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NEWSLETTER

AMERICAN ASSOCIATION OF HUMAN-ANIMAL BOND VETERINARIANS



President's Message

Emilia Gordon, DVM

Welcome to our Winter Newsletter! I hope that you were able to enjoy the holidays with your loved ones, both two- and four-legged. Although veterinarians celebrate the holidays just like everyone else, we often find ourselves helping more animals (and their families) through end-of-life transitions during that time of year. Any veterinarian, vet tech, or other veterinary team member can share stories about this sad, "other" meaning of the holidays.

Whether it is because families try to "hold on" for one last gathering, budgets are tight, or there is truly a seasonality to serious illness, the holidays are often difficult for veterinary team members and those they serve. Inside this newsletter, you will find more information on resources for offering end-of-life care. Part of this is reminding caretakers and owners to care for themselves so they can care for their pets. Often, veterinarians and veterinary teams need this reminder too!

On a lighter note, we are very pleased to offer two exciting CE tracks in 2014. At NAVC in Orlando on Monday, January 20, Dr. John Wright will moderate Perspectives of the Veterinary Profession and the Human – Animal Bond. This track features diverse topics including how to bring pets back into your practice, getting started with pet therapy, and more. A full schedule can be

found inside this Newsletter. Please join us next week!

At AVMA in Denver on Monday, July 18, 2014, we will offer a track on models for providing care to financially challenged owners. The diverse speaker lineup includes representatives from all walks of veterinary medicine, including Dr. Michael Lappin speaking about zoonosis/infectious disease prevention and the human-animal bond. A full schedule will be available in our next Newsletter. Please save the date!

Our long-awaited website expansion at www.aah-abv.org will launch this month and will include new resources for pet owners and veterinary practice teams as well as easier-to-navigate membership forms and membership directory. Please get in touch at connect@aahabv.org if you have any feedback or requests for the site.

Last but not least, veterinary student membership to AAH-ABV is now FREE! We are also in the process of starting a sponsorship program to help fund human-animal bond speakers in veterinary schools. Please help us spread the word, and if you are a veterinary student, faculty member or an AAH-ABV member interested in serving as a speaker, and would like to learn more about this program, please e-mail us at the connect@aahabv.org address.



Dr. Emilia Gordon with Solo.

Thank you for being a Member! None of this work would be possible without you. Sending best wishes for 2014.

Ethics Exhaustion in Veterinary Medicine

By: Sonnya Dennis, DVM, DABVP (c/f)

I pondered the concept of Ethics Exhaustion while developing a lecture I would be presenting at the Third International Veterinary Social Work Summit on Compassion Fatigue this past spring. There was an abundance of information on compassion fatigue, but I felt that something was missing. Those of us in tune with the Human-Animal Bond are already quite familiar with the definitions of Burnout and Compassion Fatigue. We may already know the difference between a Moral Dilemma (“Sophie’s Choice”) and Moral Distress (Andrew Jameton, 1984), but these do not describe an issue that I have identified in friends and colleagues. Burnout may cause decreased job satisfaction, but it does not change how we see the world. Compassion Fatigue may lessen our compassion over time, but it does not address those who still feel empathy. Moral Distress describes a helplessness, but deals with finite situations in a world of regulated human medicine. None of these address a chronic strain to personal beliefs; they barely address the detriment to a profession as a whole.

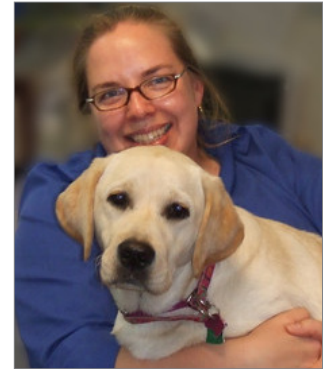
Ethics Exhaustion is my term for this unique problem. I define Ethics Exhaustion as fatigue, emotional distress and lack of will to continue to act in a way that is consistent with what you believe to be the ethical thing to do. It is having failed to square behavior with belief so often that you no longer care to try. It is not a lack of or inability to feel compassion or act in a compassionate way; rather, it is the consequence of having repeatedly been prevented from acting on what you believe

is the compassionate, caring, ethical thing to do. Ethics Exhaustion is as unique a problem to Compassion Fatigue and Moral Distress as chronic pain is to acute pain.

Repeated stressors along opposing force vectors (how do we prioritize the competing forces of our human client versus our animal patient, our boss versus our profession, our profession versus our self or our family) can lead to Behavioral Drift. This term is used in psychology to describe a deviation from professional and ethically acceptable behavior leading to coercive interrogation techniques and arising from high stress situations where there is insufficient ethical guidance or oversight. Interesting: high stress situations and insufficient ethical oversight. I simply use it as a mismatch in belief and behavior: “I feel I must do this action, even if it isn’t the right thing to do.” This must not be confused with a true change in belief. We, as scientists, know that our understanding of the world evolves - rats do not spontaneously generate from a pile of garbage. The question to ask is, “Did I change my beliefs or just my actions?” It is one thing to actually change what you believe to be ethical, yet another thing entirely to believe one thing but to do another.

Suppression of feelings and denial contribute to Ethics Exhaustion. There may be some reading this that would say, “That is not me! I would never do something that I did not feel was right.” That may be true, and you are a rare person. Yet Cognitive Dissonance is real; we’ll get to Dr. Milgram in a moment.

Some of us may come to a point



Dr. Sonnya Dennis

where we no longer even try to do the right thing. Learned Helplessness (Seligman, 1965) has been demonstrated in numerous circumstances including cases of domestic violence. When we feel we have no choice but to conform to an act that we do not believe in, can we develop an Ethical Learned Helplessness?

How can all this happen? I am sure there are many contributing factors, but I think it starts with our innate obedience to authority (Milgram, 1974). We don’t start by saying that we will blindly do whatever we are asked, regardless of how we feel. Veterinarians can be some of the most independent, stubborn folks that I know. No one ever thinks he or she will give in, even today, forty years after this was demonstrated otherwise. Dr. Stanley Milgram summed this up with this comment, “Often it is not so much the kind of person a man is as the kind of situation in which he finds himself that determines how he will act.”

That is the rub. The situation in which you find yourself often determines how you act. If we are aware it can happen, we can try to fight it. If we have a support network, we can try to avoid it, but it does and will happen. Are the excuses I hear signs of Ethics Exhaustion? We may feel as though we are too tired to continue to do

what we believe is right. We think, “No one else cares, why should I?” or “Might as well do it otherwise someone else will.” Or the classic obedience to authority, “It is not my fault, I was just following orders.”

We can list numerous examples. Perhaps a boss who insists you perform ear cropping when you believe it is ethically wrong. “What if I lose my job?” Which is more important: a dog’s ear length or family fiduciary responsibility? Perhaps you are faced with a colleague who no longer caps/masks/gowns for surgery. “If I confront him, will I strain a friendship?” How about the ever present financial pressure to do it all for (almost) free; how do I practice good medicine with no money? How frustrating was the program about veterinary care on 20/20? My personal one is when I am asked to euthanize a pet with a treatable illness (or no illness at all): what if I lose my client, my job or my self-esteem? Why am I crying over this animal, but the owner is not? Indeed, what happens when the Human - Animal Bond affects you more

than the pet owner?

The consequences of Ethics Exhaustion extend from the individual to our friends, our family and our profession. Why is the staff turnover rate and suicide rate in veterinary medicine so high? Is this one of the factors? All of the issues in the human medical field are vastly more regulated than in the veterinary field. Rules and roles are not nearly so well defined in veterinary medicine.

So what can we do as individual practitioners? We don’t want or deserve a pat on the head and a placative statement that we have all been there. We don’t want absolution, we want resolution! We need a wider recognition of the problem, but one person cannot change the mindset of an entire profession. What I can do, though, is recommend that we talk about this. It is too easy to look at idealistic new graduates and quash those ideals that we, ourselves, used to hold as truths. Bringing this into the open reduces the pressure of obedience to authority. Ethics tends to be a taboo topic.

Polite dinner conversation does not include religion and politics (or raw diet). These topics must not be relegated to whispers. We grow personally, and as a profession, through dialogue and idea exchange. I could enter here numerous aphorisms like team work makes the dream work and there is no “I” in team, but that may just annoy the previously unnamed elephant in the room.

These thoughts only barely begin to uncover the damage that this can cause to an individual and to a profession and how the world perceives that profession. Ethics Exhaustion may be co-morbid with Compassion Fatigue or, perhaps, chronic Compassion Fatigue can lead to Ethics Exhaustion. Personally, I would love it if these feelings and symptoms would just go away; however, denial is not a cure. My goal is a healthier, happier professional and profession so that we can continue to love what we do.

Sonny Dennis, DVM, DABVP (c/f):

Dr. Sonny Dennis received her DVM from the Virginia-Maryland Regional College of Veterinary Medicine and is a Diplomate of the American Board of Veterinary Practitioners in canine and feline practice. She serves as a Director on the Board of the American Animal Hospital Association, and is currently active on the AAHA Veterinary Informatics Committee and AAHA Diagnostic Terms Editorial Board. For over 16 years, she has been the owner and a full time veterinarian at Stratham-Newfields Veterinary Hospital, an AAHA-accredited companion animal family practice, located in the Seacoast area of New Hampshire.

Note from the Editor:

Laura Baltodano, DVM

The theme for this newsletter is end-of-life care. This is a very emotionally charged and critical time for pet owners. This newsletter covers the human-animal bond as it pertains to this subject. I have also included part of an excerpt from an end-of-life care webinar series that I developed for AAHA. It can be viewed in its entirety at this link if you are a [veterinary student or are AAHA accredited](#).

I have included a sample client bond assessment form, quality of life assessment and euthanasia protocol checklist. Additionally, there are articles on hospice care, body care and “ethics exhaustion” that I hope you will find useful and informative.

The upcoming spring newsletter will be on therapy animals. If you have any requests or recommendations, please feel free to contact me. I hope that you had a wonderful holiday season and wish you a wonderful and prosperous new year!



Commentary: Taking Animal Hospice Care to the Next Level

By: Kathleen Cooney, DVM

What is Animal Hospice?

Hospice is best regarded as a philosophy of care or a framework for decision-making. Hospice focuses on a patient's comfort rather than treatment aimed at a cure when that outcome is no longer expected. The goal is to maintain the animal's well-being and dignity at the end of its life. As a patient's condition requires treatment, preserving quality-of-life takes precedence over extending life. Hospice is not denial of care. Hospice recognizes dying as a normal process, whether or not it is a result of disease, and sees the end of life as an opportunity for growth. Hospice exists in the belief that patients in the last phases of life deserve this care so that they might live as fully and comfortably as possible. Through appropriate care and the promotion of a caring community sensitive to their needs, patients and their families may be free to attain a degree of mental and spiritual preparation for death that is satisfactory to them.¹ The patient's condition may continue to be addressed directly, but heroic measures causing significant distress are to be avoided. The terms "animal hospice" and "veterinary hospice" are interchangeable.

Animal hospice also addresses the needs of the pet's caregiver(s) and other family members. By supporting both the patient and family, the human-animal bond can remain strong throughout the dying process and beyond. It is important to note, however, that when the preferences of the family counter the best interests of the patient, the needs of the patient are of prime importance.² The veterinarian's role as a patient advocate is vital even at the

end of an animal's life.

The exact services provided through animal hospice are case-dependent. Examples could include:

Veterinary Care for Patient

- pain relievers
- anti-nausea medications
- antibiotics
- anxiety relief
- acupuncture
- nutrition and hydration support
- palliative surgery or radiation therapy
- euthanasia

Nursing Care for Patient

- urning
- bathing
- medication administration
- assistance with movement, eating, drinking, urination, and defecation

Family Support

- information sharing
- grief counseling
- respite care
- assistance with decision-making and planning
- memorialization
- body care after death

In truth, defining animal hospice and determining how it differs from conventional end-of-life care is still a work in progress. But regardless of its ultimate definition, animal hospice should be seen as an alternative to premature euthanasia and to the prolonged suffering that can result either from isolating an animal in intensive care or from inadequate treatment. Hospice emphasizes the terminally ill animal's quality-of-life, provides the family



Dr. Kathleen Cooney

precious time with the animal, and helps the family cope with the approaching death of their beloved companion.¹

Due to its all-encompassing nature, providing hospice services can also appear overwhelming. Human providers have dealt with this obstacle by taking a team approach. An animal hospice team might include veterinarians, technicians, assistants, pharmacists, grief counselors, and of course family members. The team approach to animal hospice can also alleviate the uneasiness that some veterinarians feel about relying so heavily on families to provide the level of care needed to keep a terminally ill animal comfortable. Animal hospice specialists are becoming increasingly available nationwide. As of 2013, 200 services were listed in a nationwide directory of in-home euthanasia providers, many of which offer home hospice care as well.³

How Can Animal Hospice Improve?

Hospice is an underutilized tool in veterinary medicine. Until recently, end-of-life care has been limited in its scope. After diagnosis of a life-threatening condition, caregivers have typically had to pick between three options: 1) aggressive treatment, 2) euthanasia, or 3) limited palliation followed by euthanasia once quality-of-life is no longer acceptable.

Veterinarians may have been reluctant to expand their services into animal hospice care for several reasons, not the least of which is the newness of the field. Many doctors have little experience in advanced end-of-life care and are uncertain how to proceed. Educational opportunities in animal hospice have been few and far between, but this is beginning to change.

The development of standards of care and protocols, which is already underway through the International Association for Animal Hospice and Palliative Care, is essential. Respect must also prevail on both sides of the debate over the role of euthanasia in hospice care. Professionals who practice animal hospice in a way that closely mirrors human hospice should affirm that, when used appropriately, euthanasia is meant to end an animal's suffering with death being the unwanted outcome.⁴ Traditional veterinarians should also be open to the option of natural death as long as the patient is impeccably supported throughout the process.

Increased emphasis on the use of teams is critical. With more community involvement, though, veterinarians should remain the team's medical guide at all times. As families begin to reach out for help with animal hospice care, a lack of veterinary involvement in their community will cause families to look elsewhere

Kathleen Cooney, DVM:

Dr. Kathleen Cooney is owner of Home to Heaven, an in-home pet hospice and euthanasia service in northern Colorado, and helps an average of 50 families per week. She is the Vice President and conference coordinator for the International Association of Animal Hospice and Palliative Care (IAAHPC).

and this could invite substandard care providers into the mix. All veterinarians are encouraged to learn about hospice for this very reason alone.

This is a time of great evolution and momentum within animal hospice. As pets become more adored as family members and surrogate children, their entire lives will be handled with the utmost care and respect, and this includes the time around their deaths. As with any new leap forward, lasting change will take time, but by working together, we have the opportunity to improve the level of care a pet receives from the time it develops life-limiting disease to the moment the family says goodbye.⁵

Footnotes

a. inhomepeteuthanasia.com

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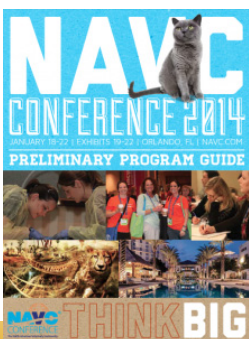
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HAB Track

MONDAY, JANUARY 20, 2014

TIME	AMERICAN ASSOCIATION OF HUMAN ANIMAL BOND VETERINARIANS
Elanco	
8:00 - 9:15 AM	Taking Pets Away From Dr. Google (Fear) and Putting Them Back in Your Practice Marty Becker
BREAK 9:15 AM-9:55 AM	
9:55 - 10:45 AM	Getting Started in Pet Therapy: Healthy Pets Helping People Lisa Freeman
10:55 - 11:45 AM	Quality of Life in Heart Disease Lisa Freeman
LUNCH 11:45 AM-1:45 PM	
INDUSTRY LUNCH	
1:45 - 2:35 PM	Human Animal Bond: Ups and Downs Steve Dale
2:45 - 3:35 PM	Universal Human-Animal Bond Scale: Explained A - Z Alice Villalobos
BREAK 3:35-3:55 PM	
3:55 - 4:10 PM	Panel Discussion: Perspectives of the Veterinary Profession and the Human-Animal Bond Marty Becker, Steve Dale, Lisa Freeman, Alice Villalobos
4:15 - 4:30 PM	
4:35 - 4:50 PM	
BREAK 4:50-5:30 PM	
EVENING SESSIONS	
zoetis	
5:30 - 6:45 PM	Cases Up Front: On-the-Spot Workups of Actual Itchy Patients Karin Beale, Craig Griffin, Wayne Rosenkrantz



**JOIN AAH-ABV AT NAVC IN ORLANDO,
FLORIDA ON MONDAY, JANUARY 20, 2014
GAYLORD PALMS RESORT & CONVENTION CENTER**

Select our HAB Track at NAVC

Understanding All Aspects of Body Care and the Final Arrangement Process

By: Coleen Ellis

Buddy was very loved by his family. A “grumpy old cat” many called him, but his family called him their big lug of a love.

Furthermore, as you consider the other ways that you can make this inevitable process even more peaceful for pet parents, consider the marketing message that can accompany this increased level of care.

The love that a family has for their pet does not die when death happens. Furthermore, when families desire a final experience such as Buddy’s, the dignity and respect that pet parents want for their pet when their pet dies is heightened. They want to know that their pet’s body is treated respectfully, from either the minute that a pet care professional leaves the home with the pet’s body or the minute that the pet loss facility takes the pet into their care and throughout the final process. The old days of a black trash bag or any other garbage bag for the pet’s body is a thing of the past. Pet parents WANT their pet treated like a family member. Therefore, consider other ways that will leave pet parents with the peace of mind that their pet continued to get the same care that they gave to them in life.

In the human funeral industry, caring for a deceased body in a funeral home or cemetery is considered the utmost honor. Doors are labeled with “Employees Only” so that others cannot mistakenly enter into a room with a deceased body. Employees and team members proudly take an oath to profess the courtesy they will provide a deceased being during their final care process. The body is almost considered a



Coleen Ellis

sacred vessel. Therefore, think how you can mimic that same care and respect in what you do in working with pet families.

Furthermore, as you consider the other ways that you can make this inevitable process even more peaceful for pet parents, one can’t help but to also consider the marketing message that can accompany this increased level of care. Imagine telling a family “yes, we are the team that cannot imagine putting your pet into a bag like garbage. We will treat your pet like this...”

First of all, consider the use of a pet casket with a blanket branded with your company’s logo and a caring statement. Imagine families seeing you wrap their precious pet’s body in a beautiful fleece blanket, embroidered with your logo and the statement “Dignity and Respect” or “Wrapped In Love.” What a beautiful image. Furthermore, consider the other experiences that you can provide families in this area. If you are doing a home euthanasia, have the family accompany you out to your vehicle (make sure your vehicle is ALWAYS clean!), placing the pet appropriately with their face positioned towards the back of the vehicle, giving families one more opportunity to say good-bye. Also, the use of the casket mimics the

human side of death care, a process that many pet parents want when their pet dies. Back to the marketing message... “Yes, we are the company that will wrap your pet in dignity and respect.” If you are doing a euthanasia in the clinic, don’t hesitate to ask your pet crematory if there are other service options available for pet remains that can add the element of dignity and respect while in their care.

If a casket doesn’t make sense for you and your business, consider still using the beautiful blanket and possibly a stretcher. With this process, it still gives the family the peace of mind in knowing that their beloved pet continued to receive dignity and respect. Again, don’t forget to give the family that precious opportunity to accompany you to your vehicle for that one final beautiful good-bye or to spend as much time in a peaceful setting at your clinic, complete with candles, water features, and soft music. Consider too, if you are doing a home euthanasia and the family is saying their final good-byes, go back into the house and leave a beautiful flower or heartfelt note at the spot where the pet was lying. If the euthanasia is in the clinic, give the family something special when they leave, a flower, a card with a heartfelt note or a special CD with soft music and a note about their grief journey.

Families want to know that their final experience with their pet replicated the care and love that they gave to them during their living years. Let them know that you too will take those extra steps to make sure that this is accomplished.

Now that you have incorporated these very caring gestures to the standard operating procedures of your business, there are still more aspects of death care that should be reviewed. Whether you are using a pet crematory or pet cemetery, all of your caring work can quickly be unraveled with a process partner that will not continue to carry out the same level of care. As you consider pet death care facilities to partner with you, it is imperative to do your appropriate due diligence with these operations. The following questions and requests should be posed to every facility that you consider working with:

- Do you have an open door policy?
- Can I or my pet parents visit your facility unannounced?
- Do you perform true private

cremations – meaning one pet in the retort at a time?

- What other types of cremation do you do? Partitioned? Group?
- What is your tracking process with the pet's bodies?
- How are the pet's bodies held before cremation occurs?
- What happens to the group cremains?
- What does your Cremation Authorization Form look like?
- How will the cremains be delivered to the family?
- What does your form look like for families/pet care professionals to sign when the cremains are delivered?
- What types of memorialization products do you have available?

Lastly, in regards to your pet death care partner, when you are assessing which organization to use, remember it's more than price. If the price is too good to be true then it's probably too good to be true. Don't let your hard work and reputation ride on the choice of the cheapest business in town.

After all, that's not what your families wanted when they called you. Never confuse price and value.



Coleen Ellis:

In 2004, Coleen founded Pet Angel Memorial Center, the United States first stand-alone pet funeral home. Specializing in death care has allowed help thousands of families through the loss of their beloved furry friends. Since then, Coleen has been deemed by publications such as Kates-Boylston's Pet Loss Insider as the "United States most well-known pet funeral director" and "The Pet Loss Pioneer."

She extends her work in end-of-life care services for pets by playing a large role on the International Association of Animal Hospice and Palliative Care board and executive team as well as being a sought-after speaker in that organization.

In the fall of 2011, Coleen released her first book *Pet Parents: A Journey Through Unconditional Love and Grief*. Pet parents and pet care professionals nationwide are using the book as a resource, as an educational teaching tool and a source of comfort.

Bringing the Human Animal Bond to Life

By: Kathleen Ruby, M.Ed, PhD

Studies indicate that medical students become less empathic and more cynical as they proceed through training. Some of the reasons given suggest that stress, exhaustion, and a focus on science rather than live human beings all play a role in these distressing trajectories. Are these harsh realities mirrored in how our veterinary students, and ultimately the veterinary profession, relate to the Human Animal Bond?

Williams, et al (1999) study concluded that veterinary students see the relevance

of the Human Animal Bond, but didn't believe that they received adequate training to understand its implications. A study I did with a colleague several years ago looked at how vital veterinary students perceive the Human Animal Bond to be to their future career. Overall, our study echoed the result of this earlier study, with one caveat; we looked at both first and fourth year veterinary students and found a decrease in the perceived importance of the Human Animal Bond to veterinary medicine in the fourth year students.



Dr. Kathleen Ruby

As a veteran of 15 years on the faculty of a college of veterinary medicine, where I have taught classes in veterinary ethics, the Human Animal Bond and Society

... continued on page 8 ...

Bringing the Human Animal Bond to Life

and professional skills, I perceive that a majority of students matriculating have very little understanding of the bond and its implications to their future work. And though the bond is one of the main reasons veterinarians exist (certainly in the companion animal realm) and specialists in veterinary oncology, ophthalmology and neurology have a never ending line of people seeking their services, I do not think that most colleges know how to increase appreciation for and awareness of the role the depth of the bond plays in the lives of clients and their companion animals.

Why is this the case? I believe that it is partially due to the fact that there is not much intentional focus on the bond, what it means to our society and what it means to the inter-species families that veterinarians will treat throughout the course of their careers. Our colleges do an excellent job of providing adequate training in medicine, diagnostic skills and public health. We provide students with hands-on training in anesthesia and surgery. We expose them to a myriad of specialties, and encourage internships and residencies. In many colleges, we now teach sophisticated communications skills using simulated clients.

But what we don't do, is encourage students to look at the heart behind all of their scientific and medical training; the Human Animal Bond. I do an informal survey with our new freshman each year and ask them why they chose veterinary medicine as a career. Although about a third of them consistently say it was because they love and value animals, a much larger majority come into the profession because of a love of medicine and science. Given this, if a training curriculum doesn't challenge and

spark curiosity in our students, the very profession who society believes protects and encourages the bond, has never thought deeply about the topic.

Why is this so? I suspect it because a concept like the bond is difficult to teach in traditional, lecture based courses. The bond exists as a bridge between two species, and therefore does not lend itself to easy conveyance. Attempts to explore the bond with veterinary students often results in evaluations that describe the course as too "touchy feely". As an instructor, I have often felt between a rock and hard place as I urged students to reflect upon their own bonds with animals, their family's experience with animals, or working animals that they have known and respected. Although they go along with such training techniques, I have yet to see a student experience a "eureka" moment about the bond during such discussions.

How do we teach students to appreciate the depth and breadth that animals often play in the lives of their humans? How do we help them approach end of life care with the reverence and sensitivity that it, and their clients and patients, deserve? How do we instill them with profound appreciation for the human animal partnerships they will see throughout their career?

Excellent questions, all, and I'm afraid I haven't yet happened upon the magic answer. I have, however, watched the light bulb come on in the minds of many students over the years who have worked with me on our Pet Loss Hotline.

Building on the idea started by Washington State University's own Leo Bustad, who instituted a hotline of sorts for hospital clients which he, himself staffed, I created a course that explored human grief

and bereavement, difficult conversations, and end of life care. As students take the course, they work several shifts on our hotline. They receive calls and emails from people around the country. Our clients call before euthanasia to seek advice as to how to know when it is time. They share their dread and apprehension about losing their companions. They call after a loss or a euthanasia, astounded by the level of their grief. They call on the anniversaries of a beloved pet's death, as a new wave of grief overwhelms them. They call because friends and family urge them to "just get another pet" rather than honoring their very real grief.

At first, students are overwhelmed with the idea of talking to real people with real grief and loss issues. Most say that on a scale of 1-10, their apprehension ranks at least 11 as they face their first night on call. They worry they won't know what to say or that they will say the wrong thing. What they discover, is that their very best tools are gentle questions and active listening. As they talk with clients, learn their stories and hear the roles their animals played in their lives, they see the bond come to life. They cry with clients, normalize their grief, and encourage them to talk about the loss and the life that is no longer. Most of them do an amazing job. And, with this class, I never get an evaluation that states it was too "touchy feely".

I think this is because what the students experience is authentic. As they learn about grief, loss and the experience of saying goodbye, they hear clients describe in vivid detail, the very elements of grief that they have learned about in class. From these clients, they learn that grief does not end at the door of the veterinary

clinic after euthanasia. They learn that loss is not one big event, but rather as series of a thousand small losses that occur weeks and months following a death. They learn that our society, which appears to love its pets so much, often does a terrible job of supporting people through the loss of a beloved animal. They realize that the way euthanasia is conducted, and how end of life care is approached by the veterinary team, matters. It hits home. It becomes real.

One of my favorite recollections is of a student named Erick. Erick grew up on a farm and planned to work on dairy cattle after graduation. He told me he took the Pet Loss Hotline course because he needed to complete a service-learning elective and thought it might be easy credit. As each class came to an end, he'd come up and tell me that although he admired my passion for the topic, he just couldn't grasp how people viewed animals so differently than he did. In his mind, animals were tools, working beings with a purpose, a use and an ending. Although he and his family liked and respected their animals, he couldn't comprehend the kind of bond that I described in my lectures. I was impressed with his candor and his willingness to share his reality. We agreed to disagree until the end of the semester, after he had completed his sessions on the hotline.

As fate would have it, Erick was volunteering when he received a call that changed his perception, and perhaps his

life, as a veterinarian.

His caller was a Vietnam veteran who returned from the war with Post Traumatic Stress Disorder (PTSD). Try as he might, he couldn't reenter his old life. His demons could only be quieted through drinking, so drink he did. He lost his wife and children. He became estranged from his parents and siblings. Friends drifted away. As alcohol became ever more present in his life, he lost his job and his ability to pay his way. His despondency grew and he began to contemplate suicide. The more he thought about it, the more suicide seemed the right answer to stop his pain. He began to put together a plan to leave his life. As he walked out his door one morning, to begin to put his plan into action, he stumbled over a small bundle on his doorstep. The bundle was a tiny kitten wrapped in a blanket. The kitten looked so miserable and frightened that he took it inside, cleaned it up and fed it. Slowly, the kitten found its way into his heart. It gave him something to focus on outside of his despair. The kitten lived and became his best friend; his family. She filled up his lonely house and gave him a reason to get up every day. Although he still struggled with drinking and survival, Bella was always there for him, and he decided to live. That, he told Erick, was almost 20 years ago. He and Bella had a partnership unlike anything he had ever experienced and he credited her with saving his life. And, he said, Bella died yesterday and he didn't think he could face life without her.

He cried. Erick cried with him. He told stories that made his life with Bella come alive. They talked for two hours, and agreed to connect again the next evening. The caller told Erick that it meant a great deal to him that he could call and have someone who understood his grief and the depth of his loss.

The next day, Erick stopped by my office. His face seemed transformed somehow; gentler, warmer. "I get it now, Dr. Ruby. I see what you mean by the Human Animal Bond. The connection this caller had with his cat saved his life. I can't imagine the grief he's feeling after 20 years with her. I don't see how he can go on with a loss that big."

Erick continued to talk with his client throughout his most difficult time of grieving. The client eventually got a new kitten, after many long conversations and validation of his grief over the loss of his longtime companion.

What is the lesson here? Every veterinarian probably has had an experience like Erick's, where the bond suddenly comes to light, but it is easy to forget in the grueling day-to-day work of seeing clients and patients. And yet, our strength as a profession, resides in our continued celebration of the human/animal families that we care for on a day-to-day basis. Reflecting daily on this reality, and teaching our team members to do the same, could be the best investment we make in our practices and our patients.

Kathleen Ruby, M.Ed, PhD:

Kathleen Ruby, PhD, is a licensed professional clinical counselor with more than twenty-five years of experience in the counseling and educational fields. She has been a faculty member at the Washington State University College of Veterinary Medicine for the past 15 years, where she has served as the Director of Counseling and Wellness. She serves as course director for two courses; an ethics/issues course entitled Animals, the Veterinarian and Society, in which students explore all aspects of animal use and the vast spectrum of human animal interaction in today's world and Client Grief and Bereavement. Students who take this course work for a semester on the WSU Pet Loss Hotline to increase their competence in caring for clients with end of life concerns about their companion animals.

She also founded and is Editor-in- Chief of a peer-reviewed journal called Veterinary Team Brief, which draws from the research in personal and professional well-being, teamwork, career development and clinical communications skills and translates it into practical, every day applications for use by the entire veterinary team.

HAB in the News:

LITTLE SERVICE DOG HAS BIG JOB AS CARY GIRL GOES INTO SURGERY

By Martha Quillin - online at newsobserver.com

DURHAM — An important member of the team handling Kaelyn Krawczyk's surgery at Duke University Medical Center on Wednesday doesn't have a medical degree, or even a pedigree.

JJ the terrier mix was invited into the procedure room because her nose is more sensitive than any medical instrument at detecting when 7-year-old Kaelyn is having a dangerous allergic reaction.

"It was kind of logical, actually," said Dr. Brad Taicher, the anesthesiologist whose idea it was to get hospital

approval to accommodate JJ during the procedure, to make sure Kaelyn didn't go into anaphylactic shock. as she has done before. "Knowing what JJ could do, we realized that JJ was not much different from other monitors we use."

Except better.

Read Full Article: <http://www.newsobserver.com/2013/12/18/3470562/little-dog-has-big-job-as-cary.html#storylink=cpy>

TOKLAHOMA WOMAN, 'THERAPY KANGAROO' FIND NEW HOME

By Kristi Eaton Associated Press - online at azcentral.com

WYNNEWOOD, Oklahoma — An Oklahoma woman and her pet kangaroo have found a new home after battling a city council over her right to keep the animal.

Two years after fighting a city council in northeastern Oklahoma over her right to keep a "therapy kangaroo," Christie Carr found a home for her red kangaroo at an exotic animal park. And Carr has found some relief from her depression.

On a recent weekday morning at The Garold Wayne Interactive Zoological Park, Irwin, fresh from playing in the

dirt, sat on a cushy chair in a wooden pen next to Carr. He later fussed with Larsen, a baby Siberian tiger, in the staff house.

The new home, Carr said, is good for both Irwin and herself. He's able to interact with other people and some animals, and her emotional life is enriched by being around all the animals.

Read Full Article: <http://www.azcentral.com/news/free/20130831oklahoma-kangaroo-therapy-zoo-carr.html>



RESCUERS EVACUATING HUMAN, ANIMAL FLOOD VICTIMS WITH 'NO PETS LEFT BEHIND' MINDSET

By NEWStat - online at azcentral.com

After observing the emotional trauma people endured during Hurricane Katrina when they were forced to abandon their pets, rescuers at the scene of intense flooding in Boulder, Colo., and surrounding areas are focused on keeping pets and humans together.

According to ABC news, National Guard rescue crews are taking on the challenging evacuation and rescue mission with the mindset of "no pets left behind" because it is easier to persuade residents to leave if they can bring their beloved pets with them.

"After (Hurricane) Katrina, FEMA and first responders realized

that people are more hesitant to leave if they can't take their pets. So if a person is going to leave only with their dog, we're going to take that pet, whether it's a dog or chicken or goat," National Coast Guard Sgt. Nick Cornelius told ABC News.

Rescuers so far have followed through with their vow to evacuate animals of all shapes and sizes, ABC News reported.

Read Full Article: <http://www.aahanet.org/blog/NewStat/post/2013/09/20/229883/Colo-rescuers-evacuating-people-and-animals-with-no-pets-left-behind-mindset.aspx>

Tackling Euthanasia:

WHY WE NEED AN END-OF-LIFE CARE PROTOCOL

By Laura Baltodano, DVM

I would like to share with you a story from my days at the Washington State University Veterinary Teaching Hospital. It pertains to clients of mine that presented to the oncology service for a second opinion. After taking their dog “Abby” to multiple specialists in order to determine the cause of her illness, her owners learned that she suffered from a life-limiting disease. They really struggled with their options but, after much anguish and deliberation, they decided that best choice was euthanasia. What follows is an excerpt from my conversation with the owners regarding the euthanasia of “Abby” at her referring veterinarian’s practice.

“I’m so glad you are so passionate about end of life care and helping grieving animal owners. I don’t wish to be negative about anyone, but he is definitely missing this important piece. My vet is a specialist and in high demand, he travels a lot. He treated “Abby” more than anyone else; he had a Golden of his own, but has never called to say he was sorry for our loss. It was our first time meeting the vet who performed the euthanasia. She was very compassionate and sent us a nice card and paw print of “Abby”. It meant a lot, but I’m still surprised I never heard a word from our regular vet; after all, he had treated her many, many times. I can’t tell you how important this piece is to someone (like me). I will not go back to my vet for this very reason.”

There is something very important to be learned from this owner’s account of her experience. Maybe her veterinarian was never informed by his staff of “Abby’s” euthanasia, or perhaps he thought that the associate vet did a good enough job and he didn’t need to contact this owner. Regardless of the reason, this illustrates why it is so important that practitioners handle end-of-life care very thoughtfully, with the needs of the pet and the owner in mind. It is imperative to note that in this case, as in many others, the owner did not inform her veterinarian that she would not return to the clinic in the future.

Euthanasia is defined by the Merriam-Webster dictionary as “the act or practice of killing or permitting the death of hopelessly sick or injured individuals in a relatively painless way for reasons of mercy.” The word euthanasia in Greek actually means “good death”. Currently, there is no standardized, comprehensive, end-of-life protocol established for veterinary practitioners. Additionally,

because this important topic is minimally covered in the veterinary curriculum, practitioners are oftentimes left to learn on-the-job which may result in what educational research call “unconscious incompetence,” whereby a practitioner does not realize that he/she is not meeting the client’s needs and, therefore, believe that no further training is necessary.¹ My years of work with the WSU Pet Loss Hotline have shown me the gap between what the veterinarian perceives as a good client experience and what the client actually perceives that same experience to be.

While pet loss in-and-of itself is challenging for owners, there are ways that you can best prepare them to make difficult end-of-life decisions for their beloved pet. Ultimately, a good pet loss experience is going to depend on how the veterinarian and the veterinary team prepare for the end-of-life care of their patients.²

There are a number of key steps that must be performed by the veterinarian in preparation for end-of-life discussions with clients:²

1. Communicate clearly and effectively with your clients: Clients don’t always hear what you are saying when you deliver bad news. Veterinarians and their team deal with end-of-life cases on a regular basis. For clients, however, their pet is not just a “patient,” they are oftentimes their “baby”. Using terms they can understand, giving them time to digest the information, and realizing that they may not hear (or recall) a good majority of what you say is key in understanding how to effectively, and compassionately, communicate with clients during a difficult situation.

2. Complete a client-bond-assessment form: It’s imperative to determine your client’s bond to his/her pet; this will allow you to better understand your client’s need. This can be done by the veterinary practice team throughout the pet’s life and maintained using a client bond assessment form in the client’s chart for reference. Not all clients will have the same needs in terms of end-of-life care decisions.

3. Discuss all options: Guiding the client in making a good decision requires that you educate them with all appropriate options. Moreover, once they’ve made a choice, supporting their decision is critical. This may include possible treatment options, hospice care and/or euthanasia.

4. Speak openly about euthanasia: Many veterinarians are reluctant to bring up

... continued on page 12 ...



euthanasia. It is important to keep in mind that clients may at times feel hesitant to bring it up themselves or don't fully understand that euthanasia can offer their pet a "good death." By speaking openly with them, you will be better equipped to help them make the best possible decision for their pet.

Ultimately, the goal is to provide your clients with a good pet loss experience **before, during and after the euthanasia**. Helping clients make decisions that are in line with their personal values ultimately helps them be stronger during this difficult time and will help to bond them to your practice.

Before the Euthanasia Visit

A pre-euthanasia visit is important because it allows time to discuss the following: a quality of life assessment, end-of-life care options, what to expect during the euthanasia procedure, body remains options, and completion of necessary paperwork and payment during a less stressful period. During the pre-euthanasia visit, you would discuss what their goal is for their pet in order to develop the most appropriate end-of-life procedure for the individual pet. This is a good time to discuss the possible emotions they may feel and resources should be made available which provide support services. As an example, explore whether the pet could be made to feel comfortable for a certain period of time allowing the family to say goodbye. Remember not to argue, leave or change the subject if the client becomes angry or cries.² Staying calm, and actively listening for facts and feelings, is a useful way to determine what the client needs and what concerns should be addressed.² This would be a good time to determine when "it is time" to euthanize. Indeed, each pet (and situation) is unique and only the pet owner can ultimately decide what constitutes a good quality of life for their pet. However, it is your responsibility to educate clients and provide them with the appropriate tools with which to make this determination. Lastly, clients appreciate the opportunity to pay for the euthanasia and fill out the necessary paperwork at a time other than the day of the procedure.^{3,4} The client can be given the option to pay during the pre-euthanasia visit or to be sent a bill at a pre-determined time following the procedure. This allows them to grieve immediately following the euthanasia without the added stress of settling finances. This is also a good opportunity to develop a plan for how the client will leave the clinic after the euthanasia. Providing the appropriate tools, environment, and support for clients during this critical time can go a long way in establishing a powerful bond with them.

The Euthanasia Visit

Surveys have found that clients want the option to be present during the euthanasia.^{3,4}

However, one should not take for granted that all clients know what to expect during the procedure, even if they have witnessed euthanasia previously. One should also determine if there is a friend, family member or pet that they would like to have present during the procedure. If there will be someone besides the client present, the client should be educated on how to help others understand the procedure. Euthanasia is a very stressful and emotional time for both the client and the pet, as well as for you and your practice team. As such, it is suggested that, whenever possible, euthanasias be scheduled either early in the morning (before other appointments), at the end of the work day or during a quiet time of the day when there are no other clients around. This prevents the client from having the additional stress of interacting with other animals or clients in the waiting room. I have had clients tell me how much harder it made it on them when they had to interact with other pet owners in the lobby prior to euthanizing their pet. It cannot be stressed enough the value of being sensitive of your client's needs during this time.

An IV catheter for drug administration during owner-present euthanasia is a very important consideration.⁵ Having the IV catheter in place allows access for drug administration without intruding on the owner's last moments with the pet. In this way, neither you or your staff will leave the owner feeling "shouldered out" of their own pet's euthanasia as you attempt to hold off veins and administer medications.⁵ While a veterinarian may never have had a problem performing euthanasia without an IV catheter, avoiding even one "euthanasia gone wrong" would ultimately be worth it for the sake of the pet, the client and the veterinary practice team.⁵ Remember that an unexpected and traumatic experience can complicate the client's grief and they will be left with that as their last memory of their pet.⁵ With this in mind, the pet should be taken to the treatment area and an IV catheter placed in a hind limb. This will allow access to the front of the pet during the procedure so that the owner can have the opportunity to say goodbye. Alternatively, if the hind limb is not an option, the IV catheter can be placed in the fore limb and an extension set should be used. It is important to remember that while placing an IV catheter would be the standard of care, the use of the IV catheter may not be reasonable in a given situation. The best interest of the pet and of the client should be kept in mind.

At that time, a sedative should be given to the pet. Using pre-meds makes for a smoother euthanasia overall and is especially helpful for anxious animals. Typically, sedation can take approximately 5-15 minutes to take effect. This is a good time to take them back to the owner so that they have some additional

time to say goodbye. Make the pet presentable by wrapping them in a blanket, towel or pad prior to returning them pet to the owner.

Pacing is an important element to a well done owner-present euthanasia. Prior to beginning the procedure, ask the owner's permission to proceed. Be considerate by not asking if "they are ready" as clients will never really be "ready" so to speak. Some clients need a very gentle, "I believe it is time now" followed by "may I proceed". You may then begin talking through the procedure that you should have detailed previously. If the pet exhibits twitching, agonal breathing, etc., remind the owner that it is the body releasing energy as you had previously mentioned. You should pronounce the pet dead when appropriate.

After the Euthanasia

The majority of clients would like and/or expect their veterinarian to discuss pet remains options with them.^{3,4} Nowadays, there are a number of pet remains aftercare options available. Veterinarians should look into alternative methods for handling pet remains. For example, pet ashes can be stored in art, jewelry, boxes, or urns (some options are included in the resources section at the end of each module). Ashes can also be scattered at a favorite outdoor location that was significant to the pet. Additionally, suggestions should be made on how the client can memorialize the pet such as writing in a journal or submitting a story of their pet to a Pet Memorial. Veterinary practices could also consider making a donation to a Pet Memorial fund or plant a tree in honor of the pet. This can be accomplished by presenting the options to owners and providing them with brochures and information packets that will give them further details.

Afterwards, the client should be asked if they would like some time alone with their pet. If the client so desires they should be given time to say goodbye to their pet and instructed on how to let the practice team know when they are ready to leave (be proactive and ask for their wishes). This may be accomplished by placing a sign on the door that they can turn or by asking them to open the door slightly when they are ready. You and your practice team should express kind words of empathy prior to leaving the room. Once the client is ready to leave, they should be escorted out by a practice team member. It is important to note that most owners will not want their pet left alone in a room when they leave. Be sensitive to this by being prepared to take the pet with you as you leave the room if the owners are finished spending time with them and are ready to go. Treat the body with kindness and respect as owners will remember this. Ideally, the owner should exit out

a back or side door if there are other clients in the waiting room.

A vast amount of information is available to veterinarians concerning the significance of the human-animal bond, what clients need from veterinarians during the end-of-life care of their pet and the importance of end-of-life communication with clients. Nevertheless, many veterinarians are left to learn these important topics on-the-job or from mentors that may provide a positive or negative influence. Many veterinarians fall into a daily routine of addressing end-of-life care with clients and do not feel that they need any further training. Data supports the premise that client needs are not being met by veterinarians. By continually educating yourself on this topic, you can be the veterinarian that your clients need you to be during one of the most critical times of their lives.

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i A sample form is provided for you in this newsletter.

ii There is currently no set standard for quality of life assessments. A sample has been provided in this newsletter.

iii Clients who have been adequately prepared fair better during the procedure and interpret euthanasia in a more benign manner.

iv This may include: a designated staff member in your practice, a support group, a grief counselor, and/or a Pet Loss Hotline.

v For example, if children will be present, the client should be given information on how to explain to them what will happen during the process.

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Client Bond Assessment

This assessment is intended to assist the veterinary practice team in determining the level of attachment a client has with their pet. This should be filled out throughout the pet's life.

- 1) How old was the pet when it was obtained? _____
- 2) How long have they had the pet? _____
- 3) From where was the pet obtained _____
- 4) What role does the pet have within the household? (e.g. companionship)

- 5) Does the client consider the pet to be part of the family? (e.g. do they refer to the pet as their "child", "baby", "best friend")

- 6) Where does the pet sleep? _____
- 7) What activities does the pet participate in with the client? _____

- 8) Who else lives in the household? What relationship do they have with the pet?

- 9) Does the client have any other pets? If so, what is the pet's relationship with them? _____

- 10) Does the pet provide emotional support for the client? _____
- 11) Have any major life events occurred during ownership of the pet? (e.g. divorce, illness, family death) _____

- 12) Does the client currently have any compounding life factors? (e.g. stressful events)

- 13) Does the client feel closer to the pet than other friends and/or family? Describe pertinent details.

- 14) Does the client have family and/or friends that understand the relationship they have with their pet?

- 15) Has the client had friends and/or family with a similar illness as the pet? If so, explain.

Euthanasia Checklist

Have client schedule a pre-euthanasia appointment. Review client bond assessment prior to appointment if available or complete assessment during pre-euthanasia appointment.

Pre-euthanasia appointment:

- 1) Discuss client's goals for the pet.
- 2) Address quality of life including answering any questions or concerns.
- 3) Discuss end-of-life options.
- 4) Determine if they have been present at a euthanasia previously, ask about the circumstances surrounding the decision to euthanize, and ask about their experience with the procedure.
- 5) Discuss what to expect during the euthanasia procedure including the physiological aspects of euthanasia (e.g. the pet may: vocalize, twitch, take deep breaths, urinate, defecate; the pet's eyes will not close). Address any questions or concerns.
- 6) Discuss potential emotions that the client may have during the before, during, and after the procedure (e.g. normalize grief).
 - a. Provide brochures, informational handouts and information on support groups.
- 7) Determine if there is any other friend, family member or pet that the client would like present during the procedure.
- 8) Discuss body remains options (e.g. pet urns, art, jewelry, boxes, burial).
- 9) Discuss memorial options (e.g. journal, pet memorial website, planting a tree).
- 10) Develop a plan for how the client will leave the clinic after the procedure.
 - a. Encourage them to take the day off afterwards if possible.

- 11) Complete necessary paperwork and arrange payment.

Euthanasia procedure:

- 1) Place an IV catheter in the hind limb and/or use an extension set. Discuss this with the client in advance. Remember to consider the individual client and pet needs.
 - a. Make sure that the pet is presentable in a blanket, towel or pad prior to returning the pet to the client.
- 2) Ask the owner's permission to proceed with the euthanasia.
- 3) Talk through the procedure: voice when you are flushing the catheter with saline, a sedative, and finally, the euthanasia solution.
- 4) Pronounce the pet dead when appropriate.
- 5) Ask the client if they would like some time alone with their pet. If so, instruct them on how to let the practice team know when they are ready to leave.
- 6) Express kind words of empathy prior to leaving the room.
- 7) Escort the client out once they are ready to leave.

Post-euthanasia:

- 1) Call the owner one day after the euthanasia to see how they are doing and ask them if they would like a follow-up phone call.
- 2) Send client a personalized condolence card signed by everyone in the practice providing: support for the client's decision, sorrow for loss, positive memory of the pet and offer of further contact.
- 3) Mementos can be given to the owner in honor of their pet such as a clay paw or photo, and flowers or other forms of condolence can be sent to the client.

Quality of Life Assessment

It is the veterinarian's responsibility to educate clients and provide them with the appropriate tools with which to make a quality of life assessment. The following provides clients with a means of evaluating the quality of life of their pet.

Having the owner maintain a journal of the pet's life is a good way to establish the quality of life for the pet.

- Instruct the client to make note of the top 10 activities that the pet has enjoyed throughout its life.
 - » e.g. playing fetch, sleeping on the bed, going for walks, playing with another pet
- Have the client note other details about the pet's daily activities such as:
 - » Eating (e.g. does the pet exhibit its usual appetite?)
 - » Mobility (e.g. is the pet able to go up/down stairs? Can it stand up and walk normally from a sitting or lying

down position?)

- » Pain (e.g. does the pet enjoy being caressed?)
- Advise the owner to make note of the good days vs. the bad days:
 - » The good days - when the pet was able to perform its normal daily activities or do the things it loved.
 - » The bad days - when the pet was not able to perform its normal daily activities or did not have the desire to do the things it once loved to do.
- Communicate to the owner that once the bad days outnumber the good days, it would be prudent to re-evaluate the end-of-life plan for the pet at which time euthanasia might be the best option in order to provide the pet with a "good death".

BOOK REVIEW:

By: Emilia Gordon, DVM

Soldiers in Fur and Feathers The Animals that Served in World War I - Allied Forces

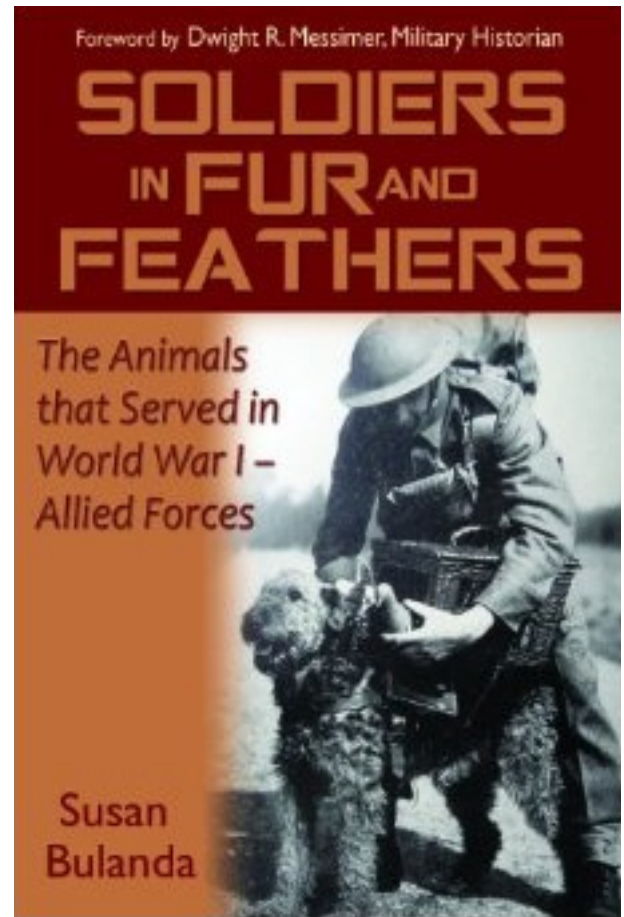
By Susan Bulanda

Review by Emilia Gordon, DVM

During World War I, armies of many nations used over one million animals. Susan Bulanda's *Soldiers in Fur and Feathers* is a fascinating account of the many ways animals served alongside human soldiers. Some are familiar, such as messenger and sentry dogs and artillery horses. Others are surprising, including transport camels, messenger pigeons, ambulance dogs who located the wounded bearing medical supplies on their backs, and "mascots" of many species who traveled with individual units.

These animals served under punishing physical conditions and persevered in their vital jobs even when facing injury or death. In addition to saving countless lives, these animals provided invaluable companionship to soldiers enduring the same physically brutal conditions.

Bulanda recounts the story of Resi the Collie, an ambulance dog who worked for the Germans in 1899. Resi, like many other ambulance dogs, had the job of searching battlefields for casualties after they had been thoroughly searched by human soldiers. The dogs often found additional survivors. They were trained to bring packs with vital first aid supplies to the



wounded, to return to the medical team with a small personal item for identification and to lead medics and nurses back to the injured men.

Bulanda's detailed yet concise text brings the human-animal bond to life. This book is an excellent resource for anyone interested in the incredible capabilities of animals and the powerful and universal bond between humans and animals.

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