



## AAFP Position Statement

### Euthanasia in cats in a clinical setting

Euthanasia is a term used to describe the ending of the life of an animal in a manner that minimizes pain, anxiety and distress. The American Association of Feline Practitioners defines death resulting from compassionate and humane euthanasia as the unfortunate and unavoidable consequence of the need to end suffering.<sup>1</sup> In veterinary medicine, euthanasia is the accepted solution to end pain and suffering when the cause for the suffering cannot be corrected.<sup>2</sup>

#### Moral and ethical considerations

Moral and ethical considerations are essential and inextricable components of the decision to euthanize the patient. This discussion includes:

- ❖ All ramifications of the decision to euthanize
- ❖ The welfare of the patient
- ❖ The welfare of the owner(s)
- ❖ The welfare of the veterinarian and the animal care staff

#### *The decision to euthanize*

- ❖ In the past four decades, the emotional bond between a client and their cat has become stronger and more important. This emotional attachment requires approaching the subject of euthanasia with respect, patience and empathy.<sup>3-6</sup>
- ❖ Whenever and wherever possible, the subject of euthanasia must be raised with the client long before the eventual decision. The discussion must focus on the quality of life of the cat in the overall context of its entire life. It is the moral and ethical responsibility of the veterinarian to raise the subject of euthanasia when the alternative is prolonged and unnecessary suffering.<sup>3,4,7</sup>
- ❖ Aesculapian authority is the uniquely powerful authority vested in those that society perceives as healers. Aesculapian authority may be deployed to assist the owner with the unpleasant but morally correct decision to end a life if the restoration of an acceptable and comfortable life is unattainable.<sup>3,4</sup> This authority should be deployed to further the best interests of the patient.<sup>8</sup>
- ❖ In many cases 'the emotional bond between the client and patient may be so strong, and the immediate situation so confusing, that the client may be unwilling

to critically appreciate the prolonged suffering a treatment modality might produce.<sup>7,9,10</sup> The veterinarian may have to guide the client to avoid losing sight of the wellbeing of the individual patient.

- ❖ Clients may need assistance to understand that cats are 'constitutionally incapable of conceptualizing quantity of life'. The cat cannot understand trading unnecessary pain for a longer life.<sup>3,4,11,12</sup> Such assistance will allow the owner to become the advocate for their cat by calling for an end to the suffering.



#### *The welfare of the patient*

- ❖ The owner and the veterinarian should be cooperatively involved in assessing the quality of life of the cat.<sup>1,3,4,12</sup> Attendant to this discussion is a mutual evaluation of the manifestations of the pain and evaluation of the suffering of the cat such as severity and duration of pain, and failure to participate in ordinary daily rituals that seemed important to the cat in the past.<sup>3,7</sup> Long before a decision to end a life is imminent, the characteristics that measure a good quality of life should be identified so that critical and rational evaluation of its decline can be made at a later date. Clients should be encouraged to think about and write down examples of indicators of their cat's enjoyment and quality of life.<sup>13</sup>
- ❖ Whenever possible, a general but flexible timetable should be introduced for the anticipated euthanasia procedure.

- ❖ Effective and consistent pain management and provision of appropriate hospice care are imperative until euthanasia is performed.<sup>3,4,7</sup>

#### *The welfare of the owners*

- ❖ The grief and distress of losing a beloved family cat can be as intense as the loss of a human family member because of the unconditional love and support experienced in the relationship. The veterinary team may be the only support the owner has if friends and family do not understand the depth of the attachment that is being lost.
- ❖ The euthanasia process should be explained in advance of the procedure in an empathetic manner by the veterinarian or a trained and experienced animal care employee. Final disposition of the cat's remains should also be determined in advance of the procedure.
- ❖ The client should be allowed to decide if they wish to be present during the procedure. Adequate time and privacy with their cat before and after the procedure should be allowed and encouraged.
- ❖ For those clients wishing for their cat to die at home, reputable at-home euthanasia services exist in many locations that can be recommended to the client.<sup>5</sup>
- ❖ Of critical importance is the avoidance of any unexpected technical or procedural complications during the euthanasia process. Every effort must be made to reduce or eliminate any pain or distress the cat might experience. Appropriately trained and selected animal care personnel are critical to this goal.
- ❖ Upon completion of the procedure, the veterinarian should remind the client that the decision to end the cat's suffering was correct, compassionate and timely. Empathetic validation of the owner's feelings may help reassure the owner that they have acted with compassion.
- ❖ Communication with the client after the procedure may alleviate any lingering doubts they may have. Phoning the client, sending a sympathy card or making a donation to a favorite charity in honor of the cat may help bring resolution to the client's grief.<sup>6</sup>

*The welfare of the veterinarian and animal care staff*

- ❖ The psychological and moral stress experienced by veterinarians and hospital staff is important and significant, and a key component of compassion fatigue. The caring–killing paradox experienced by animal care professionals often translates into anger, guilt, sadness and a sense of profound loss.<sup>3,9,14,15</sup> These feelings should be acknowledged and resources provided to help staff members achieve and maintain healthy caregiving.
- ❖ In-depth training in the procedures involved in euthanasia will help avoid any guilt associated with unexpected complications in the euthanasia process. Adequate training, appropriate responses to unexpected complications and suitable facilities will help ensure a smooth process.
- ❖ In addition to the client, the animal care professional staff should be reminded that euthanasia is necessary and the unintended result of the need to end the suffering of the patient.
- ❖ To minimize compassion fatigue and guilt associated with the caring–killing paradox, offer staff seminars discussing euthanasia by trained mental health professionals.<sup>3,4,12,14</sup>

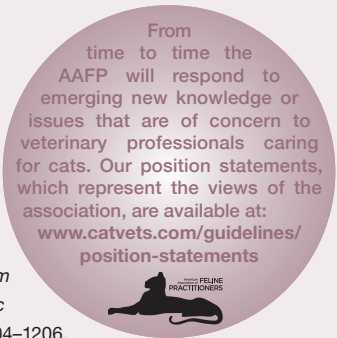
**Technical considerations**

- ❖ The primary goal in euthanasia is the avoidance of pain, stress and fear associated with the euthanasia procedure.<sup>3</sup> The American Association of Feline Practitioners strongly encourages patient premedication with the intent of providing anxiolysis and analgesia/ anesthesia in all euthanasia procedures. In addition, animal care professionals must be adequately trained in humane and safe restraint techniques.<sup>3</sup>
- ❖ Many premedicants, combinations of premedication drugs and anesthetic agents are readily available for parenteral use to provide analgesia and sedation or loss of consciousness.<sup>3</sup>
- ❖ The euthanasia location should be quiet with no traffic, with good lighting and adequate ventilation.<sup>3</sup> Once all the necessary drugs and supplies are assembled, the procedure should be explained to the client. Empathy, patience, respect and caring should be transmitted by all staff members in a generous way.

- ❖ Once the appropriate sedative, analgesic or anesthetic is administered, enough time should be allowed for it to take full effect. This will allow the client to spend time with their cat, and the ability to gain intravenous access for the administration of a barbiturate euthanasia solution will be maximized.
- ❖ Intracardiac or other intra-organ delivery of euthanasia barbiturates can only be performed in the unconscious or anesthetized patient.
- ❖ Intraperitoneal administration of a non-irritating barbiturate may be necessary or desirable under certain circumstances, especially in shelter situations. If this route of administration is chosen, the client should be prepared that a longer time before death will occur.
- ❖ Confirmation of death is paramount,<sup>3</sup> and failure to confirm death is inhumane. Checking for lack of a pulse, cessation of breathing, and absence of a heart beat and palpebral reflex can easily be accomplished during the client consolation process following the procedure.
- ❖ The American Association of Feline Practitioners believes the following methods of euthanasia to be unacceptable:
  - Inhaled agents
  - Physical methods
  - Non-inhaled agents such as potassium chloride or neuromuscular blocking agents
- ❖ Final care and disposition of the cat must adhere to local, state and federal laws.<sup>3</sup> Licensed cremation services are now widely available and are a popular choice for cat owners.
- ❖ Properly trained and licensed at-home euthanasia services are widely available, and recommendation of these services may be an appropriate choice in some cases.
- ❖ Euthanasia of unowned, abandoned and feral cats must be performed with the same caring and diligence as for owned cats. The American Association of Feline Practitioners believes that all cats euthanized in an institutional setting should be premedicated with a sedative or tranquilizer sufficient to eliminate the fear, anxiety and distress of the procedure. The pre-euthanasia sedative or tranquilizer may be administered orally or by injection, followed by an intravenous or intraperitoneal euthanasia barbiturate solution.

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