The euthanasia decision-making process: A qualitative exploration of bereaved companion animal owners

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Abstract: The purpose of this study was to explore and assess bereaved companion animal (CA) owners' (N=672) responses to a question about the decision to euthanize their animal. Content analysis revealed four major themes: grief without guilt (73%); euthanasia as appropriate decision, accompanied by guilt and/or ambivalence (22%); sole expression of guilt (6%); and veterinarian collaboration with decision (32%). Results suggest that most believe they made the right decision even though they experienced extremely high levels of grief. A smaller percentage of respondents were distraught with guilt, expressing low self-compassion, religious beliefs, and broken trust. Our findings corroborate the important relationship between veterinary staff and CA owners. Mental health clinicians, veterinarian, veterinary medical personnel should provide support and comfort to clients, especially when discussing and deciding upon euthanasia.

Keywords: companion animal bereavement, pet loss, euthanasia, grief, guilt

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Introduction

There is a growing body of literature demonstrating that for some, the death of a companion animal[1] may induce grief responses of comparable severity to the loss of a beloved human (Habarth et al., 2017; Wong, Lau, Liu, Yuen, Wing-Lok, 2017; Packman, Field, Carmack, & Ronan, 2011; Field, Orsini, Gavish, & Packman, 2009; Sable, 1995). CAs have been found to foster feelings of safety and comfort (Sable, 1995) and are often viewed as a family member (Packman et al., 2014; Packman, Field, Carmack, & Ronan, 2011). Nonetheless, a CA death continues to be highly disenfranchised (Cordaro, 2012) even though there are more people who are bereaved by a CA death than by a human death each year (Hewson, 2014). Of importance, with continued disenfranchisement of CA loss, there may be little opportunity for external validation and empathy (Davis, Irwin, Richardson, & O'Brien-Malone, 2003). Since animals' lifespans are significantly shorter than their human caretakers, CA owners[2] will likely go through several disenfranchised losses over time (Westgarth et al., 2013), potentially impacting their mental health and feelings of social connectedness. While people commonly have multiple companion animals over a lifetime, their death may not be considered an appropriate justification for grief and, thus, may not be validated (Doka, 2008).

One area that is especially prominent to CA death is euthanasia[3] (Adrian, Deliramich, & Frueh, 2009; McCutcheon & Fleming, 2001; Adams, Bonnett, & Meek, 2000). The authors have presented on CA loss at multiple bereavement conferences. Most recently, the authors presented the data for this paper in a poster format, and it became apparent that we were the only ones presenting on CA loss (often the case). Still, many people stopped by to talk, at length, about their personal experiences with euthanasia, specifically noting that their grief never felt validated.

There is a small body of empirical psychological literature regarding CA euthanasia, possibly reflecting the continued disenfranchisement of CA loss within the academic community. Much of the data on euthanasia are presented in veterinary journals, especially as they relate to the veterinary medical staff's experiences (Hewson, 2014; Morris, 2012). The existing psychological literature on euthanasia is contradictory. For instance, Cowles (1985) found that participants reported satisfaction and relief with the choice of euthanasia. In a quantitative study assessing companion animal death adjustment in Canada (N=103), McCutcheon and Fleming (2001) found that owners who euthanized their CAs reported less distress than those whose CA had died naturally. Similarly, in a sample of veterinary client dog owners and college students, Planchon, Templer, Stokes, and Keller (2002) found a positive association between having one's animal euthanized and a shorter period of grief. Lastly, Barnard-Nguyen, Breit, Anderson, and Nielsen's (2016) findings suggest that when comparing CA euthanasia following sudden illnesses or accidents, sudden death predicted anger-related grief, and a cancer diagnosis negatively predicted both anger and guilt-related grief. Contrary to these findings, Davis, Irwin, Richardson, & O'Brien-Malone (2003) found that 'the strongest predictor of an extreme grief response was having the animal euthanized' (p.71).

In a recent qualitative study in Hong Kong (N=31), Wong, Lau, Liu, Yuen, and Wing-Lok (2017) found that some participants reported guilt and self-blame about their decisions to euthanize their animals, especially regarding the correct medical treatment. Hewson (2014) discussed grief following euthanasia in the context of a veterinary medical clinic. She noted that 'feelings of guilt are a common and distressing sequel to an owner's decision' to euthanise their CA (p. 105) and described Dawson's (2010) concept of "responsibility grief' where the highly-attached owner's strong senses of responsibility and care throughout their CA's life become transformed into deeply distressing feelings of profound guilt at having in some way betrayed their contract of care, through the decision of euthanasia' (p. 105). The aim of the current study was to investigate the euthanasia decision making process in a sample of recently bereaved participants who euthanized their CAs.

Methods

Participants and procedure

Bereaved CA owners within the United States were recruited via requests posted online (www.aplb.org) and personal solicitations to pet loss support groups (San Francisco SPCA). Flyers were posted in various veterinarian clinics throughout the Bay Area. A cover letter explaining the goal of the study, the researchers' affiliations, and link to the Survey Monkey website was sent to potential participants. Eligible participants were required to be at least 18 years of age and must have lost a CA through death. The study was approved by the Institutional Review Board at Palo Alto University.

Participants had the option of completing the CA loss survey on the internet or could request that hard copies

1 We use the term Companion Animal (CA) rather than pet. We agree with Hewson's (2014) belief that pet '… does not adequately reflect the current scientific understanding of animals' sentience, cognitive complexity and individuality, or the complexity and modern reality of the relationships between animals and their owners' (p. 104).

2 With respect to terminology, many people recognise the special bond they have with their companion animals and therefore would prefer to describe their relationship with their companion animals as guardian rather than owner. In this paper, the authors use the word owner for ease of understanding.

3 When we use the word euthanasia in this article, we are specifically referring to veterinary euthanasia, as opposed to euthanasia of terminally ill humans.

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be mailed to them. An informed consent page was at the beginning of the survey. Whether or not participants completed the survey, they were given links to CA loss support services and resources. Participants completed a demographic questionnaire followed by six objective measures. In addition to the objective measures, there were four open-ended questions. In this article, we focus on responses (N=762) to the following question concerning the decision to euthanize their CA:

> *If you made the decision to euthanize your CA, please tell us what the process of decision-making was for you as well as what the experience of living with that decision has been.*

Responses were coded by each of the authors and sorted into categories. If there were differences of opinion, each was resolved by consensus.

Research design: Qualitative analytic procedure

We used directed content analysis, a qualitative method that is guided by theory or prior research (Potter & Levine-Donnerstein, 1999) to analyze participants' responses. Content analysis using such an approach is a more structured process than conventional content analysis (Hickey & Kipping, 1996). 'The goal of a directed approach to content analysis is to validate or extend conceptually a theoretical framework or theory' (Hsieh & Shannon, 2005, p. 1281). First, investigators begin by identifying key concepts as initial coding categories (Potter & Levine-Donnerstein, 1999). Next, operational definitions for each coded category are determined based on theory. In the current investigation, bereavement theories (Doka, 2008; Field, Gao, & Paderna, 2005) as well as prior research on CA loss and euthanasia (Hewson, 2014; Morris, 2012; Doka, 2008; Davis, Irwin, Richardson, & O'Brien-Malone, 2003) guided the development of initial coding categories. Data that could not be coded were identified and analysed later to determine if they represented a new theme or a subcategory of an existing category. The major strength of directed content analysis is that 'existing theory can be supported and extended' (Hsieh & Shannon, 2005, p. 1283).

Data analysis: Descriptive statistics

Background characteristics, parameters of the loss and self-reports regarding the strength of attachment and grief were all completed and detailed below.

The 11-item Pet Attachment Scale (PAS) (Gosse, 1988) was used to assess the strength of attachment each participant had to his or her deceased CA. Each item is rated on a 5-point scale ranging from 'almost never' to 'almost always'. The scale has a demonstrated high level of internal consistency with Kerlinger (1986), with a Cronbach's alpha coefficient of 0.74 for the 11-item intimacy subscale. Gosse (1988) found a Cronbach's alpha coefficient of 0.74 and Jarolmen (1996) found a Cronbach's alpha coefficient of 0.77.

Results

Quantitative findings: Characteristics of the sample

Participants and procedures

All descriptive background demographics are specified below and detailed in Tables 1 and 2.

Demographics

A total of 762 individuals between the ages of 18 and 76, with a mean age of 47 (SD=12.5), participated in the study. The sample included 87% females and 12% males; 85 percent of the sample identified as Caucasian. Most were married or partnered (60%). In terms of education, 37% had attended graduate school and 47% attended college. Regarding his or her relationship to the deceased, the Best Friend (42%) category comprised the largest percentage of the relationships, followed by Parental (37%), Partner/Significant Other (12%), and Other [soulmate, protector] (8.5%) categories. The Median Time Since Death was 8 days, with many more respondents reporting that they were present during euthanasia (89%) than not (11%).

Pet Attachment Scale. After reverse-coding any negatively worded items, we calculated mean scale scores and standard deviations. The mean score for the PAS in this study was 4.50 (SD=0.88). In Orsini's (2005) study of CA loss, participants reported a mean score of 3.63. In our previous study using variables from the entire data set and all respondents (N=4,336), the mean score was 4.40 (SD=0.50) (Habarth et al., 2017).

Qualitative findings

Content analysis revealed four major themes related to the decision to euthanize (Table 3): 1) grief without guilt or ambivalence (73%); 2) euthanasia as the appropriate decision, accompanied by guilt and or ambivalence (22%); 3) sole expression of guilt (6%); and 4) veterinarian collaboration with the decision (32%). In addition, three percent of the participants noted their decision was money driven. Thus, while about a third of respondents expressed guilt and/or ambivalence as a result of euthanasia, three quarters believed that euthanasia was the appropriate decision, unaccompanied by guilt or ambivalence. The gender ratio was the same across the four themes. Concurrently, within the responses coded for guilt, the authors discerned several distinct themes: religion, trust, low self-compassion,

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Table 1: Participant demographic information (N=728 - 762):

	Mean (*SD*)	Range
Participant Age	**46.5 (12.5)**	**18–76**
	Frequency	**Percent**
Gender		
Men	97	12.7
Women	665	87.3
Relationship Status		
Single	215	28.2
Married/Partnered	454	59.6
Divorced/Separated/Widowed	93	12.2
Highest Level of Education		
High School or less	69	9.1
Vocational/Trade School	54	7.1
College	357	46.9
Graduate School	282	37.0
Racial/Ethnic Identitya		
Black/African American	11	1.4
Hispanic or Latino/a	37	4.9
White/Non-Hispanic	676	88.7
Asian/Pacific Islander	24	3.1
Native American	15	2.0
Missing or non-specified	16	2.1
Household Total Yearly Income		
Less than $25,000	62	8.5
$25,000-$49,000	133	18.3
$50,000-$74,999	156	21.4
$75,000-$100,000	154	21.2
More than $100,000	223	30.6
Religious/Spiritual Practice		
Catholic	136	17.9
Protestant	111	14.6
Buddhist	30	4.0
Jewish	24	3.2
Other/non-specified	120	15.8
None	337	44.2

[a]Participants indicated all racial/ethnic categories that applied; thus, percentage total exceeds 100.

Table 2: CA demographics and contextual information:

	Median	Range
Time Since Death	8 days	0 days – 45 yrs.
Age of CA at Death	12.3 yrs.	3 mos. – 24 yrs.
	Frequency	**Percent**
Present When CA Euthanized?		
No	88	11.5
Yes	674	88.5
Cause of Death		
Natural Anticipated Cause (e.g. old age)	136	17.8
Other Unexpected Causes	225	29.5
Major Disease (e.g. cancer)	401	52.6
Relationship of Participant to CA		
Best Friend	323	42.4
Parental	282	37.0
Partner/Sig. Other/Soul Mate	92	12.1
Other	65	8.5

Table 3: Euthanasia survey results:

Responses	Frequency	Percent
Grief without guilt	556	73
Euthanasia as the appropriate decision, accompanied by guilt and/or ambivalence	175	22
Sole expression of guilt	46	6
Veterinarian helped with decision	243	32
Decision was money driven	23	3

Note. *N*=762. Participants were coded for all categories that applied; thus, percentage total exceeds 100.

and a belief that euthanasia is a form of murder. Lastly, about a third of the respondents (whether they expressed guilt or not) felt supported by the veterinarian during this process.

'I miss him terribly—it was the right thing to do.' Similar to previous studies (Barnard-Nguyen, Breit, Anderson, & Nielsen, 2016; McCutcheon & Fleming, 2001; Planchon, Templer, Stokes, & Keller, 2002), the majority of respondents believed that the decision to euthanize was the right one. While participants experienced sadness and grief, they did not seem to struggle with guilt. For example, one respondent noted, 'I knew it was time. I don't regret the decision, it was the best I could do. I just wish it hadn't come to it'. Another respondent stated 'I never thought I would have the strength to make this decision, but when I saw him in the ICU, I had no doubt in my mind'. Similarly, another woman said 'I thought I would have regrets, guilt, doubts, but I have to say, surprisingly, I have none of those feelings'. Another participant noted 'I did not want to accept the reality that euthanasia is the best way to go. I now understand, but regardless of the rational, my heart is crushed'.

'I made the right decision but I still second guess my decision every single day.' About a quarter of the responses seemed to suggest that although the participants believed

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they made the best decision, they also felt guilt and/or ambivalence around their decision. For example 'It was a very hard decision, but he was in a lot of pain. I know I did the best thing for him, but I still have a lot of guilt'. Another person noted 'I've been living with guilt even though he had cancer and I'm positive it was the kindest thing I could do to ease his suffering'. One woman stated 'Me and my husband know Jack was miserable and our decision was an appropriate one. I guess we feel like we let him down; we thought we could fix it but failed'. Another respondent stated 'I loved him enough to stop his pain and suffering. It haunts me in case I was wrong and he didn't want me to do that'. An additional participant noted 'I knew it would come and waited until he was clearly in distress. Made the decision and followed through same day. Guilt and self-doubt over decision—should I have done it sooner? Should I have done more for him?' Lastly, an example of this theme was expressed as 'The decision to euthanize was sudden and unexpected, but it was for the best. Her health declined so rapidly that it became obvious that it was our only way to remove her pain. Since making that decision, I have felt extreme guilt over it. It is a constant pain that I live with daily'.

'Distraught with guilt.' A smaller subset of responses reflected feelings of only guilt and a heightened intensity of emotion in relation to having euthanized their animal, without an expressed understanding that this was the correct decision. These respondents believed their decision was 'horrific' even though they were told by their veterinarian that it was the 'right thing' to do. As examples '… emptiness, guilt, a huge hole in my heart, uncontrolled crying!!!!', 'Guilt', 'Ungodly. I also suspect the euthanasia was not complete and I buried him alive', and 'The worst decision of my life. I'm distraught with guilt'. Another participated noted 'Living with my decision has been horrible. I feel enormous guilt and question whether I did the right thing. I have nightmares about abandoning her.. Another bereaved participant noted 'I will never get over what I did to her. I know she didn't want to die'.

Guilt themes. Within the responses coded for guilt, the authors additionally discerned several distinct themes. The first one was *Religion*. For example 'My faith tells me not to kill' or 'This is not what God would have wanted'. The next theme had to do with *Trust*, for instance, 'My animal trusted me to do the right thing and I let them down'. Next was *Low-Self-Compassion* such as 'I will never be able to forgive myself' and 'I am a terrible person for what I did'. Lastly, for some, there was a clear, expressed belief that they 'murdered' their animal through euthanasia.

Veterinary support. About a third of participants believed that when it came to accessing veterinary support, the collaboration regarding end of life issues was a positive experience and that trusting the vet was prominent. For example, one respondent noted 'It was torture. We could only make the decision with the help of a great vet who said she would be disappointed if we kept Simon around for our own benefit'. Another participant stated 'I relied on the vet to help me decide when to let my cat go'. Another respondent stated 'It was difficult. My vet gave me some medical options to her treatment; however, I knew inside that they seemed hopeless. I kept wondering inside when it would be appropriate to say she needed to be told 'goodbye". I went to the vet's office after two days to tell him she was not responding to treatment and had gotten worse … Finally, he said 'Perhaps it is time to say "goodbye." I needed him to say that first. It was a relief'. At the same time, those bereaved CA owners who expressed solely guilt or ambivalence did not seem to perceive the veterinarian process as supportive or helpful. For example, one woman noted 'I feel it was the wrong decision and I feel manipulated into doing it by the vet, it was a too hasty decision as I could have had him for another week'.

Discussion

The current study is one of the first to qualitatively explore and assess the euthanasia decision-making process in a recently bereaved sample in the United States (N=762). As such, it adds to the psychological literature on CA loss. As expected given our previous findings (i.e., Habarth, 2017; Packman, Field, Carmack, & Ronen, 2011), the participants were highly attached to their CAs (PAS=4.48). The most prominent theme reflected participants experiencing grief without guilt. This is consistent with other euthanasia studies (Planchon, Templer, Stokes, & Keller, 2002; McCutcheon & Fleming, 2001). For the most part, participants believed they made the right decision even though they were experiencing high levels of grief. Our findings indicate that most people are able to view euthanasia as an act of love and compassion, perhaps due to the increased support within veterinary clinics and decreased feelings of disenfranchisement. It seems that many clients making the decision to euthanize feel highly supported by their veterinarians and that veterinary medical training in this area includes working with clients on an emotional level (Hewson, 2014; Morris, 2012).

Our findings corroborated the important relationship between the veterinarian staff and bereaved CA owners. The compassion, understanding, and trustworthiness of the veterinarian all somehow have a bearing on the ways owners make decisions to euthanize and subsequently manage their daily grief. About 70% of the participants' grief following euthanasia was unaccompanied by guilt or ambivalence (i.e., 'Although I miss her, this was the thing that I had to do'). Morris (2012) described how veterinarians believe that what they do 'includes *both* maintaining the health and well-being of animals *and* attending to the emotional needs of their clients' (p. 354) and that their work is similar to the strategies used by medical physicians. She noted that

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conversations by veterinarians with their clients regarding euthanasia always included some emotional distress and could be sorted into two categories: grief and guilt. What is most evident is that clients appreciate the emotional connection with their veterinarians and often express their gratitude (Morris, 2012). At the same time, in another study, while 92% of participants expressed satisfaction with the euthanasia process, a small percentage of participants had noted that their dissatisfaction stemmed from inappropriate treatment by the veterinarian medical staff (Fernandez-Mehler, Gloor, Sager, Lewis, & Glaus, 2013).

The authors expected a higher percentage of ambivalence and guilt from the respondents, because we consistently encounter this in our clinical practice as well as in pet loss support groups. For example, clients often come to individual counseling or support groups post euthanasia struggling with self-punishment for having to euthanize their CA , even though they rationally know they made the right decision. They openly state things like 'I know I did the best thing for him but I still have a lot of guilt'. At the same time, and quite frequently, some also say things like 'I hate myself for what I did'.

Stallones (1994) found that individuals who chose to receive therapy after their CA died may have been experiencing a larger sense of grief and loss. Although the percentage of participants whose responses were coded as *Distraught with guilt* was small, the themes reflected significant emotional distress, far beyond what other respondents reported. In our clinical experience talking with bereaved owners, many indicate that they want to exhaust all medical options before considering euthanasia. However, in our study, even after doing everything medically indicated, a substantial minority still could not reconcile euthanizing their CA. Li, Stroebe, Chan, and Chow (2014) have defined guilt as 'a remorseful emotional reaction in grieving, with the recognition of having failed to live up to one's own inner standards and expectations in relationship to the deceased and/or the death' (p. 166). Guilt is an often reported feeling associated with bereavement and a way to avert emotional and social pain. Guilt has also been reported in discrepant terms, thus considered both an expected reaction to a loss (Shuchter & Zisook, 1993) or one that can be significantly problematic (Rando, 1993). Hewson (2014) reported that there were specific contributors to guilt post euthanasia such as veterinarian communication, owners' belief that they contributed to the death, and financial constraints, as examples.

One of our colleagues in Montreal, Canada (F. Carlos, personal communication, May 15, 2012) who specialises in CA loss noted that many clients consult her because of their strong sense of guilt. 'Ninety-five percent feel guilty no matter how the death occurred, even after they have given all their possible care for their CA or the animal died because of his old age'. When someone decides to adopt a CA, that person feels responsible for the duration of an animal's life. Similar to Hewson (2014), Carlos reflected that it is her experience that when a person has to make the decision to euthanize a CA, that person is sure that he or she is responsible for that death; in other words, it their fault. By feeling guilty, they have the impression that they are still doing something for their animal by continuing to care in some way. Often guilt and regret, as well as anger, are ways to avoid feeling the intensity of the loss and grief.

Clinical implications

There may be instances when a veterinarian's own counselling and advice skills are sufficient in helping bereaved CA owners better cope with grief post euthanasia, especially once they to go back to their daily routine. In our clinical experiences in the United States, however, bereaved CA owners may need additional support. Frid and Perea (2007) note, the purpose of euthanasia '…is to end an unbearable suffering when there is no other medical alternative' (p. 36). Importantly, when there are other medical alternatives, the decision to euthanize an animal not only comes down to quality of life, but also economics. Thus, if a person cannot afford to treat their CA, the decision to euthanize can become increasingly stressful (Hewson, 2014; Davis, Irwin, Richardson, & O'Brien-Malone, 2003).

Veterinary services could further collaborate with mental health professionals to identify and support those clients who might be most at risk post euthanasia. Guilt, in and of itself, is a natural emotion following death and can be expected under many circumstances (Shuchter & Zisook, 1993). At other times, when a client's religious beliefs are incongruent with euthanasia or he or she display a low level of self-compassion, mental health support seems to be warranted. Veterinarians may also want to address the potential for euthanasia early, providing supportive material and emotional sensitivity (Fernandez-Mehler, Gloor, Sager, Lewis, & Glaus, 2013), and be as sensitive as possible (Frid & Perrea, 2007).

Lagoni (2011) suggests that collaboration between mental health professionals and veterinarians is essential, as clinicians will be most helpful to clients when they are well informed about euthanasia, especially ethical decision making practices. Mental health practitioners can empower CA owners to communicate with their veterinarian so that they feel emotionally supported throughout the euthanasia process (Lagoni, 2011).

Study limitations and future research

One limitation of this study is that it is a sample of very recently bereaved individuals. An additional limitation

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is the cross sectional nature of the survey, and thus, we do not know how grieving experiences and process change over time. Another limitation results from the self-selection process of the survey and the resultant demographics such as educated, Caucasian females, noted to be at high risk for complicated bereavement (Hunt & Padilla, 2006). With respect to gender, literature describes many men from an early age being socialised into not expressing emotions, which can include joining support groups or even completing an online survey (Packman, Bussolari, Katz, & Carmack, 2016). More recently, however, Doka and Martin (2010) acknowledge that the way we grieve may be related to gender, but may also be a reflection of personality and other contextual factors. At the same time, future research could explore the extent to which gender shaped the decision making processes (who carried out the final journey and/or made the phone call to the veterinarian). The nature of the sample (i.e., educated, perhaps higher income) could also be one reason why the euthanasia decision was not money driven.

In future studies it would be noteworthy to assess whether some form of pre-euthanasia counselling might be helpful. For the most part, animal owners are not familiar with the euthanasia process and could benefit from problem solving and decision making support. This could help both veterinary medical staff and human mental health clinicians better serve this population.

There are very few studies assessing guilt and companion animal euthanasia within the psychological academic community (e.g., Wong, Lau, Liu, Yuen, & Wing-Lok, P., 2017; Barnard-Nguyen, Breit, Anderson, & Nielsen, 2016). Thus, it would be helpful to further assess the specific challenges that bereaved CA owners experience post euthanasia, especially those with high levels of guilt and low levels self compassion. Interestingly, the guilt associated with euthanasia may be qualitatively different than the guilt when a human dies because of the complicated nature of human relationships and potential 'unfinished business'. Research regarding the specificities of guilt could further the understanding of the mechanisms that hinder a healthy grieving process. ■

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