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Cultural challenges surrounding euthanasia in Hong Kong: an RVN's perspective

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ABSTRACT: This article discusses the ethical aspects that must be considered and rationalised when dealing with clients who, due to cultural or religious beliefs, do not want their pets euthanased and instead choose to take the animal home for a 'natural death'. Not all countries have the benefit of the robust animal welfare legislation of the UK, and RVNs working in other countries have to consider the ethical issues that they will face.

Introduction

The modern view of animal welfare protects the animal's rights, but in some contexts this may conflict with the owner's beliefs, and it is this ethical dilemma that RVNs increasingly face as they come into contact with owners from different cultural backgrounds. The moral obligation of priority of care owed to the patient, rather than the client, is an issue confronted on a daily basis in some societies.

Within Hong Kong, Buddhism is one of the dominant religions and forms the basis of one of the more popular cultures in this area (GovHK, 2013). The first Buddhist precept is to avoid killing or harming living things (O'Brien, 2014). However, a lack of knowledge or often understanding with regard to the suffering of animals presents an ethical dilemma, and it is here that the RVN needs to apply an ethical framework to comply with the owner's decision to take an animal home to die. As part of this, RVNs have to abide by the Royal College of Veterinary Surgeons (RCVS) *Code of Professional Conduct for Veterinary Nurses* (2014), five principles of practice, but additionally they may have to put their own ethical beliefs to one side.

The ethical dilemma

Animals are presented to the veterinary practice on a daily basis suffering from a myriad of conditions. In some cases there

may be no cure, with only palliative care or euthanasia being the options available to the veterinary surgeon. However, modern advances in veterinary science have meant that in some cases euthanasia can be postponed and life prolonged.

Most cultures and religions support the concept of veterinary medical intervention to alleviate suffering, thus providing the animal with comfort until it dies. However, as some cultures and religions, including Buddhism, do not support the taking of life and, by inference, euthanasia, the RVN needs to use an ethical framework to help and advise the owner on their decision-making process with regards to treatment or euthanasia. This does not imply a lack of concern or acknowledgement of suffering by the client, but rather the fundamental Buddhist belief that all beings should suffer in life as they do in death (Abe, 1995). The dilemma for the veterinary nurse is deciding whether it is a religious or cultural belief or simply a lack of understanding that causes the owner to refuse euthanasia as an option. In these situations the RVN needs to act as an advocate for the animal while respecting the owner's religious or cultural beliefs. However, advocacy can work both ways; it is not for the RVN or the owner to decide that the pet wants to die. This is a subjective concept that cannot be quantified. According to Legood (2006), understanding the way in which owners regard their animals helps nurses to gain a greater insight into other religions and customs.



One of the many Buddhist temples in Hong Kong



A pet in a pram – a relatively common sight in Hong Kong

Cultural diversity and religion

In the UK, we are raised with pets and with the knowledge that euthanasia in a veterinary context is an understood and accepted practice. However, it is a relatively new concept to the pet-keeping population of Hong Kong, and as euthanasia on humane grounds is not as generally accepted

or practiced within China, it is perhaps more difficult for clients to understand this concept. In Buddhism, an emotional energy bonds the owner and pet together: with some owners even converting their pets to Buddhism to assist them in the afterlife (AP archive, 2010). The belief that karma plays a role in the future and that animals have souls influences the decisions that Buddhists make on behalf of their pets.

Although not all Chinese families are Buddhist, many still adhere to a tradition of dying at home surrounded by loved ones within a comfortable environment (Chen, 2001). Furthermore, many pets are humanised and seen as family members, perhaps more so than in the UK where, although pets are considered family members, they are not perceived as human. This humanisation often results in owners dressing up their pets, pushing them around in prams, effectively seeing them as children. This has an impact on the RVN, as although the RCVS *Code of Professional Conduct for Veterinary Nurses* states that the client's requirements and needs are to be respected, in this scenario these may conflict with the animal's welfare.

Similarly, in the western world most clients wish for their pets to die a natural death at home, but when the pet is suffering, a decision can be made to alleviate that suffering within the home environment if necessary. However, in the author's experience, in Hong Kong this offer of a home visit is often dismissed, with the owner ignoring advice and insisting on a natural death even though this may involve distress and even suffering on the part of the animal.

Veterinary ethics and law

According to Abbitt (2010), the two main factors the RVN must take into account when deciding whether a decision is ethical are: (a) the outcome(s) of that decision and (b) its 'rights and wrongs'. Alleviating a patient's suffering is an RVN's first priority and, although values are dynamic and may change with experience and knowledge (Crowley, 2006), this priority may come into conflict with some cultural beliefs and customs.

In the UK, the move towards autonomy and the regulation of veterinary nurses in 2007 imposed the responsibility on RVNs that they use their knowledge and experience to find solutions to a range of potential ethical dilemmas within the remit of the RCVS *Code of Professional Conduct for Veterinary Nurses*, while considering the Duty of Care to both the patient and client. The veterinary nurse is obliged, both by the Code of Professional Conduct and by moral obligation, to provide the highest level of care to patients (Crump, 2013). However, the owner's legal rights, conferred by UK law, may conflict with the requirements of the Protection of Animals Act 1911, giving rise to a situation where the animal may suffer unnecessarily. The Act states that owners must provide reasonable care for their animals, and gave the courts power to order the destruction of the animal should



CRF patient whose owners declined treatment

it be deemed cruel to keep it alive (GovUK, 2014).

Although the full impact of the law may not directly affect RVNs, as they practice under the direction of the veterinary surgeon, the Veterinary Surgeon's Act is clear, and all RVNs should be familiar with this legislation. The possibility of their name being removed from the RVN Register will have a further impact on any decision made in this context.

In Hong Kong, the Prevention of Cruelty to Animals Ordinance was enacted in 1997, and the veterinary surgeon and Society of Prevention of Cruelty to Animals (SPCA) has certain powers with regards to animal welfare and rights, albeit to a lesser known and more complicated extent than in the UK. In England and Wales, under the Animal Welfare Act 2006 a local authority can give a veterinary surgeon permission to perform euthanasia without the owner's consent; this may appear ethically correct to the veterinary surgeon and RVN, but the beliefs of the owner still need to be considered.

Because animals cannot speak for themselves, if an owner wishes to take a pet home for a 'natural death' the veterinary professionals are morally obliged to make the client aware of any way in which their pet may

experience discomfort and provide help to keep the patient comfortable until its death. In Hong Kong it is not always possible for the RVN to explain this to the client, due to the language barrier. It is in these instances that a trusted interpreter needs to be used. However, the involvement of an interpreter means that one can never be entirely sure of the accuracy of the translation and any misunderstanding may have a detrimental effect on the relationship between the client and the medical team and damage the bond between them. Ballantyne (2014) spoke of the trust and bond between owners, patients and the RVN, and the fact that if this bond is broken future relationships could be affected.

Ethical theories

There are two principal ethical perspectives: deontology and utilitarianism (Rollins, 2006). Deontological ethics can also be described as rule-based ethics, in which the only consideration is whether a decision is ethically correct, whereas utilitarianism maintains that it is the consequences of a decision that are important.

Taking either of these approaches can result in very different outcomes. When the owner refuses euthanasia, this could be seen as a selfish decision. The deontological view

would demand that the RVN does what they feel is morally 'right' regardless of the outcome. This approach can lead to conflict as the *Code of Professional Conduct for Veterinary Nurses* (RCVS, 2012) states that an animal's welfare must be the first consideration, but it also requires the nurse to respect the owner's needs and wishes. The RVN might feel obliged to persuade or even force the owner to agree to euthanasia or to report them in accordance with the Animal Welfare Act, but this approach conflicts with the owner's wishes.

On the other hand, the utilitarian view suggests that the correct course of action should be decided based on its outcome, leaving personal ethics aside. So the decision should be made based on the course of action most likely to relieve suffering, while also respecting the client's feelings in the matter. In 1863 John Stuart Mill said that to do as one would be done by, and to love one's neighbour as oneself, constitutes the ideal perfection of utilitarian morality.

Cultures and euthanasia

Although religions such as Buddhism see animals and human beings as closely related, the majority are in agreement that they are not equal. This discriminates against creatures that cannot talk but can suffer pain (Singer, 2000).

The regard for human life is also evident in the approach to death. For example, the Liverpool Care Pathway (LCP) is a framework of palliative care intended to allow terminally ill people to die with dignity (NHS, 2012). This is, in theory, comparable to the concept of a natural death instead of euthanasia for animals. Although, with one or two exceptions, in global terms human euthanasia is not generally legal, there is evidence that many terminally ill people are willing to make this choice for themselves.

Suffering is generally regarded as an inevitable part of life (James, 1982) and this widely held belief applies to animal companions as well. Within human medicine it can be difficult to determine Quality of Life (QoL), due to its subjective nature although vocal communication can be undertaken, but in veterinary medicine this cannot be done and QoL can therefore be very difficult to assess by the veterinary carers and the owner alike (Rebuelto, 2008). Many Buddhists believe in the sanctity of life, even in the face of suffering (Hood, 1998), and the social construct of 'killing with kindness' by

means of euthanasia to alleviate suffering (Sanders, 1995) would not be something with which they could agree.

Consent for euthanasia

Martin, Ruby, Deking, and Taunton (2004) state that a compassionate and caring approach is greatly valued by owners, in part because this will allow the time for them to come to the decision that euthanasia will help to alleviate their pet's suffering.

Buddhists believe that all creatures are afraid of injury and death and that it is wrong to kill non-human as well as human creatures:

"All living things fear being put to death. Putting oneself in the place of the other, let no one kill nor cause another to kill."

Dhammapada 129 (BBC, 2014).

Although consent for euthanasia must come directly from the owner, many owners can become distressed, believing that their pet knows what is about to happen (Dawson, 2010). This anthropomorphic perception is an educated guess at best, as much of their pet's behaviour could be misinterpreted as fear (Pullen, Wright, & Cooper, 2012) instead of illness. It can be assumed that the concept of fear of death is unknown to animals, but such emotions can only be viewed subjectively (Stratton & Hayes, 1999).

It cannot be quantified whether an animal wants to die; although we have an increased understanding of the recognition of signs of pain and distress, we cannot fully understand what the animal is feeling or whether it wishes to die. Pierce (2011) stated that all death is natural; if allowing nature to take its course is accepted in the wild, then there is no reason it cannot be accepted for pets.

Conversely, as animals become ill, owners often find it difficult to cope with medication or altering a lifestyle to meet the pet's needs. Euthanasia is sometimes performed to alleviate the owner's suffering from having to watch their pet die; this opposing perspective adds a further dimension to the ethical dilemma debate.

Conclusion

A conflict of interest can arise due, in part, to the RVN's experience and knowledge of patient care being greater than that of the client. Knowing that the patient that is suffering from a painful condition is going home for a 'natural death' can be difficult for the RVN to come to terms with. Personal moralities play a large part in the decisions

made by nurses and their actions, but in some cases these must be put aside to allow respect for a client's religious belief.

In Hong Kong, owners are not as loyal to veterinary clinics as they may be in the UK and will often seek a number of opinions from other practices. The concept of patient trust of the veterinary team and loyalty to the practice seems to be minimal and many owners are quick to react negatively if they are told something they do not wish to hear. Culturally it would not be deemed honourable to disagree with the client's wishes, and sadly the acceptance that 'natural death' is often favoured may be seen as acceptable to the practice team in order to prevent any conflicts between them and their clients.

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