

A request for euthanasia: advising a colleague

THIS series gives readers the opportunity to consider and contribute to discussion of some of the ethical dilemmas that can arise in veterinary practice. Each month, a case scenario is presented, followed by discussion of some of the issues involved.

In addition, a possible way forward is suggested; however, there is rarely a cut-and-dried answer in such cases, and readers may wish to suggest an alternative approach. This month's dilemma, 'A request for euthanasia: advising a colleague', was submitted and is discussed by Andrew Knight. Readers with comments to contribute are invited to send them as soon as possible, so that they can be considered for publication in the next issue. Discussion of the dilemma 'Too hot to handle?', which was published in the September issue of *In Practice*, appears on page 470.

The series is being coordinated by Steven McCulloch, a practising vet with a PhD in the ethics of veterinary policy. It is hoped it will provide a framework that will help practitioners find solutions when facing similar dilemmas.

A request for euthanasia: advising a colleague

Andrew Knight is professor of animal welfare and ethics, and director of the centre for animal welfare, at the University of Winchester, and leads its distance learning MSc in animal welfare science, ethics and law. He is a European, RCVS and American specialist in this field.

You are an experienced small animal veterinarian, and have been asked for advice by a recently graduated colleague. With considerable misgivings, this morning he accepted the request of a client to euthanase their healthy, two-year-old male neutered cat called Bob. Apparently the client was moving into a new flat, and was not interested in rehoming. When your colleague initially expressed reluctance, the client threatened to turn Bob loose on the street. Accordingly, he accepted the client's request and fees, and had them sign the euthanasia consent form, after which the client left. However, when preparing for the euthanasia later on, a nurse asked if she could take Bob. Apparently her sister could give him a very good home on the other side of the country. There would be little chance the client would ever find out, and it would save Bob's life. What would you advise?

Issues to consider

This is clearly a very difficult case. As discussed in 'A request for euthanasia: handling the client' (Knight 2016), veterinarians are not obliged to accede to client requests for euthanasia. As stated by the RCVS (2016) Code of Professional Conduct for Veterinary Surgeons, 'No veterinary surgeon is obliged to kill a healthy animal unless required to do so under statutory powers as part of their conditions of employment.' And it is clearly not in Bob's interests to be killed. As a young, healthy cat, his prospects for a good life are promising, if an alternative good home can be found. And as affirmed by the RCVS Code, a veterinarian's first duty is to their patients.

Unfortunately however, in this particular case, your colleague has already agreed to the euthanasia, and accepted the fees and signed paperwork. Effectively, a legal contract for services has now been entered into, and a range of consequences could accrue if those services are not provided.

First, there would be the risk of discovery, if deception were attempted. It is surprising how often the truth comes to light, when veterinarians (and indeed people generally) promise one thing, but do another. This can and does occur when clinical notes are transferred to another veterinarian, or when workplace

relations break down, and a colleague later chooses to report unethical behaviour.

Unsurprisingly, when clients discover they've been deliberately misled, they often become very upset. This can result in complaints to licensing bodies such as the RCVS, as well as civil lawsuits. Should the client or one of their associates choose to publicise the case, the reputational damage for the veterinarian, their practice, and even the wider veterinary profession, could be significant. On the other hand, it might be difficult to portray any such veterinary staff as villains, and the client might be more keen to conceal any story revealing that they were seeking to have their healthy pet killed.

Nevertheless, the risk of reputational damage would remain very real, and would undermine the public trust enjoyed by veterinarians. That trust is essential to our efforts to maximise client compliance with our veterinary healthcare recommendations. Accordingly, licensing bodies such as the RCVS typically take a very dim view of any veterinary behaviour likely to undermine that trust. Suspension of your colleague's licence to practise would be a realistic possibility.

On the other hand, the primary motivation of most veterinarians is a desire to help animals, and most of all their own patients. There are many of us who might not be able to 'live with ourselves' if we killed an animal when it was not clearly medically justified. Such acts can cause profound moral stress, and regret years into the future. The high rates of stress and suicide among veterinarians suggest that we give insufficient weight to such concerns.

Possible way forward

There is one way your colleague may be able to avoid this dilemma. He could simply call the client, and explain that a new option has arisen that was not available previously. Bob could be rehomed in a very good home, so far away that the client would almost certainly

never need to see him again, given that this might be upsetting. If the client accepted, all fees could be refunded, and the dilemma would be resolved.

If the client declined, then your colleague's dilemma would remain. In this case, he could inform the client that, in light of the good rehoming option that had now become available, he could no longer accede to the euthanasia request, as it would constitute a violation of the professional ethical standards he is obliged to follow. He could refund the fees, and offer to refer the client to another veterinarian for a second opinion. As stated by the RCVS [2016] Code, 'Where, in all conscience, a veterinary surgeon cannot accede to a client's request for euthanasia, he or she should recognise the

extreme sensitivity of the situation and make sympathetic efforts to direct the client to alternative sources of advice.' Needless to say, this offer, and the factors resulting in the altered decision, should be recorded in the clinical notes, in case they are needed for any defence against a complaint to the RCVS or a civil lawsuit.

References

- KNIGHT, A. (2016) A request for euthanasia: handling the client. *In Practice* **38**, 358-359
- RCVS (2016) Code of Professional Conduct for Veterinary Surgeons. www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/. Accessed September 19, 2016

doi: 10.1136/inp.i5051