Recommendations for practicing veterinarians during clinical management of terminally ill patients and euthanasia situations based on a retrospective investigation of client expectations and preferences

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Recommendations for practicing veterinarians during clinical management of terminally ill patients and euthanasia situations based on a retrospective investigation of client expectations and preferences

by

Christine Ann Graham

A thesis submitted to the graduate faculty in partial fulfillment of the requirements for the degree of

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This is to certify that the master's thesis of
Christine Ann Graham
has meet the requirements of Iowa State University

Signatures have been redacted for privacy

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INTRODUCTION

Companion animal death and euthanasia occur on a regular basis in veterinary clinics. When the bond between owner and animal is broken, an owner may feel great distress. Owners have to deal with intense emotional, financial, and time considerations. It is important that the veterinarian handle each situation in a respectful and supportive manner. The problem is that most veterinarians are unsure of what the owner needs and wants from them, and they lack the information on how to manage these circumstances. Most traditional veterinary education does not include material on how to deal with grieving clients. Experience in such situations and literature is the main source of education for most veterinarians on this important subject. Therefore, it is imperative to learn from owners themselves how to assist their needs during such a loss. Knowledge about what an owner expects from their veterinarian can be used to educate the veterinarian so that they may help the owner through the loss.

The area of study mentioned has been coined the Human - Animal Bond. This is an arbitrary term that has been used to describe the relationship between a person and their companion animal. The focus of this research effort is to determine ways in which veterinarians can help their clients when that bond is broken.

A survey instrument was designed to gather information about grief situations in a veterinary setting. The main goal was to get participants to reveal their preferences during such situations so that the information can be used to educate veterinarians on how to better handle grief situations of their clients.
The following is a list of general questions that were explored using the survey instrument.

1. What do clients prefer during a grief/euthanasia situation?
2. How can veterinarians better serve clients during times of grief?
3. What are the most useful resources veterinarians can offer clients?

The following is a specific list of hypotheses/questions that were generated and tested using the questionnaire instrument.

1. If the companion animal was an indoor pet, the owner will think of the deceased pet more frequently.
2. If the owner considered themselves the primary care giver, they would think of the deceased pet more frequently than if they weren’t the primary caregiver. (Primary care giver is defined as the person who feeds, exercises, and trained the animal.)
3. The longer the length of time the owner had the companion animal, the more frequently they would think of the animal after it was deceased.
4. The shorter the length of time since the death of their companion animal, the more frequently the client would think of the animal.
5. The more options that were offered at the veterinary clinic during the grief situation, (privacy, visitation, places for euthanasia, etc.) the more satisfied the client would be with the veterinary clinic.
6. The higher the perceived credibility of the veterinarian, the more satisfied the client would be with their experience at the veterinary clinic.
7. A brochure or literature is the grief resource that is used the most by owners.

8. If owners were unhappy with the way the euthanasia was handled by the veterinarian, what could have been done differently?

9. What does the client feel has been the most helpful in the management of their grief?

10. The majority of owners would like privacy when being told of their animal's illness or death.

11. The majority of owners would prefer to be present during the euthanasia of their companion animal.

12. The majority of owners would like visitation time with their ill companion animals.

13. The majority of owners would like the veterinarian to give them options for the disposal of their animals remains.

14. The majority of owners would be interested in home hospice care if it were available for their companion animal.

15. The majority of owners would prefer the veterinarian give them information about the grieving process.

16. Female clients are more likely to want grief information from the veterinarian.

17. Owners who classified their pets as indoor pets are more likely to want to be present during the euthanasia.

18. Owners who classified their pet as an outdoor pet are more likely to want
their pet euthanized in an outdoor environment.

19. There is a relationship between the owner’s gender and if they want to be present during the euthanasia.

Overall, the objective of this research is to specifically identify what an owner wants and needs from their veterinarian during the loss of a pet by conducting an epidemiological survey. It is also imperative to report this information to veterinarians so that it may be utilized in veterinary education for the benefit of clients and veterinarians during pet loss.

Along with testing the above hypotheses, the survey was also used to evaluate the Iowa State University Veterinary Teaching Hospital (ISU-VTH) during situations of client grief. The study was a retrospective data collection. The subject pool came from ISU-VTH client database that had a pet die or be euthanized over the past 2 years.

A statistical evaluation was performed with the information collected in order to test the hypotheses and ultimately draw valid conclusions for the veterinary profession.
LITERATURE REVIEW

The stages of grief

The grieving process has been broken down into stages to facilitate its understanding and discussion. There are five main stages originally developed by Kubler-Ross and nicely reviewed by SB Barker.1

The first stage is denial, or not accepting the reality of the death. The client has problems accepting that the animal is dead. Clients may make statements supporting their disbelief and not trust what the veterinarian is telling them.

The second stage is anger. The client can turn their anger over the loss of a pet outward on someone else or inward on themselves, which is often manifested as guilt. An angry owner can be very hard to deal with as they may be trying to place blame for their loss and the veterinarian can be a target. Learning to successfully deal with an irate client can be a very valuable skill to a veterinarian.

The third stage is known as bargaining. During this stage the client will try to make deals in order to prolong the life of a pet. For example, “If you let Tigger live through this intestinal surgery, I will never feed him a chicken bone again.” Such bargaining tactics can be directed toward a god or other people.

The fourth stage is depression. This is the stage where the client enters a true mourning period, the time when deep sadness is truly felt. The client may show other signs of depression during this stage, such as: sleeping heavily, not maintaining personal hygiene, and/or excessive vice behaviors like drinking or smoking. It is important for the veterinarian to be able to recognize this stage. It is during this stage that the client may have feelings of self-harm or suicide. Being
able to recognize such behavior could allow the veterinarian to intervene and assist the client in seeking professional help.

The final stage is known as acceptance or recovery. The person has accepted the loss and may even be able to fondly reminisce about their pet. They are adjusting to life without their pet.

It is extremely important to remember that grief is not a static procedure where people move progressively and predictably from stage to stage, but an individual process where people may skip stages and go back and forth between them.¹

**The veterinarian’s role in companion animal loss**

A growing area of veterinary medicine that a lot of recent research effort has been focused into has been coined the Human-Animal Bond. Just what defines the Human-Animal Bond? This is a question that many researchers are attempting to answer. However, the Human-Animal Bond is very complex and difficult to define. Just like any relationship it has depths and boundaries that we may not be able to understand. It is a bond that is unique to the partners that share it. The duty of practicing veterinarians is to try to understand a clients bond to their animal so that they and their animal may be better served.

A key question in the veterinary profession is “How to handle a grief situation and how to help clients deal with loss?” This question is becoming increasingly important due to the strong bond between clients and their pets. Companion
animals are often viewed as children, best friends, or loving family members by their owners. Because of their unconditional love and constant presence, they help to stabilize the lives of their owners. No longer do clients just want a doctor, but to be consoled by someone they trust and rely on.

The expectations of veterinary service have changed over the years. People are putting off having children longer, some not having children at all, and instead getting pets. Therefore, they are demanding more from their veterinarian for this member of their family. Veterinarians who want to meet these expectations should have three goals in mind:

1. Learning to deal with stressful situations and feel comfortable dealing with their client's emotions.
2. Educate their clients about grief.
3. Successfully support their clients during times of crisis.

How are these goals accomplished? The literature review will provide background information to support the conducted research, and provide information from some reputable sources in order to make recommendations for the veterinarian so that they may achieve these goals.

One of the most important things a veterinarian can educate the client about is the grieving process. Clients should understand the stages of grief and that grief is a very individual process. They need to be reminded that their feelings are normal and can be very intense. It would also help to make them aware of some of the physical signs they may experience during the grieving process. According to
Lagoni\textsuperscript{3} these can include: sleep disturbances, restlessness, inability to concentrate, loneliness, etc. Talking through this process with clients over time will also help the veterinarian face the topic and become more comfortable themselves.

Being informed about pet death and grief can help a client face their own immortality. Due to the way death is handled in our society, many veterinarians may find their clients are unprepared and very frightened about facing death. The loss of a pet is an opportunity for the veterinarian to provide beneficial education to the client. Recent studies show that the grief response during the death of a pet parallels the grief felt due to the loss of a human companion.\textsuperscript{1} The majority of clients, following the loss of a pet, experienced difficulties in interpersonal relationships and needed to take time off of work.\textsuperscript{2} Being properly prepared by the veterinarian may help the client face some of these difficulties.

Normalizing the grieving process for a client can be of great service to them. Many owners view their pets as having a social support role in their relationship and the loss of that pet can threaten their sense of security.\textsuperscript{3} Just by listening in a nonjudgmental format a veterinarian can provide a secure environment in which the client can grieve. Accepting someone’s pain and giving them permission to show their grief is a good way to help them start working through their grief.\textsuperscript{3} It is especially important for the veterinarian to provide this role because many of the client’s family and friends may try to trivialize the loss because, after all, it was “just a dog”.
Euthanasia

The veterinary profession is fortunate to be able to end the unnecessary suffering of a patient. However, euthanasia can present some unique problems. A client may feel indecision and guilt when trying to make this decision.\(^3\) Their feelings may lead them to the conclusion that they can do more and that they are not prepared to make this decision. It is very important the veterinarian not make this decision for them. A veterinarian can divulge the facts and offer the option but should never make that decision for the client. Such a decision should be left up to the client and family. The veterinarian should not cross the line between health professional and family member. It can lead to hurt feelings on both parties.\(^3\) A good reference for such a problem is found in Bell’s article.\(^4\) If the client is having difficulty making a decision there is an excellent list of questions they can work through to help them make the decision themselves. This list helps them focus an emotional situation into a logical decision making process. This list can also be used by the veterinarian to compile their own criteria.

When it comes time for the actual euthanasia there are many things the veterinarian can do to better prepare the client. All medical procedures, drugs, and the animal’s reactions to them should be explained to the client before the process has begun. The client should be given time to absorb this information and ask questions.\(^3\) Clients should be invited to attend the euthanasia so they feel welcome. The client should be encouraged to say goodbye to the pet before the euthanasia and after the pet has died. Both of these processes allow them to face the reality of the death.\(^3\) It can also be helpful and less confusing to the client if the veterinarian
shows some sort of confirmation of death. A good way to do this is to auscultate the chest for a heartbeat.⁴

A ritualized goodbye may also help the client in working through their grief. It can help validate the loss and encourages conversation about the pet that died.³ The veterinarian should provide information about the options that are available to the client, such as cremation, burial memorials, and memorial funds. It is also a good idea to have this information available in an open format (a waiting area) so that any client has access to it at any time. This can help facilitate the client’s realization that they will probably outlive their pet.³

Two key considerations should be dealt with prior to the euthanasia. All charges for the euthanasia should be settled beforehand. The last thing the client should have to think about after euthanizing their pet is how much it cost. Dealing with a bill at a later date can also be cumbersome. Another decision that should be made beforehand is what to do with the animal’s remains. It is best if the client has thought about it in advance and made a decision verses in the heat of the moment.⁴ When it comes time to return the remains always return the body in the best possible condition to show respect for the animal and the owner.

If a client is having guilt after the euthanasia it may be helpful to remind them that they did the best they could at the time and they shouldn’t ask more from themselves than that. Also, suggest they try not to judge themselves and think about what they have learned from the experience.⁴
Visitation

The veterinarian should plan ahead for the clients visit. The area should be clean and quiet. The patient should be clean, comfortable, and easily accessible for the clients. There should be tissues and a bathroom available. All staff should be aware of the situation. Remembering these key items can make the visit go much smoother for the client.  

Delivering Bad News

Informing clients of bad news can, unfortunately, be a daily event in veterinary medicine. Keeping in mind some general steps can make the process easier and allow the veterinarian to communicate clearly with the client.

- prepare the clients emotionally
- deliver news giving a brief explanation (don’t make a lengthy report at this time, details will not be heard by the client)
- give the client time to assimilate information and experience emotions
- determine what will happen next (do they want to come in now or have a meeting later)

Crying

A commonly asked question: What to do when a client cries? Lagoni’s article has some good suggestions:

- stay quietly nearby
- open body posture, let them initiate conversation
- cry if it feels natural, but don’t lose control
- demonstrate a willingness to listen by asking questions
Condolence

A personal call or letter from the veterinarian expressing their sorrow over the loss of a much beloved patient and commending the client on their care and dedication to their animal is a good idea. It has been mentioned in several articles as an excellent gesture and commented on by owners as something they really appreciated and remembered their veterinarian for. Tailor your form of condolence toward each individual client and patient.

Limits

Lastly, veterinarians need to know their limits. As a profession, veterinarians can not provide psychological therapy to our clients. Knowing how and when to refer a grieving client can be a life saving measure. A veterinarian should have pamphlets and business cards of mental health professionals they trust to refer clients to when they may need more help than the veterinarian can provide. Being able to refer a client is a caring way to communicate concern for the client. It can be as simple as saying you may find their services helpful while handing them a brochure. This allows the client to make the decision for themselves.

Children and pet loss

When children are involved in pet loss situations there are some differences that need to be addressed. Research has proven that childhood experience with death or loss can influence how an individual interprets life and deals with death. It is important to realize that the loss of a pet may be the child’s first experience with death. Therefore, it is important to determine the maturity level of the child so that
explanations can be adjusted to their level of understanding. Pet loss is also significant for children in that they may never have lived without a pet.\textsuperscript{8}

There are three main breakdowns of the level of childhood cognitive development. The first is classified as preschool age children, or those under the age of 5.\textsuperscript{8} Children in this group have trouble understanding that death is a permanent condition.\textsuperscript{7} They become confused distinguishing life from death. They also will take on blame very easily.\textsuperscript{8} It is very important to keep explanations simple and be consistent. Never refuse to answer questions, and always answer them the same every time. Make sure they understand the death or loss was not their fault. Explain that no thought they had caused this tragedy to happen to their pet.

The second group can be classified as early school age, which falls roughly between the ages of 5-9.\textsuperscript{8} Once a child has reached this age they are usually able to understand that death is final. Some may still feel that they can cause death with bad thoughts or wishes.\textsuperscript{8} They are beginning to understand the concept, and may want proof or explanation for the cause of the death.\textsuperscript{8} Allowing them to view the body, or explaining the trauma and how it affects the body may help them understand what has happened.

The third group is older school age, or those 10 and older.\textsuperscript{8} By this age most children understand the causes of death and that it will eventually happen to all living things. They are also capable of abstract thinking, dealing with theories and religion.\textsuperscript{8} It is very important, as with other age groups, to encourage them to ask questions and answer honestly.
Over all age groups, it is very important to let children know it is alright to have feelings and express them. The veterinarian should encourage the participation of children in the euthanasia, even young children. Death should never be hidden from children, or they should never be lied to about the circumstances. They will deal with the death better if it is handled in an open manner. Hiding it from them or lying to them, may lead to them having feelings that they did something wrong or are in some way responsible for the death.\(^3\) The truth is always the best way to explain the situation. Lying to the child may also hurt their confidence and trust in adults.\(^9\) Also, never use expressions such as “put to sleep”, these can confuse the child and may cause future problems.\(^7\)

Try not to let children feel powerless. Give them some decision making if they are mature enough to handle it. They should be allowed to participate in the medical decisions, or other decisions like what the family plans to do with the remains.\(^9\) Allow them to provide care and be present during the euthanasia if they want to be. Encourage a ritualized goodbye, it will allow the children to show respect and compassion for the loss of life.\(^9\) Just keep in mind that the way the child's first experience with death is handled can alter their coping ability in the future. The veterinarian should have no problem being open and honest about death, and feel comfortable explaining death and grief to a child.
A description of the health benefits of pets using the elderly population as an example

The focus of this section is to illustrate how devastating and significant the loss of a companion animal can be by using a unique population, the elderly.

Keeping active socially, mentally, and physically seems to provide most elderly with a higher quality of life. There are many ways to do this including exercise, becoming active in social circles, and reading, but the focus here is on the role that companion animals play in elderly person’s life. Companion animals are a wonderful addition to an elderly person’s life. They can help to keep the elderly active in social and physical activities, and most importantly, they provide unconditional love and companionship which prevent loneliness and feelings of isolation.

The question may be asked, “do pets have the ability to help the elderly?” Many research studies have found that companion animals have the ability to help the elderly in many aspects of their lives. In 1792, pets were used at a retreat in Great Britain as an alternative to insane institutions. Patients learned to care for living creatures as part of their therapy.\textsuperscript{10} In the United States in 1940, an Air Force hospital used a farm environment and animals as part of their rehabilitation program. It is not a new realization that animals do help people.

One of the ways animals can be used to help the elderly is through pet therapy programs, some of which are pet facilitated psychotherapy (PFP) or animal assisted therapy. PFP can be used in individual, group, and family therapy. The pet or animal acts as a social lubricant.\textsuperscript{11} It does this by becoming the topic of
conversation, and stimulates interaction between the patients. Animals soothe the situation and help to build trust between the therapist and the patient(s). Animal assisted therapy is the use of animals to enhance physical and emotional rehabilitation. There are many examples of this type of program. They vary from therapeutic horseback riding to the act of petting a dog to exercising an arm. Just touching a pet has been shown to have beneficial cardiovascular effects.\textsuperscript{10} Interaction with animals can also be used as a reward for correct behavior or performing physical exercise. These types of programs can be used in nursing home settings, for trauma victims, and in patient rehabilitation.\textsuperscript{12}

Some possible problems with animal therapy are allergies, respiratory problems, injuries to the animal or people, zoonotic diseases, and the possible exclusion of interactions with other people in order to interact with the animal.\textsuperscript{10} Legal complications and liabilities may also arise. These problems do not outweigh the benefits of pet therapy and are often avoided when the correct animal is chosen for the task, has appropriate veterinary care, and the patients are aware of the animal’s degree of involvement and agree with it. This item should not be overlooked. It is important that the patient is comfortable with and agrees to interact with the animal.

Animals can make the elderly feel better mentally, physically, socially, and emotionally.\textsuperscript{12} They offer distraction from pain, depression, loneliness, and boredom. Pets encourage positive social interaction among individuals and within groups. Animals also provide health benefits to the elderly. Just the act of petting a dog has been shown to reduce blood pressure and stimulate the sense of smell,
site, and hearing. Petting an animal also promotes exercise, hand and arm movements, and stretching.\textsuperscript{12} Animals can do so much for someone who has lost hope and motivation for interaction. They induce nostalgia and make people more comfortable in new/different environments. This isn’t even a conclusive list which could go on and on.

In an institutional setting, pets can provide a more natural environment and a sense of community. Institutions can be socially decaying and extremely dehumanizing.\textsuperscript{13} Upon entering an institutionalized care facility, the elderly are stripped of their humanity, autonomy, and independence. The presence of an animal can negate these horrible dehumanizing experiences. They can do wonders for the morale, enthusiasm, and energy of both the residents and staff.\textsuperscript{14} Animals can help in several situations that arise in the institutionalized care of the elderly. Corson\textsuperscript{13} lists these: closed social groups, low staff resident ratio, highly regimented, mass oriented with little privacy, loss of sense of purpose and goal directed activities, no feelings of being needed, loved, or respected, and where there is a lack of tactile comfort. Animals are able to help in all of these situations. They provide attention, an outlet for communication, and unconditional love. Just what the residents are lacking. As was mentioned before, they can also help the staff feel better about the kind of care they are providing and may even lighten their workload.\textsuperscript{13}

So far the discussion has focused on the use of animals in therapy or
institutional settings. It is important to note that an elderly person's pet can provide many of the benefits we have talked about only on a daily basis. Most importantly, they give the elderly the ability to maintain healthy independent living.

As personal companions, pets help minimize loneliness, reduce disease, and prolong life. They also provide unconditional love and emotional support and they are not judgmental. Some of the roles that pets can play in an elderly person's life are companionship, something to care for, and keeping them busy. They play the role of a loyal significant other and provide conversational and tactile stimulus. They can act as a focus of attention, helping to divert the elderly person from pain and depression. Pets can also help to keep the elderly in shape by providing a stimulus for exercise. Another function they can serve is that of safety. An elderly person may not be as hesitant to walk by themselves if they have a canine companion. Elderly people also suffer from role losses. A pet can offer an opportunity to fill such a void. A companion animal that has been trained as a service dog say for a blind elderly person or a someone confined to a wheelchair can restore that person's independence.

How do pets do all of this? First, how do they help with loneliness? The bond that forms between the owner and a pet helps alleviate loneliness and social isolation. Many owners talk to and share their feelings with their pets. In that regard, the pet acts as a significant other and the owners do not feel so lonely. Overall, animals provide non-threatening and nonverbal communication. Animals also provide intimacy through the combination of soft talk and touch. Just the simple act of walking a dog can lead to social interaction with other people. It has been
found that the dog's social lubricant activity causes the owner to interact with strangers they probably would not have interacted with had the dog not been present (Fraser 1992). It seems that people with animals are safer and more approachable. Animals also provide kinship, and they are seen as a member of the family (Katcher 1983). They're allowed to share the bedroom with the owner, they are included in family photos, and they have their own set of personal items. In many ways, they are like children that do not change or leave. In all of the above ways, animals reduce loneliness.

How do pets keep the elderly active? Pets support a stable pattern of activity for the elderly. The pet fills the void of a schedule that was once provided by a job or other activity. The pet needs to be fed, brushed, and exercised. Such simple daily acts help the elderly person maintain a normal rest and activity schedule.¹⁴

What about health and survival? In one study, it was found that the presence of a pet in the home was the most reliable predictor of survival for patients with angina or myocardial infarction whom had been discharged from the hospital.¹⁴ There are numerous accounts of how animals improve health and survival. Instead, below are reproductions of two stories from one of the articles cited. These stories exemplify the benefits that companion animals can provide the elderly and what an animal can do for a person's survival.

“... involves our work with a nursing home which has a pet therapy room containing Handsome, the Persian cat. The health care team at the home meets to decide which residents can derive the greatest benefit from living in the private therapy room. The current resident, Marie, was chosen because
she had no family or friends, would not communicate, and remained curled in the fetal position with no interest in living. She also had sores on her legs from continual scratching. When other measures failed, she was moved in with Handsome. Whenever she began to scratch her legs, the cat played with her hands and distracted her. Within a month the sores were healed. She began to watch the cat and talk with the staff about him. Gradually she invited other residents in to visit with him. Now she converses with strangers, as well as the nursing home staff, about the cat and other subjects”.

The next story is even more dramatic:

“A frail, elderly man was brought to the nursing home from the local hospital. He had been discovered in a severely malnourished and confused state in a rural farmhouse, living alone in filth. Once his condition stabilized, he needed to be restrained at the nursing home and he refused to eat. Each day he worked to free himself from the restraints and remove the feeding tube. It then was re-inserted since he refused to eat. The staff was unable to break this cycle until an aide found the center’s three kittens in bed with him. When the cats were removed, he became agitated. A reward system was devised whereby the cats would be returned to him if he ate. He gained 40 pounds and interacted with other residents. The cats were the bridge that brought him back to reality. The director of nursing stated that otherwise she believes he would have died”.

In these two situations, animals were able to do what no medicine or human could do.
Along with everything that has been mentioned so far, animals also reduce stress. They provide a reason to exercise and engage in play. They are companions for listening, helping the elderly to work through their problems or just vent frustrations. It has already been mentioned that a pet’s presence puts people at ease and reduces blood pressure.

More recently, an interesting and scientifically based study was conducted. They used questionnaires to draw conclusions about the question of whether pets are really good for your health. Some of their findings are very supportive. It was found that pet owners consumed significantly more milk servings and significantly more vegetable servings than non-owners. Dog owners were found to walk for significantly more minutes per day than non-owners do. Pet owners also had significantly lower serum triglyceride levels than non-owners. There is partial support for the hypothesis that the difference in blood lipid profiles between pet owners and non-owners can be explained by diet and physical activity (what was found was that the more time an owner spent walking, the lower the serum triglyceride level). It seems that there is some scientific evidence to backup the assumptions and stories about the health benefits of pets.

It is important that these benefits are recognized and mandated. For one of the worst tragedies for an elderly person is being forced to give up a pet because their housing will not allow it. This can be a common problem of the elderly population. Such a situation can cause severe “stress, depression, illness, and even suicide”. Major efforts should be made by housing coordinators and legislators to allow the elderly to keep their pets.
The loss of a pet can be an extremely devastating experience for an elderly person. Therapists need to realize this when working with elderly who are having emotional problems. One of the reasons they may be suffering from depression could be because of the loss of a pet. The grieving that is involved here is very real. The loss is re-lived everyday because they may not have had any other companion and, as we have stated before, the pet helps provide them with a daily routine. In fact, many elderly report that the loss of a pet can be more difficult for them than the loss of a friend or family member. Pets just seem to have a more intimate daily relationship with their owners than a distant family member. Family members and friends also need to realize the importance of the bond between and elderly person and their pet. They should be supportive during the grieving process instead of making statements like, “aren’t you over that yet, it was just a dog.”

More research and documentation needs to be conducted to exemplify the relationship between companion animals and the elderly. Most importantly, those that have implemented successful pet therapy programs, resident pets in institutions, and other such programs need to share their knowledge and strategies for success with others so these programs can be massively implemented to help the elderly population. Pets can definitely be a dynamic part of the health care system for the elderly. This is a new and exciting field where more research needs to be conducted. The government and agencies such as insurance companies should realize the benefits pets can provide and help to implement programs that allow the elderly housing where they can keep their pet(s). Only if society works together can
the massive benefits of companion animals be realized and utilized to help the elderly population’s quality of life.

This has been a literature review of recommendations to veterinarians in handling situation of client loss and grief. The goal of this research project is to test some of these hypotheses by forming a questionnaire instrument to gather information from veterinary clients that have experienced pet loss.

**Weak areas in the literature**

In the pet loss literature there are research studies that have used questionnaires to collect information about pet loss and grief. However, none of them have collected as much information from the direct source (veterinary clients who have experienced a loss) as this study has.

The article by Planchon and Templer\(^{19}\) collects information about what variables were associated with client grief during pet loss. This is a valuable study that explains what variables may lead clients to suffer excessive grief. The findings were different for dogs and cats. For dog owners, grief was associated with living alone, higher death depression, and being female. For cat owners, grief was associated with higher death depression, being female, and their age. However, the study did not collect information about what clients thought helped them the most during their grief or what their preferences were during the grief situation. This research study addresses all of those areas and collects more information about client’s preferences during grief situations at the veterinary clinic. It also determines what can be done to improve client satisfaction with the veterinary clinic and veterinarian.
Another article that used a questionnaire to collect information about pet loss was conducted by Fogle and Abrahamson. Their subject pool consisted of veterinarians and not veterinary clients. The study collected information about the veterinarian’s personal boundaries about what patients they would euthanize. They found that 74% would euthanize a healthy animal if the owner requested it. They also found that 96% said they had no formal training in how to explain to a client that an animal is terminally ill. This article supports the need for the ISU-VTH questionnaire. Our subject pool is the veterinary client, the best source of the information that needs to be collected in order to educate veterinarians about handling grief situations. One of the goals of this study is to use the founded information for veterinary education.

As has been mentioned earlier, it is important for the veterinarian to provide information about the grieving process to clients who have gone through pet loss. An article by Stallones used a questionnaire to investigate the need for counseling in people who lost a pet and what variables were associated with seeking counseling. The article exemplifies the need for veterinarians to understand the grief process and what their clients will be going through. This allows the veterinarian to make judgement calls on whether or not a client needs professional counseling help.

This research study will compliment the current literature by adding support to what is already there and filling the gaps on what is missing. In order to make conclusions about pet loss and veterinary clients, it is imperative to collect information from the source. Which is exactly what this study does. Our population consists of only veterinary clients who have lost a pet, either by death or euthanasia.
The questionnaire is the most extensive questionnaire ever produced, specifically for the purpose of collecting grief information from veterinary clients. The information collected will provide powerful insight into the experiences of pet loss, how veterinarians can better serve grieving pet loss owners, and the preferences of clients during death and euthanasia situations.

The complete description of this research study and the analysis of the collected data follow.
MATERIALS AND METHODS

Survey development and design

During the first stage of this research project the survey instrument was developed. Ideas for the questionnaire came from literature on pet bereavement, and comments made by clients at the ISU-VTH to clinicians and students that the author had discussed with other colleagues. The survey became a questionnaire instrument containing a total of twenty-seven questions. The survey contains several types of questions including binomial questions, multiple answer questions with designated choices, and open-ended questions. A copy of the survey instrument that was developed and utilized is located in the appendix.

The goal of the questionnaire was to: a) collect demographic information including subject's age, sex, and geographic location, b) collect information about the situation surrounding the companion animal loss, c) determine if the situation was handled satisfactorily by the veterinarian, and d) find out what could be done differently by the clinic and the veterinarian to improve an already stressful and sad situation for the client. A cover letter (see appendix) for the survey was also developed to encourage response and describe the research value of the study. It specified that the information given on the survey by the subject was strictly confidential and voluntary. It also informed the subjects of an approximate time to complete the survey and where to direct any questions they might have about the survey.
Procedure for data collection

The questionnaire was submitted to Iowa State University's Human Subjects Committee for approval to be used on human subjects. Once it was approved the subject pool was generated. The sample was drawn from the ISU-VTH client/patient database. The subject pool consisted of 622 individuals who had their pet euthanized or die while under the care of a veterinarian at the ISU-VTH during the period from December 1995 through August 1999. A retrospective study was performed using the survey instrument. A questionnaire, cover letter, and stamped return envelope was mailed through US Postal Service to all members of the subject pool. This was a single mailing with no reminder cards being sent. Also, no follow up calls were made.

Participant demographics

A total of 320 surveys were returned. The response rate was just over 51%. It is apparent from this first mailing response rate that this issue is important to veterinary clientele.

Of the 320 subjects the majority were female. The most common age range of participants was from age 40 to 49. The majority of subjects lived less than 25 miles from the ISU-VTH. More detailed demographic information about the subject pool is listed in Table 1.
Table 1. Demographic characteristics of the subject pool.a

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 or under</td>
<td>26</td>
<td>8.1</td>
</tr>
<tr>
<td>30-39</td>
<td>58</td>
<td>18.1</td>
</tr>
<tr>
<td>40-49</td>
<td>110</td>
<td>34.4</td>
</tr>
<tr>
<td>50-64</td>
<td>92</td>
<td>28.8</td>
</tr>
<tr>
<td>65+</td>
<td>33</td>
<td>10.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>103</td>
<td>32.2</td>
</tr>
<tr>
<td>Female</td>
<td>213</td>
<td>66.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distance from ISU-VTH (in miles)</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25</td>
<td>120</td>
<td>37.5</td>
</tr>
<tr>
<td>26-50</td>
<td>67</td>
<td>20.9</td>
</tr>
<tr>
<td>51-100</td>
<td>54</td>
<td>16.9</td>
</tr>
<tr>
<td>101-299</td>
<td>66</td>
<td>20.6</td>
</tr>
<tr>
<td>300+</td>
<td>9</td>
<td>2.8</td>
</tr>
</tbody>
</table>

*a*Totals do not equal 320 and 100% due to non-respondents. This holds true for other tables throughout the thesis.
ANALYSIS AND RESULTS

Data analysis of the responses

In order to examine the hypotheses listed in the introduction, the next set of data collected needs to be visualized. The responses to questions about the subject's level of attachment to the pet and how attachment affected the subject's grief are listed in Table 2.

Table 2. Details of companion animal ownership and grief.

<table>
<thead>
<tr>
<th>Question</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q 5 = Length of time since animal died</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 3 months</td>
<td>6</td>
<td>1.9</td>
</tr>
<tr>
<td>3 to 6 months</td>
<td>16</td>
<td>5.0</td>
</tr>
<tr>
<td>6 to 12 months</td>
<td>89</td>
<td>27.8</td>
</tr>
<tr>
<td>&gt;12 months</td>
<td>201</td>
<td>62.8</td>
</tr>
<tr>
<td>Q 7 = Length of ownership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1 year</td>
<td>19</td>
<td>5.9</td>
</tr>
<tr>
<td>1 to 5 years</td>
<td>69</td>
<td>21.6</td>
</tr>
<tr>
<td>5 to 10 years</td>
<td>113</td>
<td>35.3</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>113</td>
<td>35.3</td>
</tr>
<tr>
<td>Q 8 = Environment of animal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>indoor</td>
<td>202</td>
<td>63.1</td>
</tr>
<tr>
<td>outdoor</td>
<td>14</td>
<td>4.4</td>
</tr>
<tr>
<td>both</td>
<td>98</td>
<td>30.6</td>
</tr>
</tbody>
</table>
Table 2. (continued)

<table>
<thead>
<tr>
<th>Q 9 = Did the subject consider themselves the primary care giver?</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>296</td>
<td>92.5</td>
</tr>
<tr>
<td>no</td>
<td>16</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q 10 = How often does the subject still think of the deceased companion animal?</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>daily</td>
<td>121</td>
<td>37.8</td>
</tr>
<tr>
<td>weekly</td>
<td>112</td>
<td>35.0</td>
</tr>
<tr>
<td>monthly</td>
<td>63</td>
<td>19.7</td>
</tr>
<tr>
<td>rarely</td>
<td>18</td>
<td>5.6</td>
</tr>
<tr>
<td>never</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

In order to determine if these responses shared an association to one another, cross tabulations tables in SAS using proc freq were used to determine Somer's D C/R values from which the T Ratio was calculated from. If a T Ratio value is greater than 2 or less than negative 2 it meets 95% criteria for being significant.

The hypotheses that were being tested are:

1. If the companion animal was an indoor pet, the owner will think of the deceased pet more frequently. Association between questions 8 and 10.

This hypothesis was not supported, the T ratio value was not statistically significant at 0.83. The percentages were much closer than hypothesized. Roughly, 39% of people with indoor pets and 40% of people with outdoor pets thought of their pets
daily, and 38% of people with indoor pets and 32% of people with outdoor pets thought of their pets weekly. There was no relationship between if the pet was an indoor or outdoor pet and the frequency the owner thought of them after they died.

2. If the subject considered themselves the primary care giver, they would think of the deceased pet more frequently than if they weren’t the primary caregiver.

(Primary care giver is defined as the person who feeds, exercises, and trained the animal.) Association between questions 9 and 10.

This hypothesis was not supported, the T ratio value was not statistically significant at 1.85. The percentages were different but not enough to be significant. 40% of people who thought they were the primary caregiver and 19% of people who said they were not the primary caregiver thought of their deceased pets daily. 36% of primary caregivers, and 44% of people who said they were not the primary caregiver thought of their deceased pets weekly. There was not a strong relationship between considering themselves the primary caregiver and thinking of the animal more often.

3. The longer the length of time the owner had the companion animal the more frequently the owner would think of the animal after they were deceased.

Association between question 7 and 10.

This hypothesis was supported with a significant T ratio value of -2.02. There was a strong relationship between the length of ownership and the frequency owners would think of the pet after it was deceased. The greater the length of ownership, the more frequently they would think of the pet. For example, 45% of people who owned their pet for greater than 10 years thought of their deceased pet daily, compared to only 16% of people who owned their pet less than one year.
4. The shorter the length of time since the death of their companion animal, the more frequently the owner would think of them. Association between question 5 and 10.

This hypothesis was supported with a significant T ratio value of 3.93. There was a relationship between length of time since the death and how often the owner thought of their deceased pet. The more recent the loss the more frequently they thought of their pet. 67% of people who lost their pet less than three months ago thought of their pet daily, compared to only 31% of people who lost their pet greater than 12 months ago. Results from the statistical analysis of hypotheses 1 through 4 are shown in Table 3.

Table 3. T Ratio value of association between level of attachment and grief.

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Somer's D C/R</th>
<th>ASE</th>
<th>T Ratio = (Somer's/ASE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 (question 8 and 10)</td>
<td>0.052</td>
<td>0.062</td>
<td>0.83</td>
</tr>
<tr>
<td>#2 (question 9 and 10)</td>
<td>0.231</td>
<td>0.125</td>
<td>1.85</td>
</tr>
<tr>
<td>#3 (question 7 and 10)</td>
<td>-0.101</td>
<td>0.050</td>
<td>-2.02</td>
</tr>
<tr>
<td>#4 (question 5 and 10)</td>
<td>0.232</td>
<td>0.059</td>
<td>3.93</td>
</tr>
</tbody>
</table>

In order to test the next two hypotheses, cross tabulations tables in SAS using proc freq were used to determine Somer's D C/R values from which the T Ratio was calculated. For hypothesis #5, the subjects were asked several statements about options they were given from the veterinarian during the illness,
euthanasia, or death situation of their companion animal. They were to agree or disagree along a scale from 1 to 5, with 5 being strongly agree and 1 being strongly disagree (Question 11 in survey instrument). To understand how these variables were related to satisfaction, responses to each option in question 11 were compared to an average of the results to questions 15, 16, and 17 which were measures of the level of client satisfaction. Question 15 asked if they would be willing to come back to the ISU-VTH, question 16 asked if they would be willing to refer someone to the ISU-VTH, and question 17 asked if they were satisfied with the way the euthanasia (if performed) was handled. The possible responses to these three questions were “yes” and “no”. The results for those three questions were combined to attain a global finding of satisfaction. The subjects were coded as satisfied if they answered yes to all three questions and they were coded as not satisfied if they answered no to any of the three questions. Overall, 237 (88.1%) subjects were satisfied and 37 (11.9%) subjects were not satisfied. The question being tested was to see if their level of agreement that they received options during the illness, euthanasia, or death situation showed an association with their level of satisfaction with the veterinary clinic, and with the way the euthanasia was handled. See Table 4 and Table 5 for the results.

Table 4 shows all of the T ratio values were statistically significant because they fell within the range of greater than 2 or less than -2. Table 5 shows that the majority of people who strongly agreed they were offered an option were more likely to say they were satisfied than those who strongly disagreed they were offered the option. These results supported hypothesis #5. The more options offered at the
veterinary clinic during the grief situation (privacy, visitation, places for euthanasia, etc.) the more satisfied the subjects were with the veterinary clinic.

For hypothesis #6 cross tabulations tables in SAS using proc freq were used to determine Somer’s D C/R values which the T Ratio was calculated from. There were 12 characteristics of a veterinarian that were listed in question 14 of the survey instrument. The subject chose on a scale how much the veterinarian possessed each characteristic. These ranged from not at all to very much so. Each choice was converted into a numerical value. These values were averaged across the 12 items to produce an overall index of perceived credibility the subject felt the veterinarian possessed. The scale that was used to test perceived credibility of the veterinarian has been validated in psychology research when it was used to test perceived credibility of a psychologist. On the advice of statistical consultants this composite was treated as a categorical variable, and tested in association with the satisfaction composite using analysis similar to those described above. Table 6 shows that the T ratio value was statistically significant at -5.90. Table 7 shows an example of client’s thoughts about their veterinarian’s credibility and their level of satisfaction. Hypothesis #6 was supported. The more satisfied the subject was with the perceived credibility of the veterinarian, the more satisfied they were with their experience.
Table 4. Association between being offered options and level of satisfaction.

<table>
<thead>
<tr>
<th></th>
<th>Somer's D C/R</th>
<th>ASE</th>
<th>T Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>11A with AVG 15/16/17</td>
<td>-0.119</td>
<td>0.036</td>
<td>-3.30</td>
</tr>
<tr>
<td>11B with AVG 15/16/17</td>
<td>-0.121</td>
<td>0.045</td>
<td>-2.69</td>
</tr>
<tr>
<td>11C with AVG 15/16/17</td>
<td>-0.232</td>
<td>0.054</td>
<td>-4.29</td>
</tr>
<tr>
<td>11D with AVG 15/16/17</td>
<td>-0.189</td>
<td>0.033</td>
<td>-5.73</td>
</tr>
<tr>
<td>11E with AVG 15/16/17</td>
<td>-0.138</td>
<td>0.035</td>
<td>-3.94</td>
</tr>
<tr>
<td>11F with AVG 15/16/17</td>
<td>-0.267</td>
<td>0.044</td>
<td>-6.07</td>
</tr>
<tr>
<td>11G with AVG 15/16/17</td>
<td>-0.226</td>
<td>0.043</td>
<td>-5.26</td>
</tr>
<tr>
<td>11H with AVG 15/16/17</td>
<td>-0.191</td>
<td>0.043</td>
<td>-4.44</td>
</tr>
<tr>
<td>11I with AVG 15/16/17</td>
<td>-0.185</td>
<td>0.042</td>
<td>-4.40</td>
</tr>
<tr>
<td>11J with AVG 15/16/17</td>
<td>-0.126</td>
<td>0.031</td>
<td>-4.06</td>
</tr>
</tbody>
</table>

Table 5. Association between being offered options and level of satisfaction.

<table>
<thead>
<tr>
<th>Number that Strongly Agreed the option was offered</th>
<th>Number Satisfied (%)</th>
<th>Number that Strongly Disagreed the option was offered</th>
<th>Number Satisfied (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11A</td>
<td>68</td>
<td>65 (96)</td>
<td>11A</td>
</tr>
<tr>
<td>11B</td>
<td>112</td>
<td>104 (93)</td>
<td>11B</td>
</tr>
<tr>
<td>11C</td>
<td>189</td>
<td>177 (94)</td>
<td>11C</td>
</tr>
<tr>
<td>11D</td>
<td>43</td>
<td>43 (100)</td>
<td>11D</td>
</tr>
<tr>
<td>11E</td>
<td>137</td>
<td>131 (96)</td>
<td>11E</td>
</tr>
<tr>
<td>11F</td>
<td>198</td>
<td>192 (97)</td>
<td>11F</td>
</tr>
<tr>
<td>11G</td>
<td>163</td>
<td>157 (96)</td>
<td>11G</td>
</tr>
<tr>
<td>11H</td>
<td>128</td>
<td>122 (95)</td>
<td>11H</td>
</tr>
<tr>
<td>11I</td>
<td>129</td>
<td>123 (95)</td>
<td>11I</td>
</tr>
<tr>
<td>11J</td>
<td>45</td>
<td>44 (98)</td>
<td>11J</td>
</tr>
</tbody>
</table>
Table 6. Association between perceived credibility of the veterinarian and satisfaction with veterinary experience.

<table>
<thead>
<tr>
<th>Somer's D C/R</th>
<th>ASE</th>
<th>T Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVG14 with AVG 15/16/17</td>
<td>-0.195</td>
<td>0.033</td>
</tr>
</tbody>
</table>

Table 7. Percentages of people who were satisfied with their experience in association with the credibility of the veterinarian.

<table>
<thead>
<tr>
<th>Level of agreement that the veterinarian possessed the characteristic</th>
<th>Number Satisfied (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some or less</td>
<td>24 6 (29)</td>
</tr>
<tr>
<td>Very much so</td>
<td>147 144 (98)</td>
</tr>
</tbody>
</table>

One of the questions that subjects were asked was, which form of grief resource did they use and if it was useful to them. The way this question was set up, subjects could write in resources that were not on the multiple choice list in order to collect the most information about what resources people used to help them with their grief. The majority of people didn't use a resource (71.3%). Of those that did use a resource, a brochure (14.4%) was the resource that was used the most. People were asked to specify their preference for a resource even if they didn't use one. Again, most people said they would find a brochure to be the most useful (23.8%). An interesting finding in both of these questions was that, in the write-in section, both groups wrote in counseling and family/friends as other resources they
used or would find useful. There were other write in responses that were not categorized but are in Table 8 and 9 under the other category. The detailed results are listed in Table 8 and Table 9.

One of the goals of this project was to measure the level of satisfaction of subjects with their experience at the ISU-VTH. In order to do so, some specific questions directly measuring satisfaction were asked. These questions were numbers 15, 16, and 17, which were already used in other aspects of the statistical analysis. The majority of subjects were satisfied with ISU-VTH and with the way the euthanasia of their companion animal was handled. 89.4% of subjects said they would return to ISU-VTH for similar services, and 89.7% said they would refer someone to the ISU-VTH. 71.6% of subjects were satisfied with the way the veterinarian handled the euthanasia. For more information about subjects' responses to these questions, see Table 10.

Also collected from these responses were reasons subjects were not happy with the way the euthanasia was performed. This was an open-ended section where subjects could write in their complaints. They were grouped into major categories before they were entered and analyzed. The most common responses that could be categorized were that clients wanted more time alone with their pet and better communication with the veterinarian. The data is listed in Table 10.
Table 8. Frequency of grief resources used by subjects.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Number used</th>
<th>Percent used</th>
<th>Number found it useful</th>
<th>Percent found it useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>brochure</td>
<td>46</td>
<td>14.4</td>
<td>37</td>
<td>80.4</td>
</tr>
<tr>
<td>pet loss support hotline</td>
<td>12</td>
<td>3.8</td>
<td>7</td>
<td>58.3</td>
</tr>
<tr>
<td>pet loss support group</td>
<td>5</td>
<td>1.6</td>
<td>4</td>
<td>80.0</td>
</tr>
<tr>
<td>used no resource</td>
<td>228</td>
<td>71.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other category -</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(responses written in are shown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>below)</td>
<td>36</td>
<td>16.2</td>
<td>29</td>
<td>80.6</td>
</tr>
<tr>
<td>family/friends</td>
<td>18</td>
<td>5.6</td>
<td>14</td>
<td>77.8</td>
</tr>
<tr>
<td>counseling</td>
<td>2</td>
<td>0.6</td>
<td>2</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 9. Grief resource subjects thought they would find most useful even if they didn’t use any resource during this pet loss.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brochure</td>
<td>76</td>
<td>23.8</td>
</tr>
<tr>
<td>pet loss support hotline</td>
<td>20</td>
<td>6.3</td>
</tr>
<tr>
<td>pet loss support group</td>
<td>27</td>
<td>8.4</td>
</tr>
<tr>
<td>other category -</td>
<td>70</td>
<td>21.8</td>
</tr>
<tr>
<td>(responses written in are shown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>below)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>family/friends</td>
<td>41</td>
<td>12.8</td>
</tr>
<tr>
<td>counseling</td>
<td>3</td>
<td>0.9</td>
</tr>
</tbody>
</table>
Table 10. Measure of level of satisfaction with the ISU-VTH and the way pet euthanasia was performed.

<table>
<thead>
<tr>
<th>Question</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q15 = Willing to come back to ISU-VTH?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td>286</td>
<td>89.4</td>
</tr>
<tr>
<td>no</td>
<td>22</td>
<td>6.9</td>
</tr>
<tr>
<td>Q16 = Willing to refer someone to ISU-VTH?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td>287</td>
<td>89.7</td>
</tr>
<tr>
<td>no</td>
<td>20</td>
<td>6.3</td>
</tr>
<tr>
<td>Q17a = Satisfied with euthanasia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td>229</td>
<td>71.6</td>
</tr>
<tr>
<td>no</td>
<td>26</td>
<td>8.1</td>
</tr>
<tr>
<td>Q17b = If they were not satisfied with the euthanasia, what could have been done differently? (They were allowed to write in as many as they wanted)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>more time alone with pet (privacy)</td>
<td>6</td>
<td>1.9</td>
</tr>
<tr>
<td>listen to what owner wants (better communication)</td>
<td>6</td>
<td>1.9</td>
</tr>
<tr>
<td>wanted to be present during the euthanasia</td>
<td>5</td>
<td>1.6</td>
</tr>
<tr>
<td>other</td>
<td>11</td>
<td>3.4</td>
</tr>
</tbody>
</table>
Two open-ended questions were asked toward the end of the survey. They were used to collect information about what clients felt helped them the most during their grieving process and if they had any comments about how the teaching hospital could have handled the illness, death, or euthanasia situation more appropriately to meet their needs. The results were grouped into main categories and then analyzed. There were some very interesting findings. For example, the majority of subjects (27.2%) said that obtaining a new pet was what helped them the most through their grieving process. The second response that showed up with the most frequency was memories of their pets. This included pictures and possessions of their pet. Other common responses were time, friends, and family. In response to what could have been done differently the most common answer was that the veterinarian should show more compassion and support (9.4%). Some other common answers were: veterinarian should send a sympathy card or call, honest communication, offer resources on grief, and give more privacy. Tables 11 and 12 show detailed results.

The rest of the questions in the survey were asked to determine the preferences of clients during an illness or death situation. Some of the most interesting findings were that the majority of clients (62.2%) preferred to be present during the euthanasia of their companion animal and 96.6% of clients preferred to have visitation time with their ill companion animal. Also, the most common place that clients wanted the euthanasia of their companion animal performed was at the veterinary teaching hospital. These questions and responses are reported in Table 13.
Table 11. What helped clients through their grieving process.\textsuperscript{a}

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>obtained a new pet</td>
<td>87</td>
<td>27.2</td>
</tr>
<tr>
<td>memories of pet (pictures, possessions)</td>
<td>67</td>
<td>20.9</td>
</tr>
<tr>
<td>time</td>
<td>47</td>
<td>14.7</td>
</tr>
<tr>
<td>other</td>
<td>41</td>
<td>12.8</td>
</tr>
<tr>
<td>friends</td>
<td>39</td>
<td>12.2</td>
</tr>
<tr>
<td>family</td>
<td>36</td>
<td>11.3</td>
</tr>
<tr>
<td>memorialization (burial, cremation,</td>
<td>32</td>
<td>10.0</td>
</tr>
<tr>
<td>ceremony, donating money)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>support from another pet</td>
<td>31</td>
<td>9.7</td>
</tr>
<tr>
<td>religion</td>
<td>11</td>
<td>3.4</td>
</tr>
<tr>
<td>literature about pets and pet loss</td>
<td>10</td>
<td>3.1</td>
</tr>
</tbody>
</table>

\textsuperscript{a}Percentages were figured using the total subject population of 320.
Table 12. The most frequently recorded items clients felt ISU-VTH could have done differently to improve their service during client grieving times.

<table>
<thead>
<tr>
<th>Item</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>other</td>
<td>54</td>
<td>16.9</td>
</tr>
<tr>
<td>veterinarian should show more compassion and support</td>
<td>30</td>
<td>9.4</td>
</tr>
<tr>
<td>sympathy letter or phone call from the veterinarian</td>
<td>24</td>
<td>7.5</td>
</tr>
<tr>
<td>honest open communication</td>
<td>21</td>
<td>6.6</td>
</tr>
<tr>
<td>offer resources on grief</td>
<td>13</td>
<td>4.1</td>
</tr>
<tr>
<td>more privacy</td>
<td>13</td>
<td>4.1</td>
</tr>
<tr>
<td>time with animal before euthanasia</td>
<td>12</td>
<td>3.8</td>
</tr>
<tr>
<td>more visitation with ill animal</td>
<td>11</td>
<td>3.4</td>
</tr>
<tr>
<td>provide options for animal's remains</td>
<td>6</td>
<td>1.9</td>
</tr>
<tr>
<td>not paying right away, being billed later</td>
<td>5</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Table 13. Preferences of clients during companion animal illness or death situations.

<table>
<thead>
<tr>
<th>Preference</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would prefer to be told privately of my companion animal's terminal illness or death.</td>
<td>300</td>
<td>93.8</td>
</tr>
<tr>
<td>yes</td>
<td>300</td>
<td>93.8</td>
</tr>
<tr>
<td>no</td>
<td>10</td>
<td>3.1</td>
</tr>
</tbody>
</table>
Table 13, cont.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Row %</th>
<th>Column %</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would prefer to be present during the euthanasia of my companion animal.</td>
<td>199</td>
<td>96</td>
<td>62.2</td>
<td>30.0</td>
</tr>
<tr>
<td>I would prefer to be given a wide variety of treatment options.</td>
<td>294</td>
<td>16</td>
<td>91.9</td>
<td>5.0</td>
</tr>
<tr>
<td>I would like to be able to visit my ill companion animal in the hospital.</td>
<td>309</td>
<td>7</td>
<td>96.6</td>
<td>2.2</td>
</tr>
<tr>
<td>I would prefer to be given different options for the disposal of my companion animal's remains.</td>
<td>271</td>
<td>38</td>
<td>84.7</td>
<td>11.9</td>
</tr>
<tr>
<td>Where would you prefer that your companion animal be euthanized?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>veterinary clinic-teaching hospital</td>
<td>134</td>
<td></td>
<td>41.9</td>
<td></td>
</tr>
<tr>
<td>veterinary clinic-at home/local hospital</td>
<td>58</td>
<td></td>
<td>18.1</td>
<td></td>
</tr>
<tr>
<td>in personal home</td>
<td>85</td>
<td></td>
<td>26.6</td>
<td></td>
</tr>
<tr>
<td>in natural environment (outside)</td>
<td>40</td>
<td></td>
<td>12.5</td>
<td></td>
</tr>
<tr>
<td>other</td>
<td>8</td>
<td></td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>no preference</td>
<td>9</td>
<td></td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>If home hospice care were available, would you be interested?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td>221</td>
<td></td>
<td>69.1</td>
<td></td>
</tr>
<tr>
<td>no</td>
<td>83</td>
<td></td>
<td>25.9</td>
<td></td>
</tr>
<tr>
<td>I would prefer that the veterinarian give me information about dealing with grief.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td>226</td>
<td></td>
<td>70.6</td>
<td></td>
</tr>
<tr>
<td>no</td>
<td>80</td>
<td></td>
<td>25.0</td>
<td></td>
</tr>
</tbody>
</table>
The last four hypotheses that were directly tested using cross tabulations tables in SAS using proc freq to determine Somer's D C/R values which the T Ratio was calculated from. The last four hypotheses are listed below.

16. Female clients are more likely to want grief information from the veterinarian.  
   Association between questions 2 and 27.
   This hypothesis was supported with a statistically significant T ratio value of 3.02.  
   80% of females compared to 63% of males said they wanted the veterinarian to give them grief information. Female clients are more likely to want grief information from the veterinarian than male clients are.

17. Owners who classified their pets as indoor pets are more likely to want to be present during the euthanasia. Association between questions 8 and 21.
   This hypothesis was not supported, the T ratio value of 1.68 was not statistically significant. 70% of clients with indoor pets and 63% of people with outdoor pets wanted to be present during the euthanasia of their pet. These percentages were not significantly different and did not show a relationship between the environment of the pet and if the client wanted to be present during the euthanasia or not. One possible reason for this is that the environment of the pet doesn't relate to the level of attachment the owner feels for the pet.

18. Owners with outdoor pets are more likely to want their pet euthanized in an outdoor environment. Association between questions 8 and 25 (response 4).
   This hypothesis was supported with a statistically significant T ratio value of 2.52.  
   20% of people with outdoor pets, compared to 10% of people with indoor pets, said
they would prefer their pet be euthanized outdoors. People with an outdoor pet are twice as likely to want their pet euthanized in an outdoor environment.

19. Is there a relationship between the owner's gender and if they want to be present during the euthanasia. Association between questions 2 and 21.

This hypothesis was not supported. The T ratio value was not statistically significant at 1.33. 70% of females and 62% of males wanted to be present during the euthanasia of their companion animal. There appears to be no relationship between gender and preferring to be present during the euthanasia.

The results to the statistical analysis of the above four hypotheses are shown in Table 14.

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Somer's D C/R</th>
<th>ASE</th>
<th>T Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>#16 (questions 2 and 27)</td>
<td>0.169</td>
<td>0.056</td>
<td>3.02</td>
</tr>
<tr>
<td>#17 (questions 8 and 21)</td>
<td>0.094</td>
<td>0.056</td>
<td>1.68</td>
</tr>
<tr>
<td>#18 (question 8 and 25-response 4)</td>
<td>0.111</td>
<td>0.044</td>
<td>2.52</td>
</tr>
<tr>
<td>#19 (question 2 and 21)</td>
<td>0.080</td>
<td>0.060</td>
<td>1.33</td>
</tr>
</tbody>
</table>

Discussion

From the statistical analysis several conclusion can be made about the projected hypotheses. It is clear that the more options clients in grief situations are offered the more satisfied they are with the experience. What seemed the most
important of those options tested was if they were given different choices for the location of the euthanasia and if they felt comfortable enough with the veterinarian to ask questions. Along this same line, they were also more satisfied with the clinic and the euthanasia of their companion animal if they thought the veterinarian possessed important personality and professional characteristics.

Details about the ownership of the companion animal were good predictors of the amount of grief the client felt when their companion animal died. The longer they owned the pet before it died, the more the client still thought about the animal, and the shorter the period of time since the death of the pet, the more often the client still thought about their pet. However, some of the hypotheses in this area were incorrect. It didn't seem to matter if the pet was an indoor or outdoor pet, the owner still thought about the deceased pet with the same frequency. Clients with indoor pets were not more likely to want to be present for the euthanasia than clients with outdoor pets, as was projected by the hypothesis. Also, just because the subject didn't consider themselves the primary caregiver of the animal didn't mean they grieved any less over the loss.

For location of the euthanasia, most clients preferred to have their pet euthanized at the veterinary teaching hospital. Those clients who considered their pets more outdoor pets were more likely to want their pet euthanized outdoors than were clients who considered their pets indoor pets.

The most helpful grief resource that the veterinarian should have available for their clients would be a brochure. This literature form was the one most clients
preferred. However, most clients reported not using any resource. Other resources that clients considered important included family and friends.

As far as overall consensus on what helped clients the most during their grieving period, they included the following, ranked in order of most important to least important:

1. obtained a new pet
2. memories of their deceased pet in the form of mental images, pictures, or the pet's personal items
3. time
4. friends
5. family
6. memorialization in the form of burial, cremation, ceremony, donating money
7. religion
8. literature

Other client preferences that went along with the hypothesis presented in the introduction included the following:

1. Most clients (93.8%) preferred to be told in privacy of their animal's illness or death.
2. The majority of clients (62.2%) preferred to be present during the euthanasia.
3. The majority of clients (96.6%) would like visitation time with their pets.
4. The majority of clients (84.7%) would like the veterinarian to give them options for the disposal of their animal's remains.
5. The majority of clients (70.6%) would be interested in home hospice care.
6. The majority of owners (70.6%) would prefer the veterinarian give them information about the grieving process.

As far as gender related issues it was thought that females would prefer to be given grief information from the veterinarian about the grieving process more than males. This was found to be true. But, there was no relation between gender and if the client wanted to be present during the euthanasia.

Overall satisfaction with the ISU-VTH was good. 89.4% of clients said they would return to ISU for a similar problem, and 89.7% said the would refer someone else to ISU. The top three reasons clients seemed dissatisfied were:

1. the veterinarian didn’t show enough compassion and support
2. they would have liked to receive a sympathy letter or phone call from the veterinarian
3. they wanted more honest and open communication

The majority of owners were satisfied with the way the veterinarian handled the euthanasia of their companion animal. Only 8.1% were not happy with the way the euthanasia was handled. The top two reasons for not being satisfied were they felt better communication was needed, and they wanted more time alone with their pet before and after the euthanasia.
CONCLUSIONS

Recommendations for veterinarians when communicating with and advising clients regarding companion animal death

The purpose of this research project was to review pertinent professional literature and conduct a research project in order to collect as much information as possible about how veterinarians can handle grief situations with clients in the most helpful way possible. The result is a recommendation made to veterinarians about things they can do and ways to handle situations so they can better serve their clients. The following is a conglomeration of information from the reviewed literature as mentioned above in the literature review section and from data analysis of the survey instrument.

The Veterinarian

Basic interpersonal skills and a true caring nature are essentials for a veterinarian to be able to get across to the client that they really care and want to help. The veterinarian needs to be able to deal with stressful situations, not only from their perspective but also from a situational perspective. They need to be able to assess the situation and defuse any heated altercations. During interactions with clients, veterinarians must feel comfortable with their clients’ emotions. The veterinarian must take an active role in the learning process and make a conscious effort to improve such skills.

For clients, two of the most important qualities that veterinarians need to possess are compassion and honest communication. Subjects clearly felt their
veterinarian should show more compassion. In this study, it was the most frequent response to the question, "What could have been done differently to improve their experience?". The third most common response was better communication. It is clear that veterinarians should have genuine concern and honesty when dealing with their clients. Never, never, never lie to a client. Telling the truth may cause them pain and anguish, but lying to them will hurt them more in the long run and will jeopardize the veterinarians relationship with them. It is the veterinarian's duty to maintain the relationship with integrity so that the client can trust and receive help without any reservations. These are items that clients place high value on and want more of from their veterinarian.

Veterinarians should educate themselves about the grieving process and try to become as comfortable with death as possible in order to help clients in the most inclusive way. It is also very important to become familiar with the grieving process so that one can educate the client about what to expect during the loss of their pet. Such knowledge can facilitate the veterinarian in assessing the client's progress and allow the veterinarian to recognize if the problems the client is having over the loss of their companion animal are too much for the client to handle on their own. In such situations the veterinarian can feel comfortable recommending the client seek professional help.

The purpose of the above ideas is to prepare the veterinarian to support their clients during times of crisis in the most successful way possible. Besides self-preparation, there are other methods of preparation that can be practiced in a clinical setting to better serve grieving clients.
Working with the client

One word describes the most important principle in dealing with grieving clients. **Options!** It is very clear from the results of this study that clients preferred to be given options. This pertains to every aspect of the veterinary process, including treatment options, what kind of environment they would like to euthanize their pet in, and what they would like to have done with their pet's remains. This was proven in several areas of the study. The more options clients were given during their experience at ISU-VTH the more satisfied they were. Also, the majority of clients wanted the veterinarian to give them options about certain choices like where to euthanize their pet and what to do with their pet’s remains. It is important that the veterinarian know what the options are available in their area as far as private cremation or burial, and make their clients aware. Options are very helpful tools. They help the veterinarian give some control over the situation back to the client.

Normalizing the grieving process to a client can be of great service to them. Just by listening in a nonjudgmental format, a veterinarian can provide a secure environment in which the client can grieve. It is critical that the veterinarian provides this role, because the client may not receive it from anyone else in their life. An important step in this process is to provide the client with information about the grieving process. This study clearly indicates that the form of information clients prefer is literature, and more specifically, they prefer a brochure format. The majority of the subject pool that used a grief resource used a brochure. Approximately 80% of those that used the brochure found it helpful. Even those subjects that didn't use a grief resource, chose a brochure as the grief resource they
would find the most useful. Not only does this provide the veterinarian with the information they need to provide literature to their clients, but they can also be confident when distributing the information. The majority of subjects said they would prefer the veterinarian provide information about the grief process. However, if the veterinarian thinks the person is uncomfortable in the situation they should also have handouts available where the client can pick them up themselves. Another interesting finding was that females are more likely to want this information than males. Thus, it is important to be prepared to educate clients about the grief process not only verbally, but also with resources they can utilize at home.

The majority of subjects in this study preferred privacy when discussing their terminally ill pet. All communication with clients, especially grieving clients should be done in privacy. Any time the veterinarian must deliver bad news, they should think about the environment and if it is appropriate. Prepare the client emotionally before dropping bad news on them. Start by giving a brief explanation and let them absorb information before going into more detail, otherwise they may not hear everything you want them to. Practices that have the money or are currently remodeling should consider devoting space to a room dedicated to the needs of grieving clients. Such a space can be used for euthanasia, private visitation with terminally ill animals, and a privacy area for highly emotional clients. There are many uses for a well designed, comfortable client privacy area.
Euthanasia

When it comes time to euthanize a patient, this is a decision that must be left up to the client. The veterinarian should never make that decision for the client. It is, however, the veterinarian's responsibility to provide subjective criteria to the client to help them make the decision. The veterinarian should actively work through this information with the client (as long as they are comfortable with that) to be sure they are making the most informed decision. Again, the veterinarian should keep in mind and offer options to the client for the location of the euthanasia and choices for what to do with the animal's remains. Subjects in this study that were not satisfied with the way the euthanasia of their pet was handled were allowed to write in reasons. The majority of clients were not happy because of these three main reasons.

1. They wanted more time alone with their pet (privacy).
2. They felt the veterinarian didn’t listen to what they wanted for their pet (better communication).
3. The client wanted to be present during the euthanasia.

Veterinarians can keep these responses in mind when getting ready to perform a euthanasia. It is clear that the client wants the option of being present during the euthanasia. The majority of subjects (62.2%) in this study wanted to be present. It is clear that the option should be made available and that the client should be allowed to decide if they want to be present or not. Again, better communication is needed between the veterinarian and the client, this has been mentioned before. The client should be given time alone, in privacy, with their pet before and after the euthanasia to say goodbye. In fact, the client should be encouraged to say goodbye
to their pet. Lastly, the veterinarian should encourage the participation of children, even young children. They will deal with the death better if it is handled in an open manner rather than hiding it from them or lying to them.

When it comes time for the actual euthanasia, there are many things the veterinarian can do to better prepare the client. All medical procedures, drugs, and the animal’s reactions should be explained to the client before the process has begun. It can also be helpful and less confusing to the client if the veterinarian shows some sort of confirmation of death.

Encouraging a ritualized goodbye may help the client in working through their grief. This was referred to as memorialization in the study. The veterinarian should provide information about the options that are available to the client such as: cremation, burial memorials, and memorial funds. It is also a good idea to provide this information initially when an owner first brings in a pet, as this can help facilitate the client’s realization that they will probably outlive their pet. Some other ideas that can help facilitate the memorialization process can be taking pictures of patients. Then when they pass away, the veterinarian can send the picture and a sympathy card to the client. Another way veterinarians can memorialize their patients is by donating money in the patients name to a cause or fund of their choice so that the client understands that the veterinarian really cares about the memory of their pet. Such ideas are supported by this research project.

The second most common item clients felt could have been done differently to improve their experience was receiving a sympathy letter or phone call from the veterinarian. Memorialization is an important process in the death of a pet. 10% of
clients who participated in this study used memorialization to help them through the grieving process. It is also a difficult one because there is no socially accepted process for the memorialization of a pet.

A final key point to remember about euthanasia is to try and settle all charges for the euthanasia before hand, including the decision on what to do with the body. This was mentioned by a small number of subjects as something that could have been handled better. Also, when it comes time to return the remains, always return the body or ashes in the best possible condition to show respect for the animal and the owner.

Overall, it is best to set up some kind of protocol for your hospital and make sure that all the staff are familiar with it. This way when things get hectic and emotional, you don’t need to worry about how to get things done. Make sure clients feel comfortable expressing any emotions that they may have during the process.

Visiting a Terminally Ill Patient

This is a very important issue. Most veterinary hospitals have restrictions on their visitation policies. These restrictions should be seriously considered and some be retracted. An overwhelming majority of clients (96.6%) wanted to visit their terminally ill animal. The response, “more visitation with ill animal” was listed by a few clients as something that could have been handled differently to improve service. The veterinarian should invite the client to see their animals while they are being hospitalized, and plan ahead for the visit. The veterinarian should never discourage the client from visiting their animal. Even visiting a very sick animal can help the client come to terms with the situation and feel they have not let down their
animal or have not abandon them. When the client comes to visit, the area should be clean and quiet and the patients should be comfortable and easily accessible for the client. There should be tissues and a bathroom available. All staff should be aware of the situation. Remembering these few items can make the visit go much smoother for the client.

Condolence

A personal call or letter from the veterinarian expressing their sorrow over the loss of a much beloved patient and commending the client on their care and dedication to their animal is a good idea. It was mentioned by several subjects in the research project as a excellent gesture and commented on by owners as something they really appreciated and remembered their veterinarian for. Owners want to know the veterinarian is truly interested in and cares about them and their animal. Also, already mentioned above is memorialization. It should be a part of the veterinarian’s protocol for euthanasia and death situations.

Client Grief

In one of the open-ended questions of the survey, subjects were asked to write in what has helped them the most with their grief. Of those that responded the most frequent answer was obtaining a new pet. 87 out of the total 320 people (27.2%) stated that getting a new pet helped them through their grief over the recent loss of their previous pet. This is a very fascinating finding because it goes against what all the current research tells us about obtaining a new pet. It is clear in the majority of pet loss literature that owners should not be encouraged to get another pet right away. They need to feel the current loss and work through the grief
process before obtaining a new pet. However, this finding goes directly against that recommendation. Of those that stated a new pet helped them, the majority said they realized that they could not replace the pet but that their home was too empty to be without another companion. The companionship and stability that a pet provides is very important to the health of the person. When it is taken away by the loss of a pet, a new pet can temporarily provide those roles so the person can concentrate on the grieving process. More support for this finding was that 31 subjects (9.7%) stated that support from another pet (they had more than one) helped them through the grieving process. Other common responses of subjects included time, friends, family, and memorialization. These findings make it interesting from the veterinarian’s standpoint in that they may not want to be too quick to recommend waiting to obtain another pet. If the client really feels they need the companionship maybe it should be encouraged. Clearly, more research is needed in this area before a definitive recommendation can be made.

Conclusion

When dealing with clients during grieving situations it all comes down to bedside manner. The clients want to know that the veterinarian genuinely cares about them and especially their animal. It is important that you acknowledge the magnitude of their relationship because they can never just get another dog (or cat), and the veterinarian needs to realize what a vital part of the client’s life this relationship may have been.

Most importantly, veterinarians should maintain respectful and trusting relationships with their clients. Following these guidelines will help the veterinarian
better serve the client and it may spark some original ideas on how to handle these situations in a practice setting. No advice can prepare a professional for all the different situations, but it can provide a working base that they may refer to, so as to try and make clients feel more comfortable.
APPENDIX

Cover Letter

Dear Patron,

The Veterinary Teaching Hospital at Iowa State University is conducting a research study. The purpose of this study is to collect information from clients about their experiences with euthanasia (assisted death) or pet loss which occurred at the ISU Veterinary Teaching Hospital.

Through research, we are striving to understand the experience clients have when a beloved companion animal dies so that we may better serve the public during these unfortunate times. The hope is to learn from you, the client, what was handled well and what could have been done differently.

Your participation in this survey is strictly voluntary. The information gathered will be held in the strictest confidence, and data will be used in summary format only. If any question feels too personal, you may choose not to answer it. We would like to encourage your cooperation in this research effort because we believe it will help us to better serve our clients.

Please set aside five minutes from your busy schedule to complete the enclosed questionnaire and return it to us in the provided envelope. If you have any questions or comments about this survey, please feel free to contact us.

Sincerely,

Christine Graham (515) 294-2531

Dr. Ronald Grier (515) 294-2531
Survey instrument
Iowa State University Veterinary Teaching Hospital Grief and Loss Questionnaire

This questionnaire was designed to educate the veterinary profession about pet loss. Please be as complete as possible to facilitate our learning process. Any information is helpful to this research so please send back your questionnaire even if you didn’t feel comfortable answering all of the questions.

For each item please circle only one number unless otherwise indicated.

1. How old were you on your last birthday?
   1 = 29 or under
   2 = 30-39
   3 = 40-49
   4 = 50-64
   5 = 65+

2. What is your gender?
   1 = female
   2 = male

3. How far do you live from the Veterinary Teaching Hospital?
   1 = less than 25 miles
   2 = 26 to 50 miles
   3 = 51 to 100 miles
   4 = 101 to 299 miles
   5 = 300+ miles

4. Our records indicate that you had a companion animal die or euthanized at the Veterinary Teaching Hospital. Is that correct?
   1 = yes, continue to question #5
   2 = no, skip to question #20

5. How long ago did your companion animal pass away?
   1 = less than 3 months ago
   2 = 3 months up to 6 months ago
   3 = 6 months up to 1 year ago
   4 = 1 year ago or more
6. Did your companion animal pass away (or was euthanized) because of a ...
   1= medical problem,
   2= behavioral problem,
   3= old age, or
   4= for some other reason?
   (specify ________________________ )

7. How long did you have your companion animal before he/she passed away?
   1= less than 1 year
   2= 1 year up to 5 years
   3= 6 years up to 10 years
   4= more than 10 years

8. Was your companion animal an indoor or an outdoor pet?
   1= indoor
   2= outdoor
   3= both

9. Were you the **primary** caregiver for this animal (fed, exercised, and trained, etc.)?
   1= yes
   2= no

10. How often do you still think of your deceased companion animal?
    1= daily
    2= weekly
    3= monthly
    4= rarely
    5= never

11. Below is a list of statements about experiences you may have had at the teaching hospital. Please circle the number that corresponds to how strongly you agree or disagree with each of these statements. If a statement does not apply to your experiences please circle the number in that column.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Different levels of treatment were available for my terminally ill</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>companion animal (for example: home hospice, medication, hospitalization).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I was able to visit my companion animal during hospitalization.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>c. I was given the chance to say goodbye to my companion animal before he/she was euthanized.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>d. I was given different options for the location of the euthanasia (for example: home euthanasia, somewhere outside, exam room, etc.).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>e. I was given different options for the disposal of my companion animal’s remains.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>f. I felt comfortable enough with the veterinarian to ask questions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. I was told privately of my companion animal’s terminal illness or death.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
h. I was given a private place to grieve until I left.

i. The veterinarian asked me if I wanted to be present during the euthanasia of my companion animal.

j. There were extra resources available to me (handouts, phone number of pet loss support hotline, etc.).

12. a) Did you use any of the following resources while dealing with your grief? Circle all that apply.
   1= brochure
   2= pet loss support hotline
   3= pet loss support group
   4= other (specify __________________________)
   5= used no resources, skip to question #13

   b) Were any of the resources useful?
      1= yes, --------Which ones? Circle all that apply.
         a= brochure
         b= pet loss support hotline
         c= pet loss support group
         d= other (specify_______)

13. In general, of all the possible resources used for dealing with grief which one Would you find to be the most useful? Circle one.
    1= brochure
    2= pet loss support hotline
    3= pet loss support group
    4= other (specify_____________________________________)
14. For the following table, please think about the veterinarian who was in charge of your pet's case. Please complete the following statements indicating the level of each characteristic you think they possessed.

<table>
<thead>
<tr>
<th>The veterinarian in charge of my case was...</th>
<th>Not at all</th>
<th>A little</th>
<th>Some</th>
<th>A lot</th>
<th>Very much so</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Friendly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Expert-knowledge</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Honest</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Likeable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Experienced</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. Reliable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. Sociable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. Prepared</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. Sincere</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. Warm</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k. Skillful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>l. Trustworthy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Please circle one answer:
15. I would be willing to come back to the teaching hospital for a similar problem.
   1= yes
   2= no

16. I would be willing to refer someone to the teaching hospital for similar services.
   1= yes
   2= no

Please feel free to expand your answers to the next three questions:
17. I was satisfied with the way the veterinarian conducted the euthanasia of my companion animal.
   1= yes
   2= no, What do you feel could have been done differently?
   (specify__________________________________________)
   3= not applicable

18. We would like to know how you have managed your grief since the loss of your companion animal. What has helped you the most?
19. If you have any additional comments that would help us better serve clients during times of stress and grief, please share them with us:

For the following questions (20-27), please circle what your preferences would be if you were going through the illness or death of a companion animal.

20. I would prefer to be told privately of my companion animal’s terminal illness or death.
   1= yes
   2= no

21. I would prefer to be present during the euthanasia of my companion animal.
   1= yes
   2= no

22. I would prefer to be given a wide variety of treatment options.
   1= yes
   2= no

23. I would like to be able to visit my ill companion animal in the hospital.
   1= yes
   2= no

24. I would prefer to be given different options for the disposal of my companion animal’s remains.
   1= yes
   2= no

25. Where would you prefer that your companion animal be euthanized?
   1= in veterinary clinic - at veterinary teaching hospital
   2= in veterinary clinic - at local/home hospital
   3= in your home
   4= in natural environment (outside)
   5= other place
   (specify_______________________________________________________)

26. If home hospice care (your animal could stay at home and a veterinarian would come to your home on a regular basis to provide care) were available, would it be something you would be interested in?
   1= yes
   2= no
27. I would prefer that the veterinarian give me information about dealing with grief (for example in the form of handouts or phone number of a pet loss hotline).
   1 = yes
   2 = no
REFERENCES CITED


