Euthanasia: The Final Frontier

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Undergraduate Research Initiative
Department of Psychology

Alberta Animal Welfare Conference, 2014
Maloney & Varnhagen (in progress)

Cross-Canada survey of dog and cat owners
Reasons for euthanasia
Attachment
Decision-making
Support
Participants

N=934; 91% female; Mdn age 40 years
Mdn income $50-70k

% by geographic location

<table>
<thead>
<tr>
<th>Location</th>
<th>Dog</th>
<th>Cat</th>
</tr>
</thead>
<tbody>
<tr>
<td>West</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Prairies</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td>Central</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>East</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>North</td>
<td>1</td>
<td>0.3</td>
</tr>
</tbody>
</table>
# Reasons for euthanasia

## Primary reason

<table>
<thead>
<tr>
<th>Reason</th>
<th>Dog</th>
<th>Cat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness or injury</td>
<td>77%</td>
<td>86</td>
</tr>
<tr>
<td>Old age</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>Behaviour</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

## Secondary reason

<table>
<thead>
<tr>
<th>Reason</th>
<th>Dog</th>
<th>Cat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour</td>
<td>2%</td>
<td>11</td>
</tr>
<tr>
<td>Could not afford</td>
<td>5</td>
<td>17</td>
</tr>
</tbody>
</table>
Attachment to dog or cat

Attachment to dog > attachment to cat

Attachment:

Roles pet played (family, friend, companion, pet)

Rating of attachment

Rating of companionship
Decision-making

32% respondents consulted Internet

42% consulted friend/family

14% vet primary decision-maker (injured/ill)

30% joint vet and owner

56% owner primary decision-maker
Decision-making

Correlation attachment, decision difficulty

<table>
<thead>
<tr>
<th>Reason</th>
<th>Dog</th>
<th>Cat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness/injury</td>
<td>0.15</td>
<td>0.32</td>
</tr>
<tr>
<td>Old age</td>
<td>0.21</td>
<td>0.35</td>
</tr>
</tbody>
</table>
## Decision-making

**Correlation quality of life, decision difficulty**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Dog</th>
<th>Cat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness/injury</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>Old age</td>
<td>NS</td>
<td>NS</td>
</tr>
</tbody>
</table>

**Correlation pain estimate, decision difficulty**

<table>
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<tr>
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<th>Cat</th>
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<tr>
<td>Illness/injury</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>Old age</td>
<td>0.22</td>
<td>NS</td>
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</table>
Support

68% reported important to discuss euthanasia
92% reported a good understanding
82% reported vet clinic supportive
Suggestions for improved practice

- 27% more emotional support
- 18% more information regarding euthanasia
- 17% more time with pet
- 15% more alternatives to euthanasia
Conclusions

Attachment to companion animal affects the decision

Clients want more emotional support and information

Need for less subjective decision-making
“Objective” Measures

Five Freedoms

Farm Animal Welfare Council (1979)

Quality of Life

Villalobos (2009)

Pain

Hellyer, Uhrig, & Robinson (2006)
Five Freedoms

Freedom from hunger and thirst
Freedom from discomfort
Freedom from pain, injury and disease
Freedom to express natural behaviours
Freedom from fear and distress
## Quality of Life Scale (Villalobos, 2009)

<table>
<thead>
<tr>
<th>Score</th>
<th>Criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>H 1-10</td>
<td><strong>HURT</strong> - Adequate pain control, including breathing ability, is first and foremost on the scale. Is the pet's pain successfully managed? Is oxygen necessary?</td>
</tr>
<tr>
<td>H 1-10</td>
<td><strong>HUNGER</strong> - Is the pet eating enough? Does hand feeding help? Does the patient require a feeding tube?</td>
</tr>
<tr>
<td>H 1-10</td>
<td><strong>HYDRATION</strong> - Is the patient dehydrated? For patients not drinking enough, use subcutaneous fluids once or twice daily to supplement fluid intake.</td>
</tr>
<tr>
<td>H 1-10</td>
<td><strong>HYGIENE</strong> - The patient should be brushed and cleaned, particularly after elimination. Avoid pressure sores and keep all wounds clean.</td>
</tr>
</tbody>
</table>
# Quality of Life Scale (Villalobos, 2009)

<table>
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<tbody>
<tr>
<td><strong>H 1-10</strong></td>
<td><strong>HAPPINESS</strong> - Does the pet express joy and interest? Is the pet responsive to things around him or her (family, toys, etc.)? Is the pet depressed, lonely, anxious, bored or afraid? Can the pet's bed be close to the family activities and not be isolated?</td>
</tr>
<tr>
<td><strong>M 1-10</strong></td>
<td><strong>MOBILITY</strong> - Can the patient get up without assistance? Does the pet need human or mechanical help (e.g. a cart)? Does the pet feel like going for a walk? Is the pet having seizures or stumbling? (Some caregivers feel euthanasia is preferable to amputation, yet an animal who has limited mobility but is still alert and responsive can have a good quality of life as long as caregivers are committed to helping the pet.)</td>
</tr>
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## Quality of Life Scale (Villalobos, 2009)

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<tr>
<td>M 1-10</td>
<td><strong>MORE GOOD DAYS THAN BAD</strong> - When bad days outnumber good days, quality of life might be compromised. When a healthy human-animal bond is no longer possible, the caregiver must be made aware the end is near. The decision needs to be made if the pet is suffering. If death comes peacefully and painlessly, that is okay.</td>
</tr>
<tr>
<td>TOTAL</td>
<td><strong>A total greater than 35 points is an acceptable Quality of Life</strong></td>
</tr>
<tr>
<td>Pain Score</td>
<td>Example</td>
</tr>
<tr>
<td>------------</td>
<td>---------</td>
</tr>
</tbody>
</table>
| 0          | ![Dog Image](image1.png) | □ Comfortable when resting  
□ Happy, content  
□ Not bothering wound or surgery site  
□ Interested in or curious about surroundings | □ Nontender to palpation of wound or surgery site, or to palpation elsewhere | Minimal |
| 1          | ![Dog Image](image2.png) | □ Content to slightly unsettled or restless  
□ Distracted easily by surroundings | □ Reacts to palpation of wound, surgery site, or other body part by looking around, flinching, or whimpering | Mild |
| 2          | ![Dog Image](image3.png) | □ Looks uncomfortable when resting  
□ May whimper or cry and may lick or rub wound or surgery site when unattended  
□ Droopy ears, worried facial expression (arched eye brows, darting eyes)  
□ Reluctant to respond when beckoned  
□ Not eager to interact with people or surroundings but will look around to see what is going on | □ Flinches, whimpers cries, or guards/pulls away | Mild to Moderate  
Reassess analgesic plan |
| 3          | ![Dog Image](image4.png) | □ Unsettled, crying, groaning, biting or chewing wound when unattended  
□ Guards or protects wound or surgery site by altering weight distribution (i.e., limping, shifting body position)  
□ May be unwilling to move all or part of body | □ May be subtle (shifting eyes or increased respiratory rate) if dog is too painful to move or is stoic  
□ May be dramatic, such as a sharp cry, growl, bite or bite threat, and/or pulling away | Moderate  
Reassess analgesic plan |
| 4          | ![Dog Image](image5.png) | □ Constantly groaning or screaming when unattended  
□ May bite or chew at wound, but unlikely to move  
□ Potentially unresponsive to surroundings  
□ Difficult to distract from pain | □ Cries at non-painful palpation (may be experiencing allodynia, wind-up, or fearful that pain could be made worse)  
□ May react aggressively to palpation | Moderate to Severe  
May be rigid to avoid painful movement  
Reassess analgesic plan |
<table>
<thead>
<tr>
<th>Pain Score</th>
<th>Example</th>
<th>Psychological &amp; Behavioral</th>
<th>Response to Palpation</th>
<th>Body Tension</th>
</tr>
</thead>
</table>
| 0         | ![Cat](image) | - Content and quiet when unattended
- Comfortable when resting
- Interested in or curious about surroundings | Not bothered by palpation of wound or surgery site, or to palpation elsewhere | Minimal |
| 1         | ![Cat](image) | - Signs are often subtle and not easily detected in the hospital setting; more likely to be detected by the owner(s) at home
- Earliest signs at home may be withdrawal from surroundings or change in normal routine
- In the hospital, may be content or slightly unsettled
- Less interested in surroundings but will look around to see what is going on | May or may not react to palpation of wound or surgery site | Mild |
| 2         | ![Cat](image) | - Decreased responsiveness, seeks solitude
- Quiet, loss of brightness in eyes
- Lays curled up or sits tucked up (all four feet under body, shoulders hunched, head held slightly lower than shoulders, tail curled tightly around body) with eyes partially or mostly closed
- Hair coat appears rough or fluffed up
- May intensively groom an area that is painful or irritating
- Decreased appetite, not interested in food | Responds aggressively or tries to escape if painful area is palpated or approached
- Tolerates attention, may even perk up when petted as long as painful area is avoided | Mild to Moderate Reassess analgesic plan |
| 3         | ![Cat](image) | - Constantly yowling, growling, or hissing when unattended
- May bite or chew at wound, but unlikely to move if left alone | Growls or hisses at non-painful palpation (may be experiencing allodynia, wind-up, or fearful that pain could be made worse)
- Reacts aggressively to palpation, adamantly pulls away to avoid any contact | Moderate Reassess analgesic plan |
| 4         | ![Cat](image) | - Prostrate
- Potentially unresponsive to or unaware of surroundings, difficult to distract from pain
- Receptive to care (even mean or wild cats will be more tolerant of contact) | May not respond to palpation
- May be rigid to avoid painful movement | Moderate to Severe May be rigid to avoid painful movement Reassess analgesic plan |
Euthanasia is one of the most important decisions we will make for companion animals.

Euthanasia is made more difficult by attachment to the animal.

Evidence-based scales may help in decision-making.