

Guide to euthanasia



BVA Guide to euthanasia

There are many definitions of euthanasia:

- 'The act or practice of putting painlessly to death'
- 'The action of inducing a quiet and easy death'²

Euthanasia does not include the slaughter of animals for human consumption or killing for sport.

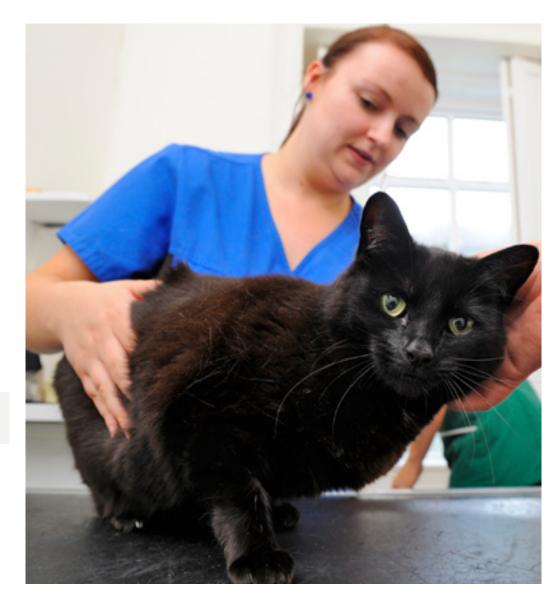
Euthanasia of an animal is an important part of veterinary work, although legally it is not an act of veterinary surgery.

Here we attempt to provide guidance for practitioners making euthanasia decisions:

- Legal aspects
- Quality of life and euthanasia
- Decision outcomes
- Decision Tree
- Euthanasia
- Further reading

Please see BVA's guide *The role of the vet in treatment choice decision-making* for discussions surrounding treatment options, not including euthanasia.

¹The Chambers English Dictionary ²The Shorter Oxford English Dictionary, 3rd edition. 1973



British Veterinary Association, 7 Mansfield Street, London W1G 9NQ Tel: 020 7636 6541 Email: bvahq@bva.co.uk Web: www.bva.co.uk

Copyright © 2016 British Veterinary Association. All rights reserved. No part of this publication may be reproduced by any process without written permission from the publisher. Requests and enquiries concerning reproduction and rights should be made to BVA at the above address.

Legal aspects

Quality of life and euthanasia

The Animal Welfare Acts 2006 (England and Wales, Scotland) requires owners and others responsible for animals to ensure that the welfare needs of their animals are met. The wellbeing of an animal is the responsibility of its owner.

The RCVS Guide to Professional Conduct lays out guidelines for the euthanasia of healthy animals and euthanasia without the owner's consent. It also includes specimen consent forms.

The BVA new graduate guide contains a section on communication and the practicalities of euthanasia.

An animal is the property of its owner, therefore once euthanased the carcase remains the property of the client and must be disposed of according to applicable regulations for the species. Please see BVA's advice on handling veterinary waste.

Sometimes euthanasia may be legally mandated. This is quite common for dangerous dogs, and is almost always the case for notifiable disease control (e.g. FMD and BSE). The decision whether to euthanase an animal cannot be made without considering what other options are available to the owner and veterinary surgeon (also see *The role of the vet in treatment choice decision-making*). Could the animal have a good quality of life with treatment, palliative care or by re-homing?

The question of whether death is in an animal's interest is not necessarily black and white, many cases will fall somewhere in the grey area between these two extremes. The solution to a particular situation will depend on many factors including the welfare outcomes for each available option.

Identical animals may benefit from different treatment decisions depending on the environmental situation of each animal. Often the decisions reached by a vet will have to take into account owner factors, including the ability to pay for treatment, as well as animal factors and more specifically what the owner will do with the animal if it is not euthanased.

An ill animal may be considered to be harmed by death if it could receive treatment that would improve its quality of life; but it would benefit from euthanasia if after treatment it would continue to suffer. An unwanted animal would benefit from death if it is likely to spend a long period of time in an unsuitable kennel environment. It may be argued that for animals, who 'live in the now³', quality of life is more important than quantity of life.

Some vets consider that death is not a welfare issue and believe that euthanasia is not a harm as the animal does not suffer poor welfare when dead. However, it is reasonable to argue that euthanasia is neither a benefit nor a harm (except that the animal is 'missing out on life'). Others might consider that an animal deprived of a positive quality-of-life is harmed by this deprivation.

Euthanasia is **absolutely justified** when there is no better option for an animal than euthanasia. Euthanasia could be described as being **contextually justified** when there is at least one better option available but the circumstances are such that it could not be taken, therefore euthanasia is the best available option.

There may be times when a vet could suggest many alternatives to euthanasia that would give the animal a good quality of life. If these were not undertaken the reason for euthanasia could be described as **non-justified**. There are occasions where the owner(s) of a healthy animal request it be euthanased. This presents a difficult ethical dilemma for many veterinary surgeons, who must consider both their duties to the animal and to their client. Vets may accede to this wish, but do not have to do so. Each case must be considered individually: there will be occasions where it is appropriate to advise or request another opinion and if euthanasia is refused, this should always be offered to the client.

³This refers to the concept that animals live, relatively speaking, in the present and unlike humans, do not wish to fulfil future hopes or ambitions. The implication of this is that it is vital to focus on the animal's current quality of life and not compromise this for some perceived (and possibly dubious) future benefit. Although humans can rationalise this type of sacrifice (such as enduring chemotherapy to enhance the likelihood of long term survival), an animal cannot.

Decision outcomes

Absolutely justified euthanasia For example, trauma: compound fracture of a long bone in a production animal, catastrophic head or spinal injury in a companion animal.

Where euthanasia is necessary, it is still important that vets ensure that clients consent to the euthanasia. Where owners refuse to consent to necessary euthanasia, vets must consider what action to take. Options may be communicated again to the client in a different manner and the suggestion that a second opinion is sought from an alternative vet may be made. Owners who continue to refuse to consent should be informed of the law and the consequences of their actions. The RCVS can be consulted for advice.

Contextually justified euthanasia For example, an animal has unpredictable aggression towards children or persistent 'animal worrying' or euthanasia on economic grounds.

When euthanasia could possibly be avoided by the owner, it is a matter of balancing the harms and benefits to the animal, the owner, other animals and members of the public. If an animal is euthanased because an owner will not provide basic care, then it may reasonable to educate the owner. It may even be advisable to report them to the police if they are responsible for causing the animal to be in a situation that required euthanasia.

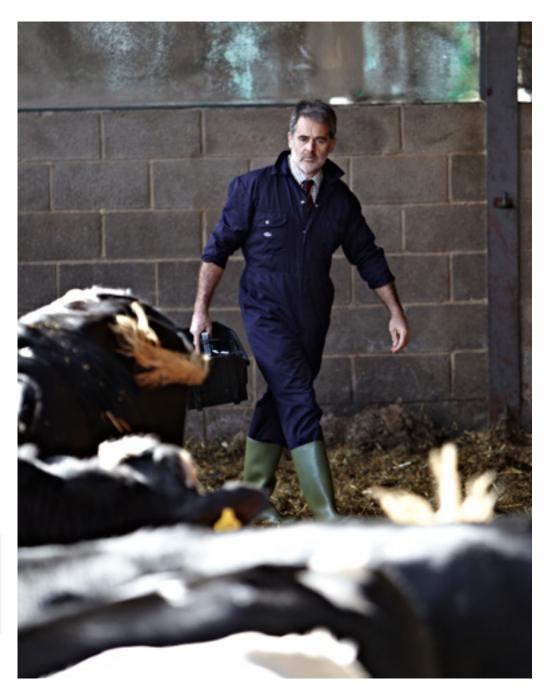
Non-justified euthanasia For example, an owner will not consider re-homing healthy animals.

Where a vet feels that euthanasia is not justified, then there is no reason for them to perform it, though a second/another opinion should be offered. Limitations on time or fears of damage to public relations are not legitimate reasons for killing an animal unnecessarily.

Owners may be encouraged to re-house an animal; however, if they will not take this option a vet should not be afraid to refuse to euthanase. In such an instance, a second opinion or a referral should be offered. If both veterinarians refuse euthanasia and it is a real danger that the animal would be abandoned or inhumanely killed, the RCVS can be consulted for advice. An option is to place an embargo on the decision for a defined time to explore alternatives, as applied in rescue centres.

See the **Decision Tree** to explore these options in greater depth.

Please see BVA's guide *The role of the* vet in treatment choice decision-making for discussions surrounding treatment options, not including euthanasia.

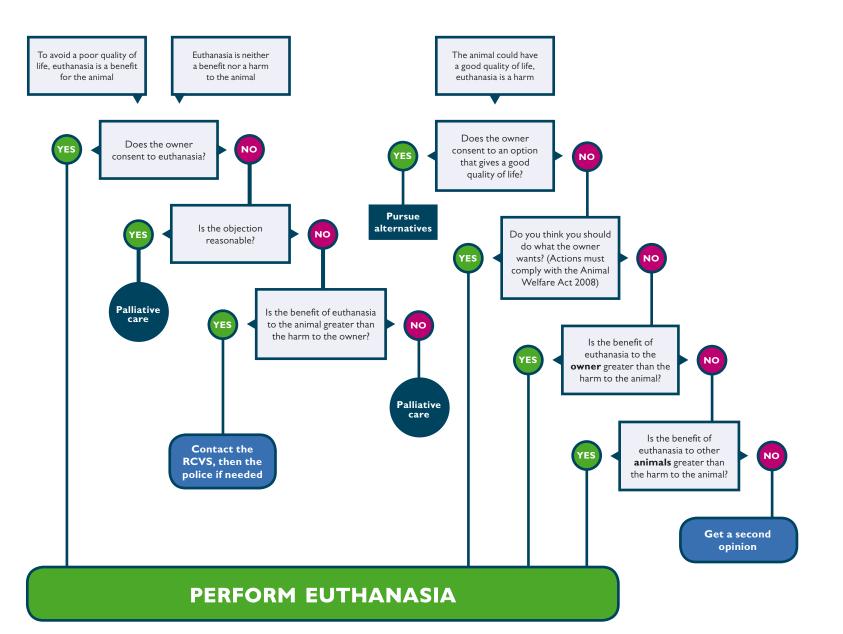


Decision Tree

This Decision Tree has been devised in order to give guidance to vets when faced with euthanasia as a management option for an animal under their care.

It may be useful to consider the following scenarios when using the Decision Tree:

- Owned but unwanted healthy animal.
- Owned terminally ill, suffering animal; owner wants euthanasia.
- Owned terminally ill, suffering animal; owner refuses euthanasia.
- Owned terminally ill, mildly suffering animal; owner refuses euthanasia; owner very attached.
- Owned terminally ill, suffering animal; owner not available.
- Owned animal with illness with minor effect on quality of life—for example, mild heart failure; owner wants euthanasia.
- Owned healthy animal with incontinence/ minor behavioural problem—owner requests euthanasia.
- Unowned wild animal with major injuries.
- Unowned wild non-indigenous species (for example, grey squirrel).
- Injured wild non-indigenous/pest species.



4 BVA GUIDE TO EUTHANASIA

Euthanasia

Consent forms

It is important to obtain a consent form from an owner when performing euthanasia. A template consent form is available (to members) on the BVA website. Explain to the owner carefully and sympathetically what they are signing and talk through with them what it means practically speaking in terms of payment, cremation options, etc.

Fees

It is important to communicate sympathetically to owners the cost implications of euthanasia and clearly explain fees. Some clients may wish to pay before the event so they can leave promptly and others may wish to pay in the consulting room rather than reception. Discuss these options with clients before the euthanasia. If payment is deferred offer for them to call in to pay at a later date, or if possible they may wish to call in at another branch surgery. Offer for them to pay when collecting the ashes if private cremation is chosen. If they request an account is sent then inform administration to send the account after a few days delay for sensitivity. You may wish to send a condolence card in one to two days, as condolence cards from the practice can help owners with grieving, or if they feel guilty for making the decision to pursue euthanasia they can be of great comfort.

Helping clients

Bearers of bad news may get the blame; do not take it personally. It is important to provide time for owners to adjust to the news/diagnosis unless it is an absolute crisis situation as owners need time to process the decision and clear communication is essential. Communicate clearly and avoid ambiguity. For example, the Veterinary Defence Society has received complaints where "put to sleep" has been taken to mean general anaesthesia. Discuss the process of euthanasia before the event, describe what the drug does, and that it needs to go intravenously. Explain that the animal is being helped to die peacefully and painlessly. Warn that occasionally injections can be problematic, and if it is, then intramuscular (i/m) sedation may be given to make the process go more smoothly. Tell owners what will happen:

- Hair clipped
- Intravenous (i/v) injection (which the animal may occasionally resent)
- Anaesthetic overdose in vein
- Will become unconscious, and then heart stops
- Warn regarding agonal gasping, urination, twitching, eyes open.

Always be sympathetic but not overly emotional, as owners need to see the vet coping with the situation. Speak to the animal by name and let owners have time with the body with or without your presence. Offer the owners the animal's collar, tag or lock of its hair.

Further reading

Click on the following links for further information:

BVA guidance on the Practice Standards Scheme Available at www.bva.co.uk

RCVS Code of Professional Conduct for Veterinary Surgeons Available at www.rcvs.org.uk

General Medical Council (2013) 'Personal Beliefs and Medical Practice' Available at www.gmc-uk.org

Broom, D M and Fraser, A F. (2015) *Domestic Animal Behaviour and Welfare* 5th edn. Wallingford, UK; Cambridge, MA: CABI.

Legood, G (2000) Veterinary Ethics. London; New York: Continuum.

Mullan, S and Main, D C J. (2001) 'Principles of ethical decision-making in veterinary practice', In Practice 23, 394-401

Main, D C J. (2005) 'Offering the best to patients: ethical issues associated with the provision of veterinary services', **Veterinary Record** 158, 62

Rollin, B E. (2006) An Introduction to Veterinary Medical Ethics: Theory And Cases 2nd edn. Iowa: Iowa University Press.

Rollin, B E. (2005) 'Ethics and critical care'. Journal of Veterinary Emergency and Critical Care, 15, 233–239

Rollin, B E. (2003) 'Oncology and ethics'. Reproduction in Domestic Animals 38, 50-53

