement, analgesics for chronic pain, and attitudes toward death and dying (see Table 4).

Table 4. Topics Covered in the End-of-Life Curricula (in percentages)*

<i>Topic</i>	<i>Percentage</i>
Communication with owners of dying animals	96
Euthanasia	96
Bereavement	79
Analgesics for chronic pain	75
Attitudes toward death and dying	64
Symptom relief in advanced terminal disease	50
Physical therapy	36
End-of-life hydration	32
End-of-life nutrition	29
Other	25
Stress, burnout, compassion fatigue	7
Hospice care	7
Palliative care	4
Mourning rituals	4
Hospice care	4
End-of-life decisions	4
Basic nursing care	4

* Percentage totals more than 100 due to more than one option checked by some respondents.

The inquiry about pet support groups/hotlines in the respondents' area revealed that 75% have these (one has an in-house client grief counseling service), 14% do not, and 7% did not know. When asked if "dying, death, and bereavement were important topics," 96% said "yes," and 4% did not answer. The statement "veterinary schools should have a licensed social worker on staff to relate to individuals dealing with the loss of an animal" had a response of 71% in the affirmative and 11% negative; 18% did not answer. One of the negative respondents said, "It would be wonderful, but we must balance priorities." Others answering in the affirmative said: "Our school is currently employing one"; "Have two full-time clinical counselors"; "Mental health professional more inclusive" (two respondents); and "If funds available."

Discussion

In three separate publications in 1988, Weirich, Edney, and Cooke pointed out that end-of-life issues were not emphasized very much in U.S. veterinary schools. Some 20 years later, however, our data suggest that the times are changing regarding end-of-life issues in these veterinary schools. All but one of the veterinary medicine schools offer something on end-of-life issues, with 80% of students being exposed to the offering(s). Such participation compares to 96% and 93%, respectively, in U.S. medical and baccalaureate nursing programs (Dickinson, 2007). The participation in end-of-life offerings is thus greater in nursing and medical schools than in veterinary medicine schools, but such participation simply means that the student came into contact with the topic, with possibly as little exposure as a brief lecture or discussion; the quantity of experience with the topic is not measured.

The most frequent curriculum offering is a module of a larger course (68%)—somewhat higher than in U.S. medical and nursing schools (55% and 46%, respectively; Dickinson, 2007). Fourteen percent offer a separate course on death and dying, similar to U.S. medical and baccalaureate nursing schools (18% and 16%, respectively; Dickinson, 2007). A separate course is obviously not the direction that most veterinary, nursing, and medical schools are going. With cost considerations and an already tight curriculum, it might seem more practical for schools to integrate end-of-life issues throughout the curriculum, rather than offering a separate course.

Knowing which books, journal articles, and other materials are used in the end-of-life offerings could be beneficial to programs wishing to evaluate these topics for inclusion in, or expansion of, their curriculum. Such information was not sought in this study, however, because the objective was to give an overall profile of the current state of such offerings in veterinary medicine

schools in the United States. Obtaining information regarding reading material, audiovisuals, and other in-class activities for end-of-life offerings is certainly an area in need of future research.

A lecture-based course on end-of-life care, integrated with reflective exercises, may prove to be useful in veterinary medicine schools. Such a course is offered for second-year medical students at the University of Iowa's College of Medicine (Rosenbaum, Lobas, & Ferguson, 2005). This lecture-based course has the students take part in four activities to promote self-reflection: (a) visualizing their deaths, (b) documenting their experiences with death, (c) writing essays reacting to course content, and (d) participating in teacher-led small group sessions. Analysis of essays and evaluations demonstrated that these activities allowed students to examine critically and discuss their experiences and concerns regarding end-of-life care. Such a variety of activities can be incorporated into a largely didactic curriculum to promote student reflection, thus forming a good basis for their practice with terminal illnesses and euthanasia.

A model euthanasia workshop was recently offered at Tufts University (Cohen-Salter, Folmer-Brown, Hogrefe, & Brosnahan, 2004). The few veterinary students who took the workshop suggested that it be integrated into the veterinary curriculum so that all students would have an opportunity to discuss euthanasia in depth. Ninety-four percent of students taking the workshop thought the workshop better prepared them for performing euthanasia.

The instructors teaching end-of-life offerings in veterinary medicine schools have a professional background primarily in veterinary medicine (75%). Medical and nursing schools in the United States more frequently use their own professionals in these offerings (96% and 100%, respectively; Dickinson, 2007). Certainly it is common throughout academe to bring in "experts" on particular topics to offer a team approach. The practice of veterinary medicine itself is relying on the "helping professions" of social work and psychology to augment their own backgrounds. U.S. medical schools have a similar approach, with nurses, theologians, social workers, and psychologists most often used; U.S. baccalaureate nursing schools, however, overwhelmingly have only nurses as instructors, with "outsiders" occasionally brought in (Dickinson, 2007). Different perspectives can perhaps better enlighten the students regarding end-of-life issues and enhance their ability to relate to these situations.

Veterinary schools average 15 hours on end-of-life issues. This is very similar to the average of 14 hours in U.S. baccalaureate nursing schools (Dickinson, 2006a) and 12 hours in U.S. medical schools (Dickinson, 2006b). One could argue that 15 hours gives limited education on end-of-life issues, yet that would be equivalent to a one-hour credit in academe. Eighty percent of students participate in the dying, death, and bereavement programs; thus the

overwhelming majority have some focus on these issues. This is certainly more than 20 years ago when Weirich (1988) asserted that veterinary medicine schools were “not routinely training new veterinarians” (p. 208) to deal with the problem of the death of companion animals.

An example of a school where considerable emphasis is given to end-of-life offerings is the University of Illinois’ College of Veterinary Medicine. First-year students have 2 hours of classroom lecture; second-year students have 28 classroom hours on bereavement issues; third-year students have a 1-hour lecture/videotaped role-playing on client relations; and fourth-year students have 20 hours on oncology clinic teaching rounds with half-hour lectures each week.

As noted earlier, simply saying that a topic is “covered” in the curriculum does not indicate the degree of coverage, which was a limitation of this study. Future research might address this shortcoming, thus giving a better profile on end-of-life issues covered in veterinary medicine schools. Nonetheless, the topics covered most frequently were “euthanasia” and “communication with owners of dying animals” (96%). Euthanasia is less often covered in U.S. medical and nursing schools (51% and 66%, respectively; Dickinson, 2007), as it is less an integral aspect of these two professions.

In addition to covering the topics of euthanasia and communication with the human guardians of dying animals, the majority of veterinary medicine schools present other topics such as bereavement, analgesics for chronic pain, and attitudes toward dying and death. Therefore, the majority of today’s graduates of U.S. veterinary medicine schools are being made aware of many end-of-life issues. Awareness is a first step in being able to deal with a situation. Obviously some students, such as those enrolled in the program at the University of Illinois’ College of Veterinary Medicine, are receiving many hours of such exposure, while others are receiving as little as two and a half hours. Something, however, is better than nothing! One respondent summed up the significance of including end-of-life issues in the curriculum:

With this ever-evolving bond between people and companion animals and the availability of euthanasia, training and understanding of grief or loss issues is integral for healthy practices, healthy vets and healthy clients. To ignore this reality in veterinary training is inconceivable. Clients need vets to be knowledgeable, compassionate and informed about life and death issues and vets need to understand the impact on themselves, staff, and clients to better care for all throughout their practice life.

Veterinarians are consistently ranked among the most trusted members of society (Prasse, Heider, & Maccabe, 2007). Accordingly, today’s veterinarians are expected, among other things, to provide ethical and moral guidance in

the care and use of animals. In discussing the future of veterinary medical education, Prasse and colleagues ask, "Are today's graduates adequately prepared to meet these challenges? Do they understand that these expectations exist even if the appropriate learning opportunities are not available in the curriculum?" (p. 1340). In *An Introduction to Veterinary Medical Ethics: Theory and Cases*, Rollin (2006) notes that veterinary medicine should be teaching ethics throughout veterinary school curricula so that graduates are highly sensitized to the issues they may encounter, both as individual veterinarians and as members of the profession.

How might veterinary medical education be enhanced for the students regarding end-of-life issues? Death anxiety and personal attitudes related to these issues are in part shaped during students' educational experience. Veterinary schools, therefore, have a golden opportunity to help students sort out their feelings toward end-of-life issues. Students need to think about their own values and beliefs and understanding of dying before they can be caring and insightful to others. They need to address how they feel about the dying process. Such an orientation (as is presented at the University of Iowa's College of Medicine, noted above) could occur early in the curriculum and continue to be addressed throughout class activities and clinical work. Through the inclusion of end-of-life issues in the veterinary school curriculum, a more humanistic outcome could be achieved that would help both the students and the clients with whom they associate. If veterinary medicine students can recognize dying, and ultimately death, as a natural part of the life cycle and feel comfortable with accepting care over cure with seriously ill animals, veterinary medicine schools will have made a major contribution to end-of-life issues in the 21st century.

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