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From 2000 to 2006, Caroline Hewson was Research Chair in Animal Welfare at the Atlantic Veterinary College, Canada. Returning to practice in the UK, in 2013 she created *The Loss of Your Pet* client-care packs and *The Loss of Their Pet* team training, to help practices bridge the gap with bereaved clients without needing more time or personnel.

Grief for pets

Part 3: Supporting clients

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ABSTRACT: Dealing with clients' distress, especially at euthanasia, is one of the main stressors for veterinary nurses. However, few have had formal training in how the death of an animal companion affects clients, and how to communicate with them. This article introduces some practical approaches and wording that you might use to support clients at the end of their animals' lives.

Introduction

In an earlier article, I outlined the personal and situational factors that shape clients' grief for their animal companions (Hewson, 2014). One situational factor is our communication with a client at the end of their animal's life. What we say and how we say it can affect clients positively or negatively (Adams, Bonnett & Meek, 1999; Silverman, Kurtz & Draper, 2004; Morris, 2012; Remillard *et al.*, 2013). However, many veterinary nurses (and veterinary surgeons) have not received professional training in how to communicate with clients during animals' end-of-life and afterwards. Moreover, many veterinary practices lack a comprehensive strategy for client-care during this period.

Having neither training nor practice guidelines, veterinary personnel must rely on their intuition and experience. Many clients appreciate this natural sympathy, showing their appreciation with cards and gifts. However, effective professional communication involves much more than 'being nice' (Silverman, Kurtz & Draper, 2004). It is a learned skill that, in human medicine, is well proven to increase the satisfaction of patients and their families and the peace of mind of personnel, especially in palliative care and other high-mortality fields (Silverman, Kurtz & Draper, 2004). The same may be expected in veterinary medicine (Gray & Moffett, 2010; Latham & Morris, 2007).

Like animal handling or bandaging, effective client communication requires experiential learning, with supervised practice. As with other nursing skills, you cannot master it solely by reading,

attending lectures or watching others. However, this article introduces some useful concepts for communicating with clients when an animal is known to be coming to the end of his/her life. The main communication touch-points occur in these six areas:

1. breaking bad news of terminal illness or death
2. the period of palliative care
3. the pre-euthanasia consultation
4. the phone call during which an owner enquires about or books euthanasia
5. the euthanasia consultation
6. post-death client-care, including the condolence card and collection of the animal's ashes or remains

A detailed review of all touch-points is beyond the scope of this article, which will concentrate on breaking bad news and writing the condolence card.

Note that during any of the above six encounters, clients may display feelings of grief or, conversely, may respond in a very controlled manner. Neither is right or wrong, and only represents the individual's style of response to loss (Hewson, 2014). However, in all cases, three core communication skills are:

1. acknowledging emotions as they arise
2. normalising and validating emotions, and empathising
3. asking permission before broaching sensitive subjects (the animal's death; the client's feelings)

Box 1 gives general examples of wording you might use in each case. Box 2 illustrates the use of some them when breaking bad news.

▣ **Box 1** Examples of wording for three core communication skills in discussions with clients at the end of their pets' lives

Skill 1: Acknowledge emotions as they arise.

Visible sadness can be acknowledged directly, but the likely presence of other emotions such as anger are better suggested than identified.

- *I can see you are distressed.*
- *I can see you're upset.*
- *Many pet owners in this situation would feel angry, understandably. I wonder if you are feeling this?*

Skill 2: Normalise, validate and empathise.

- *It's very upsetting when you receive bad news like this.*
- *It's heart-breaking to have to think about saying goodbye.*
- *Many pet owners in this situation would feel let down, understandably. I wonder if you are feeling this?*
- *I'm so sorry we are having to have this conversation.*
- *I cannot imagine what you must be going through.*

Skill 3: Ask permission before broaching a sensitive subject.

- *Would it be all right if I...?*
- *Would you like me to talk you through...?*

Breaking bad news

Always remember that 'bad' news is from the client's perspective and relative to their expectations. It can therefore include something that, for us, is clinically minor (e.g., when a dog needs a final dressing change) but is very bad news for an owner (e.g., they have imminent holiday plans and the dog-sitter doesn't have a car, so the dressing change is difficult to organise). The following model is applicable in such cases, as well as those concerning the end of an animal companion's life.

While veterinary surgeons are often the ones to break news of death or terminal illness, veterinary nurses may also have to, especially in emergency cases when an animal may be agonal or dead on arrival, or when an in-patient has died overnight. Because sudden, unexpected or painful death can magnify grief, these clients need at least as much support as clients in euthanasia cases (Hewson, 2014).

▣ **Box 2** Theoretical example of wording for each step of breaking bad news in emergency context, using SPIKES format (client's responses are not shown)

Step 1: Setting

- *Mr and Mrs Client? I'm Jane, Jane Nurse. I'm the nurse who's been looking after Muffin. Please come in. Sarah Vet was hoping to see you, but unfortunately she has been called out on another emergency. Do sit down, please.*

Step 2: Perception

- *I know we haven't met before, but I can see from Muffin's history here what an important part of your life he has been and how wonderfully you've always cared for him.*

ACKNOWLEDGE EMOTION & GESTURE TO TISSUES

- *This must be very distressing for you and I do understand. It's very upsetting when your pet is suddenly taken ill like that.*

WAIT UNTIL TEARS HAVE STOPPED

- *Is it OK if we talk some more now?*

Step 3: Invitation (omitted)

Step 4: Knowledge

- *As you know, when you brought Muffin to us this morning Sarah was concerned about his tummy and kept him in to have some blood tests and an ultrasound scan. Now I'm afraid I have some difficult news to give you.*

PAUSE 3 SECONDS

- *Unfortunately the tests weren't what we were hoping for. We found Muffin has serious cancer. He has a tumour on his liver and in his other organs.*

ACKNOWLEDGE EMOTIONS

- *You don't need to apologise for crying, truly. I can see you love Muffin very much, and these conversations are so very hard.*

WAIT UNTIL TEARS HAVE STOPPED

- *Is it OK if I continue?*

- *I'm afraid the hardest part is to come: just as you were coming back to have this meeting with us, Muffin's heart suddenly stopped and he has died.*

PAUSE 15+ SECONDS SO INFORMATION CAN SINK IN. NORMALLY, WAIT FOR CLIENT TO SAY SOMETHING e.g. *You're saying he's dead?.* RESPOND SIMPLY AND HONESTLY e.g. *Yes, I'm afraid Muffin died just now.* THEN PAUSE ~5 SECONDS AND MOVE TO STEP 5.

Step 5: Empathy

- *I wish I wasn't having to give you this news. I'm so very sorry.*

PAUSE WHILE CLIENT CRIES

- *You've had a lot happen in a short time, and I can only imagine what you are going through just now.*

PAUSE 5+ seconds

- *It's a lot for you to have to bear. We are here for you.*

WAIT UNTIL TEARS HAVE STOPPED

Step 6: Summarise

- *Would you like me to bring Muffin through to you here so you can have some quiet time with him?*
- *Just before I do that, is there anything you'd like to ask me just now? I'll try to answer if I can and Sarah would like to talk with you when she gets back and when you feel ready—either here or on the 'phone, if you'd like?*

AS APPROPRIATE, ANSWER QUESTIONS / CONFIRM PREFERENCES FOR TALKING WITH SARAH

- *Shall I bring Muffin to you now?*

BRING MUFFIN

AFTER SOME TIME (and depending on the client) EMPATHISE

- *Tell me about Muffin. Did he come into your life as a puppy?*

AFTER SOME MORE TIME

- *Can I get you a hot drink or some water?*

AFTER SOME MORE TIME

- *Would it be OK with you if we talked about where you want Muffin's final resting place to be?*

PAUSE

- *You don't have to decide on that right away, but would you like to know what options there are for him?*
- *I'm wondering if there's any information I can offer you that might be helpful at this time. We offer this booklet about grief and support resources to everyone.*

SHOW THE BOOKLET.

- *Would you like one to take with you?*
- *Sarah will 'phone you when she returns. I'm wondering too if you'd like to come back and talk to us in a day or so—in case you have further questions, and we could talk about how you're all doing too. It can be hard at this time if people don't understand your loss. You don't have to decide now, but please know that you can always come in for that. I'll be here most of next week and so will Sarah, so you can just phone to arrange a time.*

PAUSE

- *What feels right for you just now?*

Broadly, bad news is best broken in a set sequence of steps. A common format uses six steps and is known by the acronym SPIKES (Baile *et al.*, 2000; Shaw & Lagoni, 2007). The acronym comes from the first letters of: Setting, Perception, Invitation, Knowledge, Empathy and Summarise. An outline of each step follows and Box 2 gives an example of how you might apply them.

Step 1: Meet the client in a supportive Setting

This may be impossible in emergency cases. However, make every effort to ensure privacy, comfort for animal and owner and lack of distractions. Some practices have a Quiet Room especially

for this purpose, with homely décor, comfortable chairs and a private exit.

A consulting room may be converted by moving the table so that it is not a barrier between you and the client, and arranging chairs in a circle. In all cases, have tissues clearly available because it is an important non-verbal affirmation that tears are to be expected and are normal. Having brought the client in, enquire if anyone else wants to take part, and then establish rapport with authentic empathy statements. Use the animal's history to guide you in saying words that show understanding of the client's bond with the animal.

Step 2: Understand the client's Perception

Next, find out how much the client knows. This demonstrates interest in them, and helps you anticipate how great a shock the bad news may be for them. Some owners may already fear the worst, especially in emergency cases. Others may not be expecting any bad news e.g., they think their young cat must only have bronchitis, but radiography has demonstrated tumours throughout the lungs.

Step 2 may often be omitted in an emergency case - if it is already clear that the animal is seriously compromised, and the owners are aware of this and

know the purpose of the procedures or evaluation that are the basis for your meeting.

Step 3: Get an Invitation to tell the client as much as they want to know

In a survey of 2008 bereaved owners across 45 practices in Switzerland, 2% felt they had been given too much information (Fernandez-Mehler *et al.*, 2013). It is a small percentage, but illustrates that some clients do not want details, just the main facts.

Step 4: Knowledge: Give the news

Include a brief summary of the events leading up to this moment, with a warning that bad news is coming. Then give that information *simply and without waffling*. Having delivered the news, pause for at least 15 seconds to allow the client to take it in.

Step 5: Empathise

Show empathy throughout and interrupt yourself to acknowledge the client's emotions as they arise (Box 1). Empathy is especially important as the client absorbs the bad news. It is important not to try and 'rescue' the client or 'block' their emotion by rushing to normalise it. Instead, acknowledge the reality of the situation alongside them and indicate that you are there to support them.

Step 6: Summarise

Helping clients to identify their and their animal's needs and to plan the next steps gives them a sense of support and control in a situation where many may feel isolated and overwhelmed. This is especially important in cases where euthanasia is needed, because some 50% or more of those owners can suffer from moral unease around their decision, in addition to feeling grief (Adams, Bonnett & Meek, 1999, 2000; Dawson & Campbell, 2009).

Moreover, on first hearing bad news, it can be difficult for clients to collect their thoughts and decide on after-care of their animal's body, or what their grief support needs might be. Where possible, a separate pre-euthanasia consultation is highly advisable for such a discussion. A survey of approximately 1600 UK owners of companion animals indicated that at least 80% would accept the offer of a pre-euthanasia consultation and be willing to pay for it (Douglas Muir, Pet Cremation Services, personal communication, April 2, 2014).

The pre-euthanasia consultation would normally involve a veterinary surgeon, so the client can review the medical aspects of the euthanasia decision e.g., why the animal's condition now precludes use of other drugs, or why treatments they may have learned about from the internet are not applicable. The rest of the consultation could be conducted by an experienced veterinary nurse. Such a consultation would include discussion of after-care options, the client's feelings - what to expect and how they may cope - and grief-support resources. These subjects are equally important in cases of sudden, unexpected death (Hewson, 2014) when the offer of a discussion in the days following may be helpful to clients.

In all cases, significant points in the planning stage of breaking bad news are:

- Offer written guidance about grief and grief support to each client (National Institute of Clinical Excellence, 2004). Do not make assumptions about who would accept it, but allow all clients to decide for themselves (National Institute of Clinical Excellence, 2004; Relf, Machin & Archer, 2010).
- Not all owners are likely to want or benefit from support that requires self-disclosure (helplines, counsellors). Therefore, include information about self-help resources, both websites and books.
- Note that the term 'counsellor' is unprotected and some qualifications do not involve the supervised practical work needed to ensure competence. Fully qualified individuals are members of the British Association of Counselling Psychologists. The Ralph Site (www.theralphsite.com) lists some.
- While most clients probably have others they can talk to if they wish, the Swiss research indicated that veterinary personnel were the primary support for 33% of the respondents (Fernandez-Mehler *et al.*, 2013). The same may be true in the UK. In such cases, listening without judging or trying to 'jolly along' the client is important. Thus, don't give instructions (don't say: *If you just...; Why don't you...?; I'd suggest you...*) or try to rationalize or minimize their loss (don't say: *At least you still have all your other animals; He's in a better place; Be thankful you had her as*

long as you did). It is better to listen actively and say little, and it is essential not to talk too much. When you do speak, acknowledge the personal nature and validity of the client's feelings.

Look after yourself

Supporting clients in this way can be draining. However, it is not your responsibility to give them hope for their animal's survival when there is none, or to "solve" or remove their grief. Nor is it necessary to ignore your feelings. In particular, if you feel unable to provide a listening ear to grieving clients who want to talk at length, it is better to direct them to another team member with that skill (with their consent) or to The Pet Bereavement Support Service.

Shedding tears of empathy is acceptable so long as your feelings do not become the focus of the exchange; if your client is very controlled, you should probably control your tears. If you do cry, do not allow yourself to break down; say something like *I'm so sorry to be giving you this news. I feel for you and I often shed a tear at these times, but it doesn't prevent me from doing my job*.

Note also that you and your employer share the responsibility of safeguarding you against emotional depletion and compassion fatigue. Another paper outlines some helpful approaches (Hewson, in press).

Condolence card

Many practices send a condolence card to bereaved clients, but some send a generic message such as 'With deepest sympathy from all of us at the practice'. This can strike a hollow note because the client may not know all members of the practice who, in turn, are unlikely to feel deep sympathy. Moreover, the client has, often, just paid the practice to euthanase their animal so a stock message of sympathy can seem very insincere. A more effective condolence card would be written by the attending nurse or veterinary surgeon and include personal elements, including (Penson *et al.*, 2002):

- a reference to the depth of relationship between client and animal, and the client's care for the animal
- a personal memory of the animal
- reassurance of your support

Concluding remarks

This article illustrates that effective communication with grieving clients is much more than 'being nice', and should never be a one-way delivery of information. Masterful communication is a learned skill. It follows an empathic and interactive pattern that acknowledges the reality of grief and accommodates different client needs and responses. The wordings given here are illustrative, not scripts, because each client interaction is unique. Interactive training and feedback are needed to develop the flexibility and skill to communicate appropriately with each client during every stage of the end of their animal's life, from breaking bad news to when the client collects the remains or ashes.

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