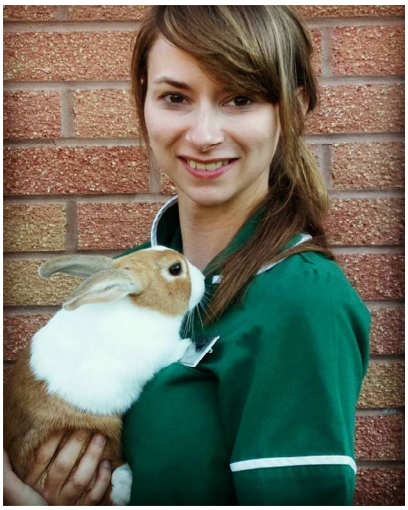

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Ethics: the role of the veterinary nurse in the euthanasia of healthy but aggressive animals

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ABSTRACT: Euthanasia of healthy animals with aggressive behavioural traits is an area often leading to heated debate, with justifications for or against euthanasia being voiced not just by clients, but also veterinary professionals. Ensuring duty of care is upheld means any nurse must be able to empathise with owners when faced with the prospect of euthanasia, despite whether they agree with the owner's decision. Understanding the ethical and moral values behind an owner's decision allows a nurse not only to act in a professional manner, but ensures legal and lawful actions are conducted, ultimately aiming to protect colleagues, owners and animal welfare.

Ethical theories and their place in veterinary practice

With the introduction of the Royal Charter and Registered Veterinary Nurses (RVNs) becoming accountable for their actions (Webb, Welsh, & Whiting, 2013), it is becoming increasingly vital that the RVN can justify their actions with the aid of evidence-based research in a multitude of situations (Mann, 2013). In certain cases, the theory behind ethics and morals can have a huge impact on the nursing route taken and subsequent results with an increased emphasis in all aspects of animal science, dictating a need for not causing unnecessary suffering (Wright, 2010). When it comes to veterinary practice this is not always a simple process; to act in an ethical way involves a series of judgements relating not only to the patient but also owners, colleagues and the wider society considering relevant laws and guidance (Abbitt, 2010).

Ethics can be defined as a code of behaviour considered correct by the population, concerned with distinguishing between good and bad and what is right and wrong, giving light to an individual's moral values and principles (Crump, 2013). With this in mind, two individuals may share the same ethical views but hold very different moral values. This can lead to disagreements in treatment and care, especially in the veterinary practice, between veterinary professionals and an animal's owner (Shaw, 2012). The ethical theory of consequentialism and utilitarianism suggests acting in a way which produces the greatest good for the greatest number (Mann, 2013). This is particularly relevant with regards to veterinary practice, where the act of euthanasia can end ongoing suffering of a patient, together with relieving what has been a potentially stressful and emotionally draining time for an owner (Mullan, 2007).

Another ethical theory relevant to veterinary practice is deontology, where moral choices are made by following certain rules regardless of the consequences (Abbitt, 2010). Following a deontology viewpoint, a client could decide that euthanasia is not what they believe to be right and would like their pet to die naturally. A client could also decide that euthanasia is the only option following a dog bite despite the circumstances (Mullan, 2007).

A common ethical and moral issue seen in veterinary practice involves the discussion with an owner considering euthanasia

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of an otherwise healthy animal which has aggressive behavioural issues (Tudor, 2013). This can be a stressful and morally complex situation for all parties involved, especially if there is any disagreement as to whether euthanasia is ethically correct. Quality-of-life assessments are important in aiding the justification of euthanasia (Wright, 2010). Some owners may be willing to care for a potentially dangerous animal which must be kept confined, away from other people and animals, and as is perhaps in the case of dogs, only allowed out once a day on a lead while muzzled; others could view this as being ethically wrong (Crump, 2013).

Law and the RCVS Code of Conduct for Veterinary Nurses

The role of an RVN with any patient is to act as their advocate, ensuring the best care and outcome possible is achieved, even if this means euthanasia (Tudor, 2013). This is in accordance with the Royal College of Veterinary Surgeons (RVCS) Code of Professional Conduct for Veterinary Nurses 2012 (RCVS, 2015) which, as professionals, makes it the duty of the RVN and VS to uphold ethical standards and animal welfare where patients, clients, colleagues and the wider public are involved (Abbitt, 2010; RCVS, 2015). RVNs must communicate effectively with clients, aiming to understand an owner's reasons for euthanasia. RVNs must not judge a client, but should offer impartial advice, explaining appropriate options and courses of action which could benefit all involved while keeping criminal and civil law in mind (Mann, 2013). This may have a direct bearing on an owner of a potentially aggressive dog, as under the Dangerous Dogs Act (1991) it is a criminal offence to have a dog dangerously out of control as it is deemed a danger to the public (Tudor, 2013). This is an important point to discuss with the owner of any potentially dangerous dog, so it is of significant importance that RVNs have knowledge of animal laws and legislation (Laurence, 2009).

An RVN's role in supporting clients and colleagues

Moral dilemmas may arise where an RVN may not agree with an owner's decision to euthanise a patient. Veterinary professionals have the choice to deny euthanasia (RCVS, 2015), but ultimately the client is the legal owner of the animal and if euthanasia is denied by veterinary professionals, this could be putting the public at risk of an attack by the dog, or the owner may seek alternative, potentially dangerous other methods of euthanasia (Yeates & Main, 2011). The animal as a result could suffer rather than have a stress-free peaceful passing in a controlled veterinary setting with trained professionals. Euthanasia may therefore be the best outcome for all involved to prevent undue stress and a potentially dangerous situation (Yeates, 2010).

An RVN's values may disagree with the decision taken by the VS to euthanise an animal, causing potential conflict between colleagues as well as the animal's owner. Disagreement over the need for euthanasia is difficult; however, the RVN legally holds a duty of care to the owner (RCVS, 2015); if judged against the Guide to Professional Conduct for Veterinary Nurses 2012, refusal to assist could be seen as providing an unsatisfactory level of service, potentially prolonging the suffering of a patient and thus not satisfying the duty of care (Crump, 2013).

Healthy body, healthy mind? The need for behavioural assessments

An argument could also be presented in trying to clarify what is actually classed as a healthy animal. Severe aggression and dangerous unprovoked behaviour could be classed as stemming from an unhealthy mind, perhaps through a brain tumour or just due to a learnt behaviour from previous life experiences (Tudor, 2013). Although otherwise free from disease and well, health is not just being able to eat, drink and sleep, but involves being able to grow and flourish in an appropriate environment free from stress and fear (McBride, 2014). RVNs must aim to educate owners and the public in recognising animal aggression and its dangers, preventing unwanted, possibly fearful, behaviour progressing to a stage where euthanasia has to be considered for public safety (Greenfield, 2013). Animals are not all given equal moral worth as humans are; one particular animal's worth to one person may differ considerably to another (Shaw, 2012). Where one person may wish to explore behavioural therapy for aggression before euthanasia, another may not for their own personal reasons, which must be respected (Venturi-Rose, 2000).

With any case involving aggression, continuous assessments with trained professionals is of the utmost importance in protecting the wider public (Shepherd, 2007). The situation the dog is in when displaying aggressive behaviour must also be considered, as aggression may be a display of dominance or may be a reaction to fear or pain (Greenfield, 2013). As discussed by Tudor (2013), children may send confusing signals to dogs or act in ways inducing an unpredictable response; in this instance, public education regarding dog behaviour has the potential to prevent significant injuries. Tudor (2013) also discusses cases where owners attempting to modify behaviour through their own training have often resulted in serious canine aggression and ultimately euthanasia due to fear, especially when large breed dogs are involved. This highlights the important role veterinary professionals could play by educating owners before this type of situation arises (McBride, 2014).

Many veterinary professionals do not have specific interests or qualifications in dealing with behavioural issues. As found in a study by Fatjo, Ruiz-de-la-Torre, and Manteca (2006), only 46.2% of VS referred behaviour cases to qualified behaviourists, 12.3% referred to dog trainers and the remaining 34.7% never referred behaviour cases. This suggests that not enough is known by veterinary professionals in always recognising when behavioural work is needed. It is important to recognise when care is required beyond what can be provided and possibly refer the patient; however, if referral is not an option, euthanasia must be carefully considered. It becomes difficult, though, to ascertain when euthanasia is required and what particular behavioural traits warrant euthanasia rather than behavioural work (Heath, 1998). Owners and veterinary professionals may have very different ideas regarding this. Here, perhaps, a behaviour scale would be beneficial, allowing improvements or deteriorations in behaviour to be monitored accurately, giving structure to a potentially difficult decision. By providing a scale and keeping a recorded diary of an animal's behaviour, this may allow an owner to recognise aggressive behaviour more clearly (Shepherd, 2007). By working with an owner and not just opting for euthanasia, there is then the potential to increase

the client–practice bond (Dawson, 2008) and open communication channels to an extent where the options of euthanasia or behaviour training can be discussed more freely (Venturi-Rose, 2000).

Conclusion

Regardless of how the veterinary team feel, the decision to euthanise ultimately belongs with the owner of the animal; an animal is classed as an individual's property, making treatment fundamentally down to the individual's personal ethical and moral views (Shaw, 2012). An RVN must never impose their own views onto others, but support both the owner and VS, ensuring patient welfare is maintained, whether that be by correct housing and management or euthanasia (Venturi-Rose, 2000). However, an RVN must always feel confident in voicing any concerns for individual cases as long as the points are valid and not derogatory to any involved. To be able to resolve any ethical conflict and problem involves being able to recognise all ethical components of a given situation and understand all points of view from all involved (Crump, 2013).

By understanding and acting in accordance with the law, the ultimate actions of the veterinary team can only be to act in a way which aims to educate the public both ethically and morally, preventing unnecessary animal suffering (Dawson, 2008).

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