In the dilemma discussed in the July/August issue of In Practice, a client brought you Bob, a healthy two-year-old male cat for euthanasia. The client was moving flat and couldn’t bear to have him rehomed. What should you do? (IP, July/August 2016, vol 38, pp 358-359). Andrew Knight suggested that communication skills were paramount and that you could explain that your primary duty was for the health and welfare of Bob, and that it was not in the best interests of a young, healthy cat to be euthanased. You could suggest rehoming in another area or, if the owner remained firm in their request, perhaps offer to refer them to another vet for a second opinion.

THE owner of the cat in the scenario described has shown great courage in dealing with a very difficult and traumatic life experience; they have decided to act responsibly and have their cat euthanased. During the years of, first, recession and then ‘austerity’, many families will have been forced to move home and no doubt faced similar dilemmas to the one we were asked to consider. In my opinion, the approach taken to their plight by Andrew Knight could only add to the stress of the situation (RCVS Guidance 8.6), deter them from seeking veterinary assistance in the future and, in all probability, would result in them abandoning the animal to its own resources with potentially serious welfare implications. Alternatively, the cat could become yet another animal languishing in a rehoming centre.

Mr Knight rejects the long-held concept that euthanasia itself (when properly performed) is not a welfare issue, his reasoning being that euthanasia denies the subject from potentially experiencing positive welfare states in the future. It seems to me that this is a poorly reasoned concept. Death for an animal offers finality and certainty – there can be no future welfare considerations (negative nor positive). Continuing life in the circumstances described could of course have a potentially positive outcome, but given the saturated state of rehoming and welfare centres in the UK at present is much more likely to result in a negative one. Even if this cat was one of the lucky few to be found a new suitable home, by doing so it would prevent another similar animal from being rehomed.

The author suggested that in dealing with this problem the veterinarian should consider that ‘you have a duty to yourself’. A professional person should, in my view, place the guiding principles of his/her profession over a self-indulgent approach to dealing with difficult issues. While I would vigorously defend the right of a veterinary surgeon not to euthanase a healthy animal, I would expect that they would in such circumstances take full ownership of the problem thereby created and guarantee the welfare of the animal by personally ensuring it was satisfactorily rehomed. Passing the buck to another colleague who will perform the euthanasia is in my opinion no different to administering the injection oneself.

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