



Abigail Julia Gray RVN

After qualifying from North Highland College and registering with the RCVS in March 2014, Abigail stayed at her training practice Strathspey Veterinary Centre in the Scottish Highlands. In 2016 she relocated to Aberdeen and practices at Bridge Vets; Abigail works between their two first-opinion practices and enjoys running puppy parties, nurse clinics and supporting student nurses with their training. However, when the chance arises, she enjoys the opportunity to be in theatre at their sister practice Aberdeen Veterinary Referrals in Foveran. In 2016 Abigail completed her certificate from the Blue Cross as a Pet Bereavement Advisor.

Email: abigailjuliagr@hotmai.co.uk

Are bereavements giving you grief?

Abigail Julia Gray RVN

Bridge Vets, 55 Ellon Road, Bridge of Don, Aberdeen AB23 8ET, UK

ABSTRACT: Working as a Veterinary Nurse has many high points; however, there are sad cases too. If we are always caring for our clients and patients without giving ourselves time to rest and recuperate we will inevitably suffer with compassion fatigue. With structured and supportive frameworks we can continue to support our clients and protect ourselves as well.

Introduction

Sadly, euthanasia is a regular occurrence in veterinary practice (Vincent Hansling, 2012). Despite often hearing the words, "I don't know how you do it", "It must be difficult having to put patients to sleep", I often remind clients that it is never easy euthanising any of our patients. However – I will add – with time, experience and training you do learn to cope and deal with your emotions. The day that my feeling hardens and I stop caring is the day I need to stop working in veterinary medicine. The aim of this article is to provide a basic guide to grief, the importance of self-care and how protocols can help protect staff and clients.

Grief

The grieving process is a journey in which we re-build our life around the loss of a significant loved one. Bereavement is the physical loss of a pet, while your emotional response to this bereavement is called grief. To cope with these emotions we go through a practical process known as mourning. Although grief is an emotional response it can be expressed in many ways and have a huge impact on different aspects of life.

Examples commonly recognised in bereavement are:

Physical symptoms: headaches, lethargy, nausea

Mental symptoms: lack of concentration, memory loss, confusion

Emotional responses: anger, guilt, sadness, loneliness.

Anticipatory grief is also very common; this is the time before the physical loss of the pet. It is the moments when you notice the deterioration in your pet's health and realise that they may not be in your life for much longer. Anticipatory grief may be overlooked and misunderstood as it is commonly thought that grief happens after death, not before.

In addition to these expressions of grief there is one particular to pet bereavement, which is disenfranchised grief. If you were to lose a human family member you would have compassionate leave to attend their funeral, while, with pets, often no time is offered for a grieving owner. This can make bereavement of a pet a very lonely experience, as sometimes grief is unrecognised and unacknowledged. Psychologists have created models which help describe



Bridge Of Don
55 Ellon Road, Bridge of Don
Aberdeen, AB23 8ET
Tel. 01224 823227 Fax. 01224 707899
Email: clinic@bridgevets.co.uk

Portlethen
Unit 4, Muirend Road, Portlethen
Aberdeenshire, AB12 4XP
Tel. 01224 780815
Email: clinic@bridgevetsportlethen.co.uk

Figure 1. Bridge Vets logo

and categorise these emotions, aiding us in managing our feelings.

Kübler-Ross (1969) developed a model of grief which helps summarise the five main stages of anticipatory grief: Denial, Anger, Bargaining, Depression and Acceptance.

Denial: The initial stage in which you find it hard to come to terms with the situation. It may be the Veterinary Surgeon has given you a diagnosis which you don't understand, or it may be you find it difficult to accept and simply do not believe it is true.

Anger: The feeling you have against yourself for not doing something sooner to help your beloved pet, although sometimes nothing would have changed the outcome.

Bargaining: Where the owner can try to compromise with the animal, for example they may say to their pet if you just get better we can go on extra walks and get extra treats.

Depression can be split into two parts:

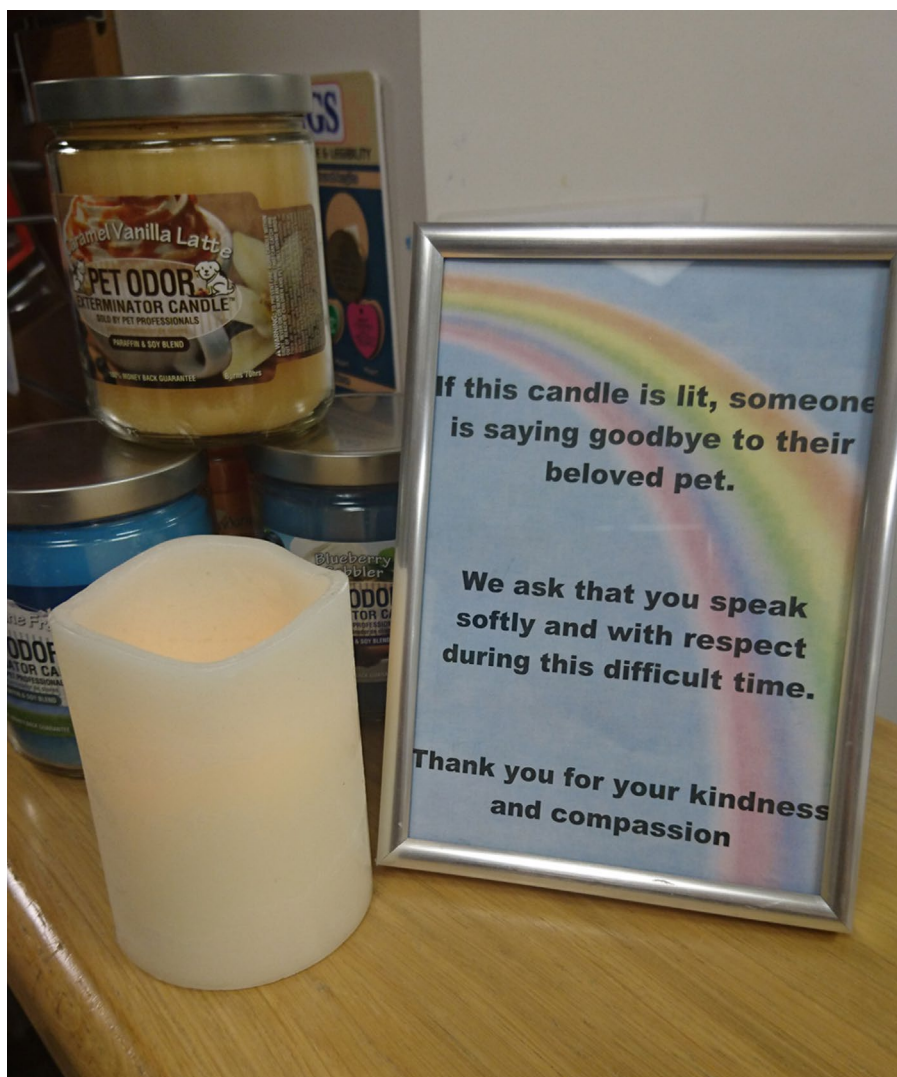
Reactive depression: Seen from the time of loss due to illness or prior to death while seeing the decline in ability of the pet.

Preparatory depression: Caused by the anticipation of loss.

Acceptance: Prior to death when the owner can see that euthanasia is best to prevent suffering or seen after death when the owner understand their actions were in the best interest for their pet.

It is important to remember that all these stages might not be noted; they are there to simply normalise the emotions you are experiencing, and you may re-visit the same stage more than once at different times in your mourning process.

It is during these stages where we can help prepare owners as to what is to come and support them in their options and choices. The circumstances leading to pet bereavement are vast. Some examples range from a young horse being diagnosed with grass sickness post-mortem, to an elderly dog that was born with epilepsy being euthanised due to heart failure. Whatever the



▲ Figure 2. Remembrance candle



▲ Figure 3. Blue Cross card



Figure 4. Blue Cross logo

situation, the initial grief is all-consuming. However, as we mourn and come to terms with our loss, we can relocate the emotions to memorable times in our pets' lives and learn to cope and move on with our lives. Clients judge the practice on how they are made to feel (Sheridan, 2016). The manner in which we deal with clients at this point in time can shape our professional relationships significantly, especially if they are to return to the practice with another pet.

Self-care – time for yourself, choose to be physically and mentally fit

Since studying grief and bereavement I quickly learnt that self-care is not selfishness, it is essential. If, like myself, you struggle saying “No” and are always trying to help others, you will never have time to self-care and replenish your body to be able to continue to help others. I find that repetition of a few positive habits will help soothe and make sure you're at your optimum – emotionally, physically and mentally (Bard, 2016). Self-care habits could be exercise, colouring in, extra bubbles in your bubble bath, anything that gives you enjoyment and time to yourself that in turn helps replenish yourself. This time will help prepare you for the difficult situations that may occur and also protect you from compassion fatigue. Caring too much can hurt: when we focus on others without practicing self-care, destructive behaviours can surface. Apathy, isolation, bottled up emotions and substance abuses are just a few of a long list of symptoms associated with the secondary traumatic stress disorder now labelled Compassion Fatigue (Figley, 2015).

Protocols

The procedure of euthanasia is straightforward, a simple overdose of anaesthetic; every Veterinary Surgeon (VS) has developed their own way of carrying out the task in a relaxed and caring way (Poli, 2016), but do we give enough thought about the aftercare?

I feel that it is of great importance to help the animal retain its dignity and prevent suffering during the procedure of euthanasia; however, there is a strong need for a standard operating procedure (SOP) to be in place to protect both bereaved clients and staff. It is a very sensitive subject and having clear guidance of how we should carry out these tasks (Ackerman, 2006) will only benefit all parties involved.

Hewson (2014) uses the financial loss to help prove her point. Evidence shows that there are three main areas where profits could be losing out, due to lack of training and over-reliance on intuition and experience. Firstly, our behaviour may unintentionally cause the client's grieving process to be more painful than necessary if the passing process is not handled correctly. Secondly, due to the time taken up by the compassionate euthanasia, you're running late for the following consults, frustrating clients who may be waiting at the practice for an appointment. Lastly, stress of staff and risking compassion fatigue. All these issues can be avoided or at least minimised when structure and support frameworks are correctly in place. Practices need to ensure their teams are trained in grief and client communication and implement an evidence-based client care policy (Hewson, 2014). These protocols can also involve what to do if you suspect a vulnerable client and how to handle payments (McParlin, 2012). Handling the “end of life process” is a primary goal for any veterinary practice, no matter their speciality (Anonymous, 2014).

Currently in our practice (Figure 1) we allow a minimum of 30 min for any euthanasia appointments. We have a candle (battery-operated) at our reception desk, beside a small verse explaining that when the candle is glowing please show respect and compassion as someone is saying goodbye to their

beloved pet (Figure 2). We also offer the option of the VS and nurse carrying out the task in the comfort of the client's home.

Conclusion – Blue Cross

The Blue Cross Pet Bereavement Support Service (PBSS) are the leading pet bereavement service in the UK, and can support your practice and help write appropriate SOPs along with training and support for staff. I feel that after completing the Pet Bereavement Advisor course, I am prepared to support my clients in an effective manner. I am not a counsellor, but I can listen and support clients and if necessary advise them to contact the PBSS phone line (Figure 3) or seek help from their GP. Often a listening ear is all that is needed. Often the client will not remember the words you say to them during this sad time, but they will remember the way you made them feel (Blue Cross Pet Bereavement Support Service, 2016) (Figure 4).

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