

Probably each of us hear the words “I’m sure this is the hardest part of your job” from clients, meaning euthanasia, even from those who are in the process of euthanizing their own animals. I myself appreciate the sympathy, though I don’t have the heart to tell them that I may well have three or four things that will prove to be harder for me that day alone.

Has euthanasia become too “routine” to me and many of my colleagues? Or does it slowly wear us down, we practitioners that have spent so much education and idealism on preventing and treating illness, now actively ending the life of an animal that has (most often) been dearly-loved? Is it too easy to remain “clinically detached,” or is the frequency of euthanasia in my practice slowly exhausting my soul? It’s all of these, and it’s complicated. As a small animal practitioner, I have four brief reflections on euthanasia:

1. The Veterinarian’s Oath and the Hippocratic Oath are different. While I would be happy to have a full-throated discussion on the ethical quandary that exists between animal and human euthanasia, I’d rather talk about the legitimacy of euthanasia as an ethical option within the tenets of the Veterinarian’s Oath. While the Hippocratic Oath focuses on healing disease as its overarching goal, ours adds a powerful principle related to the “relief of suffering.” Those who must make wise choices about non-human animals know that we are stewards of the animals who depend upon us. When pain is intractable, when quality of life issues are irreconcilable, when a prognosis for recovery is grave, then our Oath tells us that we have a responsibility to make a decision that allows for *quality* of life to trump *quantity* of life. Those in human medicine must grapple with the consequences of these sorts of choices within their own Hippocratic tradition. We in veterinary medicine have a ready answer for why this choice is different for our beloved cat or dog than it might be for Grandma: our Oath readily accommodates it as part of wise and kind stewardship of animals.
2. Veterinarians will inevitably find ourselves conflicted at times because we have multiple ethical obligations. We have obligations to our patients, but also to our clients (the ones who pay us, return with other animals to us, write about us on Facebook and review us on Yahoo, but who are also fellow human beings and, often, our friends and neighbors to boot). On top of this, we have obligations to public health, to our profession, and to our own moral paradigm and conscience. That’s a lot of obligations (and it’s probably not all of them). We need to stop feeling so bad about the fact that we can’t have a perfect response to everyone. Except in “black-and-white” cases, we often will let down someone or something on that list.
3. Veterinarians run two opposite risks in euthanasia decisions. We may become too cavalier in ending things, losing our awe at the power of life. Sometimes we have no choice—there is no space for this old and seemingly-unadoptable pet at the shelter, there seems no way to socialize this aggressive and terrified dog. But performing repeated euthanasia can erode the core of our idealism and lead us to give up too soon on some animals. To engage this as the norm feeds into a cynicism that says our profession cannot make a difference and reinforces the belief of our wider culture that says that animals are disposable, both of which are awful conclusions. Alternatively, we may become “vitalists,” doctors who find that life must be extended at all costs. We need to reflect long and hard on what kind of guilt we may place on owners who may

bear their own shame at an animal's illness, or who need to be nudged toward a decision that will relieve pain and suffering in the face of a poor prognosis. The vast majority of health care costs in human medicine often come from aggressive (and often futile) end-of-life care. We need to examine ourselves for how much we encourage this same level of futility in our own patients. This is rarely greed-driven, by the way—rather, we are dedicated to getting our patients better, and the fact they often don't, along with their short lifespans, can make us feel like failures unless we try everything we can.

4. As much as I value (read: “find irreplaceable and am in total dependence upon”) my technicians, I am a doctor, and my responsibilities and privileges are different. I do not make euthanasia decisions for my clients (though they usually want my opinion, to be sure). But I also am not obligated to carry out their wishes if I have moral and ethical conflicts with doing so. I am not, in fact, their technician. I have to sleep at night, and, assuming I have met the obligations of my Oath to my patients, and have squared myself with the moral and practical impact of my choice, the decision made by an animal owner is not my responsibility. As a profession, we ought not allow bullying of veterinarians by individuals or groups, and the autonomy we have as professionals must be respected by the public—and each other—as we work through complex issues. Euthanasia may not be the hardest part of my day, but it may be the most difficult issue of our careers.