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CARE AND COMPANIONISM: ANIMAL ETHICS AT THE END OF LIFE

By

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INTRODUCTION

Since I began studying applied ethics roughly eight years ago, I have thought a lot about animals. I remember reading Peter Singer's *Animal Liberation* as an undergraduate student and Tom Regan's lengthy *The Case for Animal Rights* in graduate school. These two thinkers were personally very influential in my lifestyle habits. By force of their arguments, I, after dragging my feet in hesitation, became a vegetarian. Since my years as an undergraduate, I've been leaning towards a lifestyle shift to veganism, but am again, dragging my feet. Their arguments are powerful, and have drastically changed the moral atmosphere of eating meat not only in the realm of academia, but also greatly in the public sphere.

This last summer, for internship credit, I briefly worked shadowing and helping animal caretakers at an animal rescue sanctuary in the Pacific Northwest. When I arrived, I was asked by the organization whether I wanted to work with the dogs and cats, or with the farm animals. I was familiar with dogs and cats, but as I grew up in an urban environment, I had no real exposure to farm animals. So I asked to work with the farm animal caretakers, specifically, to get an experience of something completely new. On farm duty, I learned a lot about the diverse temperaments and personalities of many different species. The cows couldn't care less about me; the potbellied pigs wanted two things: food, and your affection; the sheep were sheepish and wouldn't come near me; the roosters were (for the most part) musically inclined—one poor guy sounded so terribly out of tune with the others that it was hard not to laugh when he vocalized; the llamas and goats were curious investigators; the ponies were sassy; and the horses were patient and kind. When I was on the farm, I began to observe the particular relationships that the

caretakers had with each different animal. Surprisingly Singer and Regan's ethics did not really surface in my experience with the animals. What seemed foundational between the caregivers and the animals was something more emotional. The caretakers and the organization seemed to be working out of some cross-species understanding of compassion, empathy, and love for each *particular* animal.

At the sanctuary, the caretakers had a detailed understanding of each animal's personal story. Each animal had a narrative with a dark past. These animals had been 'rescued' for a reason—usually due to neglect or physical abuse by humans. The narrative that most stood out to me was the story of Rebel, the horse. Before my arrival at the sanctuary, Rebel was surrendered to the sanctuary by his owner. When I met him, Rebel was recovering from surgery. He needed surgery to remove an eight pound tumor that had grown on his sheath. Rebel was surrendered by his owner because the owner could not afford to pay for the medical care necessary to remove it. It seemed that Rebel's situation was a result of inattention and neglect by his 'owner.' As the caretakers at the sanctuary told me, tumors simply do not grow to eight pounds overnight! Soon after the organization had taken Rebel in, they paid for the surgery needed to remove the tumor. The hope was that Rebel would recover following the tumor's removal. Unfortunately, the cancer was more aggressive than the veterinarian and the sanctuary had thought, and another tumor began to grow in the former one's stead. It was then that the organization knew that not much more could be done except to manage Rebel's pain.

Managing Rebel's pain—this was the option the organization chose. Why? Why not immediate euthanasia? Rebel was a lost cause. His condition was terminal. Keeping Rebel alive would surely require a demand on the organization's resources, including extra care and attention from caregivers, as well as expensive food and pain medication. But this organization viewed

euthanasia as a last-resort option. In other words, they chose *palliation*. Palliation is an approach to medicine that, in absence of a cure for disease or illness, provides comfort care with the goal of alleviating the suffering of a patient during the onset of terminal illness. In absence of a cure, comfort, then, is the goal. The sanctuary chose palliative care over euthanasia because the caretakers there really *knew* Rebel—they really knew the nuances of Rebel’s personality. Rebel was a horse who wanted to live. He was a lively and social spirit and was known to trot around his pasture often, though he was in a lot of pain. He enjoyed socializing with the other horses, as well as the caretakers. If Rebel was a horse who seemed to enjoy life, despite the degree of pain he was experiencing, then it would be cruel to take his life early. In other words, the caretakers at the sanctuary, through coming to really know Rebel, had a sense of Rebel’s character, his interests, and preferences. The organization chose palliation over euthanasia precisely because they were sensitive to Rebel’s end-of-life welfare. This was fascinating to me because the ethic of Singer and Regan did not fully capture or explain the sanctuary’s ethic that emphasized palliation and an attunement to Rebel’s needs. But if Regan and Singer’s animal ethics were not the driving force behind the end-of-life medical decisions made for Rebel, then what was?

In this philosophical project, I attempt to suggest exactly what this “other ethic” is. This project will focus on companion animal and human relations, or in other words, it will focus on our ethical obligations to the animals we live with—our ‘pets.’ In the first chapter, I suggest that there are three types of relationships that humans can have with animals. These are a relation of instrumentalism, paternalism, and companionism, respectively. Such relations rest along a spectrum, but I will argue that companionism is the ideal. After making and defending such conceptual distinctions between human-animal relations, the next chapter will tackle the problem of animal minds. Specifically, I will argue first that, though we cannot know exactly what an

animal is feeling or thinking, it is safe to assume first that animals *do* in fact have mental states. Secondly, I'll argue that animals in fact experience very complex emotions and work according to what seems to be akin to practical reason. Finally, I'll argue that it is possible to attribute mental content to them accurately. Accurate attributions must be based on science *and* must be done under a caring disposition. Next, chapter three will discuss what it means to *care* for another being, both human and animal, and it will posit that the relation of companionism, the ideal human-animal relationship, is an *animal care ethic*. This ethic is *richer* than an egalitarian and impartial animal ethic operating under deontology or utilitarianism. I'll show why the care tradition in ethics works as a better framework for companion animals than the justice tradition. In the fourth chapter, I will conclude with a discussion of what an ethic of companionism—an animal care ethic—would look like if it were practiced in an end-of-life context.

CHAPTER ONE

INSTRUMENTALISM, PATERNALISM, AND COMPANIONISM: THE MORAL DIMENSIONS OF THE HUMAN-ANIMAL RELATIONSHIP

There are many contemporary philosophers and ethologists like Tom Regan, Jessica Pierce, and Marc Bekoff, who argue that animals do in fact have minds, are conscious and emotionally complex, and have preferences and interests. I agree with these positions, and will take them for granted in this chapter and then revisit such arguments in further detail in chapter two. If one accepts these arguments, then new questions arise regarding what we are to do with the information that science and philosophy has given us. If domestic animals have preferences and interests, and if animals are emotionally sensitive creatures, and especially if these emotional beings are dependent on us for survival, peace, and safety, then how ought we to *respond* to their specific preferences, desires, and needs? In this chapter I will first distinguish the different ways that we can respond to animals in order to then prescribe what I think to be the appropriate moral human-animal relationship—a relationship of companionism.

I discuss three kinds of relationships we can have with animals. When I say “we,” I do not just mean veterinarians and professional animal caregivers. Specifically, I am concerned herein with the people who live with animals, as some would say, “pet-owners.” We humans relate to animals in three distinct ways. First, we can treat them as objects. Better yet and secondly, we can treat them as dependents, and still better, we can care for them as companions. I address these three kinds of relationships through a distinction between instrumentalism, paternalism and companionism. These relationships, though conceptually distinct, rest along a

spectrum, with companionism as the ideal. Most people's actual relationships with their animals rest on different spaces of the spectrum at different times, and are thus how we relate to our animals may differ in different contexts. The companionism approach to end-of-life care for our animal friends demands more from us than the paternalist and instrumentalist approaches, and it operates consistently within a framework of an ethics of care. This approach explains the right (most morally praiseworthy) approach to end-of-life animal health care.

This paper operates within the boundary of companion animals, i.e., our common “pet” animals only. This is not to say that wild and other domestic animals do not have interests, preferences and needs; they most certainly do. However, as Clare Palmer has argued, these needs are different in kind from the needs of domestic animals (Palmer 2007). Wild animals are vulnerable in a different kind of way, and we humans definitely have a role to play in minimizing our disturbance of the functioning of wild animal populations, biotic communities, and ecosystems. Similarly, we owe other domestic animals such as lab research and factory farmed animals certain moral considerations. But, as we breed our “pets” specifically for the purposes of companionship, moral obligations emerge out of this particular relationship. We owe them care similar to what we owe our human companions that are dependent on us at the end of their lives.

Instrumentalism

It is clear that René Descartes and Immanuel Kant were wrong about animals—animals are not sophisticated machines, nor are they merely objects or property worthy only of instrumental or indirect value; morally speaking, we cannot and should not do with them whatever we please. The U.S. Animal Welfare Act (1966) shows well enough that our society generally agrees that animals have interests, preferences, and a welfare. Philosophers Tom Regan

and Peter Singer have championed moral arguments on the subject, and there are few today that reject the notion that domestic animals have a welfare. Though progress has been made on the subject of animal welfare, instrumentalism (or treatment of animals in terms of their use-value to us) still runs deep in American culture, not just in terms of what we eat or how we test pharmaceuticals, but also in terms of how we treat our companion animals. Though many cringe at the thought of only considering animals in terms of their relative use-value to humans, it ought to be pointed out that most, if not all of us, treat our animals as a means to some other end. Anthrozoologist Hal Herzog illustrates this well through an example of male bachelors who use puppies as social lubricants in order to increase their romantic prospects (2010). Conceivably, such men do not *merely* take on puppies for the sake of meeting women. They may in fact engage in a rich reciprocal relationship of companionship with their puppies. But this example shows how using animals is subtle and nuanced, even if people do not use animals merely as a means to some self-interested end in the strict Kantian sense.

Because of the pet production industry, there are more companion animals than there are homes for them. In addition, in such an industry, ‘defective products’ are discarded. Breeders and puppy mills often immediately euthanize animals if they are born deaf or blind, for example (Herzog 2010; Pierce 2012). Many human companions also surrender their companion animals to shelters because they, for various reasons, cannot continue care for their animal. These animals are often euthanized in groups, as there is not enough room to house them. Bioethicist Jessica Pierce calls euthanasia for such instrumental reasons “convenience euthanasia.”¹ She writes,

‘Convenience Euthanasia’ describes the killing of a healthy pet, at the owner’s request, for the sake of the owner’s convenience. E.g., “A woman with healthy five-year old

¹ For more on ‘convenience euthanasia’ see also Bernard Rollin’s fourth section of *Animal Rights and Human Morality*, 1981.

cocker spaniel is moving and can't take the dog to her new apartment and her boyfriend doesn't like the dog; she asks a vet to euthanize. A woman brings in a five-year-old male cat who started spraying after the birth of the woman's baby. She asks the vet to destroy the cat. A breeder brings in a healthy six-week-old puppy with a moderate overbite. Because the dog is not show quality, the breeder asks the vet to euthanize (179).

A similarly disturbing example of instrumentalism is seen in the way in which the administration of pain medication for animals after spay and neuter surgery is sometimes an *option* rather than a requirement for human companions. Pierce writes that her local humane society presents the \$15 extra cost of pain medication as an option for animal companions, and that many people forgo this extra charge. She writes, "perhaps the fact that the pain pills are presented as optional, and at additional cost, give the impression that they are not strictly necessary, but rather, an extravagance?" (106). To choose not to provide pain medication after surgery seems to reveal that such human companions have no regard for their animal's welfare interests in that context. All of this reveals that the welfare and fate of an overwhelming number of companion animals in the U.S. depends on the type of relationship we humans choose to have with them. The ones that suffer most often are unfortunate victims of a culture of instrumentalism.

Mere instrumentalism is the wrong relationship we ought to have with animals. Though our culture recognizes animals as *property* in the strict legal sense, it is clear that they are not mere automata. They are subjects with needs and desires of their own. For this reason, we are morally obligated to treat them better than we treat various other objects of ownership, such as our cars. Regan writes that though "it is sometimes said that so long as animals are put to death painlessly, so long as they do not suffer as they die, we should have no moral objection," death is a harm of deprivation (99), and in fact, "an untimely death is a deprivation of a quite fundamental and irreversible kind" (100). In other words, convenience euthanasia is hard to justify because animals have preferences, interests, desires, needs, and can feel pleasure and

pain, and these things matter morally. This fact, according to Tom Regan demands from us a recognition of their inherent value. So if we assume Regan's position is right—that domestic animals have interests, preference autonomy (Regan 85) and an overall welfare—then what constitutes a “good death” for such creatures? “Euthanasia” literally means “good death,” but “putting down” animals because there is no room in shelters or because they are born with an overbite is no “good death”; these actions are motivated by an attitude of instrumentalism. Thus, since their deaths are good for us and not the animal, maybe we should not call such cases “euthanasia.” In *The Last Walk*, Pierce calls for a more nuanced language than “euthanasia” as an umbrella term for animal death. I would like to add that being precise in our language will help to reveal and reflect the different types of relationships we have with our animals when they die. Thinkers like Clare Palmer worry that our relationships with companion animals are often instrumental (2006, 182). Too often our relationships with companion animals involve an unequal distribution of power. But, as Palmer argues, because for a long span of history humans have bred animals to be docile and dependent on us and because we voluntarily bring individual companion animals into our homes, we owe these animals special moral consideration. She writes,

Humans have acted to create animals that are constituted such that they are unable to be independent. This is a special kind of relationship, and it is widely accepted that special relationships of this kind bring ethical obligations. For instance, in the case of [humans], few would object to the claim that ‘a child is wronged by his parents if adequate care is not given him, and the parent violates a duty if he or she neglects to give such care’ because ‘they bring their children into existence—or they adopt them—and it is this act that imposes duties on the parent.’

She goes on to say,

The second level, though, follows a broader, social obligation arising out of the social creation of dependent domesticated animals. That there is a population of domestic dogs and cats, whether homed, unwanted, abandoned, or feral, is due to human action and

human relations with these animals. On this basis, it can be argued that humans have *acquired* ethical responsibilities toward humanly originating dependent animals that do not exist toward, say, urban rat populations (where rats are wild in origin) (ibid 180).

Through the process of domestication, humans have created a class of beings that depend on them for their very survival. With such creations comes responsibility. In Palmer's essay on killing animals in shelters, she concludes that we need to recognize our power relationship with dependent animals, and in so doing, recognize our moral obligations to dependent animals—obligations of which we have created. Borrowing from Palmer, I would like to emphasize that mere instrumentalism, i.e., having only a relationship of dominance over animals that ignores their individual interests and preferences, is morally inappropriate in an end-of-life care context, if not also in any context. However, at the same time, we know that domestic animals are not autonomous, free, independent moral agents like ourselves. Thus, as their relationship with us will always be one of dependence, it may seem that a caregiving framework must lie somewhere in the realm of paternalism, given the kind of relationship we have (and have *created*) with companion animals. Thus, we will look more into paternalism as a framework of ethical caregiving for animals in the next section.

Paternalism

Historically, in bioethics, paternalism has been a bad word, and rightly so. Paternalism used to be the standard approach in the medical world before the rise of feminism. In fact, a lot of the progress in bioethics on the issue of patient rights stems from a history of sex and race discrimination. The doctor-patient power relationship was not always an equal one: the physician (usually male) had his degree and wealth of knowledge, and the patient was completely dependent on their physician's best judgment. However, patients grew tired of listening to

authoritative physicians tell them what they could and could not do with their bodies. Thus, the principles of patient autonomy and informed consent arose, and conquered the old way of doing medicine, much to the benefit of many people. Thus, for us humans the term paternalism sometimes connotes the restrictive “old way” of doing medicine, where not unlike a parent, the “doctor knows best” and the patient is subject to his judgment and treatment. However, paternalism can also mean simply acting on behalf of the best interests of an individual who may not be able to speak, or make autonomous decisions for his or herself. Much like the parent-child relationship between humans, domestic animals are not purely autonomous and independent. As they completely rely on humans in health care decisions, paternalism may be more relevant to animal health care the way it is similarly relevant to a human child’s health care, though we dismiss paternalism in the context of human adults.

Tom Regan writes about when paternalism is the appropriate medical framework for animals. Regan makes a distinction between an animal’s *preference-interests* and *welfare-interests* (Regan 87). A preference-interest is anything an animal (let’s say a dog) is interested in (e.g., eating the chocolate cake on the counter). A welfare-interest, by contrast, is something that is good for the welfare of the dog, irrespective of preference. This second interest is logically distinct from the former interest. Consider that the chocolate cake on the counter would make the dog very sick. It would be in the dog’s welfare-interest not to eat the cake, though the dog would prefer or desire to eat it. Paternalism becomes relevant when preference and welfare interests conflict. The role of the caretaker is sometimes to step in and prevent the dog from acting on his preference interest, through a consideration of the dog’s welfare-interest. We do this with children too, necessarily. Regan’s distinction here allows us to talk of paternalism in a way that benefits animals. Contrary to instrumentalism (which ignores both preference interests and

welfare interests of an animal), paternalism, through a protection of an animal's welfare-interests, recognizes that animals can and do have both preference interests and welfare interests. The paternalist model grants that an animal is a *subject* of his or her own, even if the animal is unable or incapable of articulating or making medical decisions for his or herself. Thus, paternalism is the next step in a moral progression toward the appropriate relationship we ought to have with our animals.

Though the chocolate cake example clearly shows that paternalism is an appropriate moral relationship to have with one's animal in some contexts, this relationship may not be the most appropriate relationship at the end of our animal's life. The problem with paternalism with animals in this context relates to the problem we have with paternalism in the human medical setting: specifically, we can get another individual's welfare-interests *wrong*. Pierce writes that in the medical field, studies have shown that a parent's understanding of their minor's welfare does not map well with how minors understand their own welfare interests. This problem is exaggerated with animals, as (unlike children) they cannot verbally express their interests explicitly to us. There is a lot of interpretation and educated guessing involved on the part of humans in understanding the welfare-interests of an animal. I will call this 'the problem of projection.' This is the likely yet morally undesirable possibility that we could interpret another's welfare-interests wrongly. The problem of projection is an epistemological problem, and it is a problem that will always exist. However, as I will show in chapter two, I believe this problem could be partially alleviated through science, namely cognitive ethology, but only if it is paired with an appropriate caregiving relationship between humans and their animals. Lori Gruen seems to understand the problem of projection when she writes in "Ethics and Animals,"

All relationships, between humans, and between humans and non-humans, can be characterized as imbued with power dynamics. Power becomes problematic when it is

occluded or abused. Many human relationships with companion animals are characterized by reciprocal care and attention [...] When you have to figure out what a very different kind of being, who cannot speak, wants or needs, you must develop the capacity for empathy that can be very useful in other contexts, with humans and other animals” (Gruen 2011, 157).

Paternalism, as a moral caregiving framework for animals, maintains such a power relationship, which as Gruen rightly warns could be a problematic one. Generally, despite the human companion’s attitudes or intentions, when we *speak for* our animals, or speak on behalf of what we think are their interests, we may be wrong. With the dependency relationship that is inherent in the human-animal relationship, there is an unequal distribution of power, just as a parent has much more power over their child. Companion animals will always be dependent on us, and so we must be aware of their vulnerability when we are responsible for them at the end of their lives. Here Gruen shows that we need a kind of *enriched* paternalism in regard to domestic animals that accounts for the animal’s best interest as best we can know it. The challenge lies in trying to articulate what this “enriched” sort of relationship looks like. We want to say that human caregivers ought to be very careful not to project their own interests onto their dependents in end-of-life caregiving decisions. But what does being “very careful” mean? This will be fleshed out briefly in the next section, and in much more detail in chapter three. But it is important to understand that paternalism slips up when the person in authority *takes for granted* that they know best what the patient’s interests are. For companion animals, an attitude of paternalism that takes for granted their welfare interests and preferences is dangerous. An enriched paternalism would concern itself with an immense sensitivity to the patient’s interests. Thus, such an enriched paternalism is what I call companionism, and is the third, and ideal, kind of human-animal relationship.

Companionism

An enriched paternalism is a relationship of companionship. Before laying out what this approach looks like, I ought to mention the differences between human companions and animal companions. The term “companion” is used in a few different ways for humans. A human companion could be a dear friend, spouse, or lifelong partner. However, the term companion is also used to mean someone whose employment is to attend to elderly or disabled people who are otherwise unable to care for themselves. Similarly, there are companion animals that are also known as “service” animals, which help people with disabilities. However, generally, and for the purposes of this paper, companion animals are our cross-species friends that live with us, are part of our family unit, and are creatures that we rely and depend on, and reciprocally rely and depend on us for love and, well, companionship! However, some take issue with this term, including anthrozoologist Hal Herzog, whose reservations of the term stem from good reasons:

I don't particularly like the term companion animal [...] Substituting the term guardian for pet owner is also problematic. Unlike the guardian of a human child, a pet's “guardian” is allowed to give away, sell, or sterilize their ward against its will. They can even have their companion euthanized if they tire of it. The terms companion animal and pet guardian are linguistic illusions that enable us to pretend we do not own the animals we live with (Herzog 74).

Herzog is right to be wary of ‘linguistic illusions’ that may justify the further perpetuation of harm to animals. For instance, the pet industry is guilty of perpetuating false notions of harmony between people and animals that contribute to an overpopulation problem with animals and an overcrowding in shelters. This then results in massive accounts of “convenience euthanasia,” discussed earlier in the section on instrumentalism. However, Herzog seems to be conflating facts about the world with what we ought to do. In other words, he takes what is descriptively true about general human actions towards animals as a sufficient reason to reject the term ‘companion.’ However, since I am concerned with ethics, I am using the term companion

normatively; I am not merely using it to describe how people generally behave towards animals. For my purposes, then, the term ‘companion’ sits within a web of moral obligations that emerge out of the particular kind of relationship it represents. ‘Companions’ *ought to be* committed parties in a caring relationship who are sensitive to each other’s needs and interests, for better or for worse. It is in this sense that I use the term ‘companion.’

A thorough explanation of the companionship model will be articulated in chapter three. I will briefly mention some key features of the companionship model here for the purposes of understanding how it is conceptually different, or “richer,” than the model of paternalism. The companionship model, no doubt, is the most difficult. Jessica Pierce recognizes this difficulty,

An ailing pet can certainly create tensions within a multispecies family system. One way to avoid this is simply to opt out: euthanize the animal before he or she really causes problems or in some way inconveniences the family. Another option—the one I favor—is adaptation. But this I know, is easier said than done (70).

If we avoid the instrumentalist route and try to give our animals the greatest care within our means, then we must embody all aspects of companionism which I will now mention. First, we must recognize that the animal has his or her own preferences which may or may not match up with our own preferences. In other words, our companion animals are individuals with interests and desires of their own. Second, we must recognize, appreciate, and reciprocate the love and care that has been shared between us and our companion animals throughout our lives. This means that we know that when the going gets tough, we will be patient and kind to our animals, despite challenging changes in personality, behavior, and affect that come with our animal’s age and terminal illness. Third, we must be aware of the assumptions we have about our animal’s interests. When we catch ourselves making assumptions about our animal’s preferences and interests, we may reflect on the assumptions and question them. This means that, rather than a caregiver assuming that he or she *knows* what the animal’s best interests are, he or she

recognizes from the start that they are interpreting this, and that there is always a possibility that they are wrong about it. Making decisions for one's animal is thus something that people struggle with. But because the companionship model recognizes that they could get their animal's interests and preferences wrong, they will be careful in their interpretations. I will say more on how one can be more careful in chapter three. In an end-of-life care context, this can sometimes be better than the paternalist model, as we will not always "know best." This means not overlooking our animal companion's level of suffering and avoiding calling the vet simply because we want a few more days with him or her. Lastly, we must adapt to our companion animal's changing needs and preferences that come with illness and old age.

Conclusion

I have shown the possible ways that we can relate to the animals that we love. Understanding these conceptual distinctions will help us develop a caregiving framework for animals in an end-of-life context. Here I have suggested that in the context of end-of-life care for animals, the model of companionship is the most morally praiseworthy relationship we could have with them. I will develop this framework more thoroughly in chapter three, after a discussion about the mental states of animals and what we can know about the content of them. For now, I have shown that though the companionship model admits that we do not always know what is best for our animals, it is unassuming and reciprocates the love and care that animals have given us throughout their lives. Such a model frames the way that caregivers ought to understand end-of-life care, and thus this model ought to be the moral framework for animal hospice and palliative care for the human companion.

CHAPTER TWO

ANIMAL MINDS AND END OF LIFE ETHICS

The last chapter laid the conceptual groundwork for the three types of relationships humans can have with animals and it operated under two assumptions. I assumed that animals, and specifically companion animals such as dogs, cats, and horses, are conscious beings with desires, interests, and preferences, and have the capacity to feel complex emotions. Secondly, I assumed that humans can know, or at least accurately attribute, such mental states to animals. The validity of these assumptions is crucial for human and animal end-of-life ethics. Specifically, the understanding that we have of human and animal minds in turn affects the practice of medicine and the way that we provide care. For example, if our animal companions not only suffer physically but also psychologically (especially emotionally) at the end of their lives in a way similar to humans, then we ought to take care to attend to both their physical as well as psychological needs in such contexts.

Care ethicist Virginia Held has argued that a caring person has both a caring motive and does caring work. That is, caring is a practice, not just a disposition (Held 2006, 44-57). Caring action then requires the caring person to be attuned or sensitive to the recipient's needs. Such an attunement requires a degree of knowledge about what is good for the recipient. Held argues,

if persons are thoroughly unaware of what others are feeling and thinking, and grossly unable to read the moods and intentions of others, they would not be very capable of sustaining caring relations or engaging in practices of care. They would not, I think, really be caring persons (Held 53).

Held says that caring practice can be improved through a greater knowledge and understanding of the other (e.g., of the other's interests, preferences, needs) as it relates to the practice. In other

words, knowledge about the best known ways to care for something or someone improves the way that a person can care. Thus, if we are concerned with caring for our animal companions, we ought to be able to first say something about their interests, preferences, feelings, and emotions in a way that is more than a mere projection of our assumptions. What is at stake in this project is whether we can and do have the ability to care in such an informed way with animals.

In addition to the fact that accurately attributing mental states to animals is crucial for care ethics generally and in an end-of-life context, the alternative position, namely skepticism of animal mental states, is undesirable for science and ethics. Thus, my argument in this chapter will go as follows: first I will address the extent of our knowledge of animal mental states, drawing from philosophy and science. Then I will show why it is legitimate to attribute mental states to animals, responding to objections. I'll suggest that philosophy and science *can* tell us a lot about what we can know about animal preferences. Finally, I'll conclude that assuming animals have mental states and interpreting animal preferences correctly is critical to providing the best care for companion animals at the end of their lives.

Evidence of Mental States in Animals (and Humans)

We usually account for mental states in animals by appealing to commonly observed behaviors that are easily interpretable. For example, when a dog runs to his water bowl, we commonly attribute to the dog the feeling of thirst, the desire to have a drink, and the belief that running to the water bowl will satisfy this desire. This assumption is made for a few reasons. First, we assume such beliefs and desires in animals because we have the capacity to abstract from our own immediate interests and can imagine what we might feel like if we were in the animal's position. Second, over time, we come to acquire a great deal of observable knowledge

of the behavior of the animals that we live with. By observing the day-to-day behavior of our animal companions, we can infer certain behaviors that may happen in the present or the future on the basis of our holistic understanding of the animal's behavior in the past, in similar contexts. Evidence for animal and human mentation thus rests on what I'll call "as-if" behavior. "As if" behaviors are observable actions given by other beings that indicate that others behave "as if" they feel, believe, or desire something. My position is that "as if" behavior provides good enough information to guide most caregiving decisions with humans and animals.

Philosopher Tom Regan in *The Case for Animal Rights* (1983) argues that we have good reasons to believe that mammalian species are "not only conscious and sentient but also have beliefs, desires, memory, a sense of the future, self-awareness, and an emotional life, and can act intentionally" (77). Regan enfranchises animals with autonomous subjectivity, arguing that animals have *preference autonomy*. In other words, animals are autonomous beings because they have preferences coupled with "the ability to initiate action with a view to satisfying them" (85). The fact that animals have this capacity demands our ethical treatment of them. Regan concludes that experiencing subjects of a life, such as animals and humans, have inherent worth or value that we must respect.

Regan helps us frame how to give content to non-human mental states by arguing that we can accurately attribute beliefs and desires to animals only when we put their behavior in a holistic context, rather than take each action or behavior in its singularity. For example, if Fido is wagging his tail and sitting impatiently by the door of a house, we do not understand the animal's beliefs merely by focusing only on the act of tail-wagging, separate from a larger context. Rather, we can anticipate that the dog believes, e.g., that his companion is about to enter the house by his behavior if we understand the dog's behavioral history and we also observe his

behavior during and after the fact that his companion has walked through the door. Regan argues that “[b]ehavior must be understood in context, holistically, if it is to be understood at all [...] we cannot say what Fido believes just by viewing his tail-wagging as a piece of isolated behavior” (68-9). Thus, we can, if we consider the whole context of behavior, fairly easily, test the accuracy of our attributions of belief to animals. The good news here is that one does not have to be an ethologist or a veterinarian to accurately attribute many beliefs to animals. Regan shows us that if we operate under a holistic view of animal behavior, then we can discriminate between our animal companion’s behaviors in different circumstances, recognizing that their behavior can change in time, depending on the context.

Now, when we interpret commonly observed animal behavior, we are not granting mental states to them on such strict grounds as, for example, on the basis that they inhabit a language, or on the basis that we can know that they think in abstractions, etc. Philosopher David Degrazia, in *Taking Animals Seriously* (1996), argues that we ought not to conditionally grant mentation to animals on the strict basis of human mentation. He thinks that animals operate as if they have practical reason. Here’s his example: “(1) I desire carrots; (2) I believe opening the fridge is a means to getting carrots; (3) I should (other things being equal) open the fridge (Degrazia 141). He later adds that for belief-desire interactions to be a result of practical reasoning, they should also be action-explaining. In other words, the interaction between the being’s beliefs and desires should be related such that we could infer an explanation of the behavior (142). Consider the example of my Aussie, Ace, running to his water bowl after a long run. We can easily attribute the desire of thirst and the belief that running to the water bowl will satisfy this desire, and if such inferences are accurate, this shows that Ace is employing an animal version of practical reasoning.

Degrazia does not believe that for us to attribute mental content the animals must think in abstractions of things or must employ a language. Ace's thirsty behavior is sufficient for me to go and fill his water bowl, if it is empty. I do not have to sit there and wait for him to speak in American English, "Casie, I am thirsty. I desire a drink of water, and I believe that you are my best means of acquiring it." Similarly, we do not always require language use to care for humans. If I see my sister fall off of her bike, her knee is bloody, and she is crying, I do not require her to tell me that she is hurt and needs help. When I observe this state of affairs, the appropriate response is to run to her and try to address her needs as best as I can in a timely manner. Thus, attributing feelings, beliefs, and desires to both humans and animals can be done roughly, without requiring sophisticated language use, or indication that those in need in fact are thinking in abstractions. When Degrazia uses the term 'concept' for animals he means that their beliefs have *some* content. For him, a concept is simply a constituent of belief. Some thinkers require that for any being to have a concept, they must not only discriminate from their here-and-now perceptions, but they must also conceptualize in abstractions of things. For example, Collin Allen and Marc Hauser argue that while studies of pigeons sorting pictures into categories of "tree" may show that pigeons have internal representations of "tree" when prompted by visuals, these experiments do not show that pigeons have a concept of "tree." They argue that "we would attribute an abstract concept to an organism if there is evidence supporting the presence of a mental representation that is independent of solely perceptual information" (Allen and Hauser 51-54). In other words, Allen and Hauser require that true 'concepts' are mental representations that exist independently of perceptual prompts. But for Degrazia, the requirement that animals think in abstractions is too strong a position. He says that "while perception and belief are distinct concepts, our perceptions generally determine our beliefs" (152). It seems here that

Degrazia supports a view that experience and our perceptions provide adequate information for holding beliefs and making corrections when our or our animal's beliefs are false. Thus, precision is not important for the attribution of mental content. He writes that "[i]n order to assert something meaningful about the content of animal beliefs, it is sufficient to make a *very rough* attribution. There is no need to establish *exactly* what animals believe (to the extent that the context is determinate) in order to show *that* they believe something and approximately what it is" (155). Thus, Regan and Degrazia have shown what we can know about the mental content of animals based merely on common observables. First, we must consider the history of the animal's behavior in particular contexts of the past *holistically*, in order to infer the present and future behavior of animals with a degree of accuracy. Secondly, we can explain the behavior of animals in terms of beliefs and desires *roughly*, as we would with humans in the absence of language. Degrazia shows how animals employ a kind of practical reasoning that is not dependent on thinking in abstractions or through the structure of language.

In addition to the 'common sense' view of concept attribution in animals discussed above, a breadth of recent ethological science supports the view that we not only can attribute mental content to animals, but also that animals are capable of very complex mental experiences. Cognitive ethology is the comparative, evolutionary, and ecological study of animal minds (Bekoff 30). Cognitive ethologists prefer to study animals in their natural environment, rather than in a laboratory setting. Recently, ethologists have found that animals are not only physiologically similar to us, but they are more similar to us emotionally than we previously had thought.

In developing a basis of understanding of animals, we ought to look to cognitive ethology then, as well as drawing from common observables. Cognitive Ethologist Marc Bekoff argues

that “ethologists often make their arguments using analogies.” This is because “all we can ‘see’ of an emotion are the signs of it, or how it manifests itself in an animal’s behavior or actions and how it affects an animal’s neurological chemistry” (36). Under such a methodology, Bekoff has found that animals are capable of experiencing both primary and secondary emotions. That is, not only do they have the immediate, reflexive “fight or flight” responses to stimuli (e.g., fear and aggression), but also more complex and nuanced secondary emotions. Secondary emotions are deliberate and reflective, rather than immediate and reflexive. Empathy and compassion are two secondary emotions in animals that have been well documented in ethological science, though people have recognized this for a long time in their everyday observations of animals. For example, studies suggest that consolation reduces stress levels in chimpanzees,² and lab mice are more attuned to the pain of their cage-mates than to unfamiliar mice.³ In addition, Bekoff writes, “In one classic study, a hungry rhesus monkey would not take food if doing so subjected another monkey to an electric shock” (11). Bekoff’s scientific position on animal emotions is this, “even if animal emotions aren’t exactly the same as our own, or for that matter the same across species, this doesn’t mean that animals don’t feel. In fact [...] animal emotions are not restricted to “instinctual responses,” but entail what seems to be a good deal of conscious thought” (12). While it may be true that dogs and cats cannot converse with us about philosophy, for example, there is a great deal of information transferring involved in our interactions with animals. “Tails talk to us about what animals are feeling, and so too do various postures, gaits, facial expressions, sounds, and odors” (Bekoff 13).

² See Fraser, Orlaith, et al. “Stress Reduction through Consolation in Chimpanzees,” *Proceedings of the National Academy of Sciences of the United States of America*, Vol. 105, No. 25 (Jun. 24, 2008): 8557-8562

³ See Langford, Dale, et al. “Social Modulation of Pain as Evidence for Empathy in Mice,” *Science*, Vol. 312, No. 5782 (Jun. 30, 2006): 1967-1970

Other scientists (A. Boissy et al 2007, 376) have argued that, although none of us can prove the existence of animal emotion, we ought to study animal emotion because animals are functionally similar to humans. They argue that we ought to study positive emotions (behavior indicative of well-being or happiness), and not merely negative emotions in animals. Positive and negative emotions, according to evolutionary psychology, are adaptive mechanisms that allow the organism to confront or respond to certain environmental conditions and situations. A. Boissy et al. argue that “given the very nature of emotional self-experience, there is ultimately no way to know if animals experience emotions similar to humans. However, behavior, structure, and brain chemistry are similar in humans and in a large number of animal species. It is therefore likely that they feel as we do, including not only well-studied negative emotions, but also positive ones” (376-77). New disciplines have emerged in the study of emotions, both human and animal. For example, the fields of affective neuroscience and positive psychology have sought to investigate positive emotions.⁴ These fields show that there is evidence from a cognitive, behavioral, neurobiological, and physiological standpoint that shows the existence of positive emotions such as joy and excitement in animals. The most obvious way to measure animal emotions is behaviorally, e.g., in terms of social behavior, reproductive behavior, play, and grooming. However, animal emotions can be measured in other ways. For example, A. Boissy et al. survey studies of animal emotion in terms of dopamine or opioid levels, in terms of heart rate variability (HRV),⁵ and in terms of immunological activity (380-83).⁶ The fact that animals have positive emotions, and that we can measure them in various ways is important to

⁴ See work by Colin Allen, Jaak Panksepp, Michel Cabanac or Kent Berridge.

⁵ For example studies have shown a significant correlation between infant HRV and the infant’s positive reaction to games of ‘peek-a-boo.’ See Fox NA. “Psychophysiological correlates of emotional reactivity during the first year of life” *Dev. Psychol.* 1989; 25:364-72

⁶ Specifically, A. Boissy et al. write that “[i]n pigs, positive and negative psychological experiences affected immune system parameters antagonistically, depending on the success of coping. Hence, immune status may be another indicator of long-lasting emotional state (or mood), and immunological parameters may be indicators of frequent positive (or negative) emotions” (383).

ethics—it makes a difference in how we *care* for them. This is because “[t]he emotional sensitivity or temperament of an animal has an important influence on its welfare” (A. Boissy et al. 385). A. Boissy et al. conclude then that positive emotions over a steady and repeated duration commonly lead to a “global state of ‘happiness’” in most animals and humans (390). Though the concept of happiness is hard to define, especially for humans and in philosophy, these authors use the term happiness to mean an internal state of well-being or quality of life. These researchers believe that inquiry into positive affective states in animals is crucial to any serious assessment of the welfare and quality of life in animals.

Anthropomorphism and the Problem of Projection

The last section discussed what we can know from the “as if” behavior of animals. There I was operating under the assumption that animals had mental states similar to mine. Some call this sort of attribution ‘anthropomorphism.’ It is worth mentioning that there are better and worse ways of attributing mental states to animals. Proponents of what is called ‘critical’ anthropomorphism argue that anthropomorphism is not bad per se, and when it is used critically, it can be an adequate and efficient tool for science and ethics. Scientist Gordon Burghardt first developed this concept, rejecting the implication that “there is no value in the scientific testing of the hypotheses generated by the anthropomorphic stance” (Burghardt 136). He developed such a concept to open the doors to more effective science. He argues, “[w]e need to use all of our scientific and natural history knowledge about a species, including its physiology, ecology, and sensory abilities to develop testable hypotheses, which may indeed be based on ‘hmm, what would I do if I were in a similar situation to other species?’” (137). Philosopher John Fisher also offers a common-sense approach to animals, arguing that “[t]he charge of anthropomorphism

oversimplifies a complex issue—animal consciousness—and it tries to inhibit consideration of positions that ought to be evaluated in a more open-minded empirical manner” (3). Fisher makes a distinction between imaginative and interpretive anthropomorphism. Imaginative anthropomorphism is the representation of fictional or imaginary animals as similar to us, e.g., Bambi, The Cat in the Hat, etc. On the other hand, interpretive anthropomorphism is when we describe our observations of animal behavior in terms of intentional actions. While the former anthropomorphism is clearly uncritical, the latter is not uncritical necessarily (Fisher 5-6).

I think that theologian and ethicist Fredrik Karlsson offers the most helpful representation of ‘critical’ anthropomorphism. He argues that anthropomorphism is a skill—a skill of making analogies—and it is a valuable skill when used intentionally and critically (Karlsson 719). Psychological anthropomorphism is the attribution of human mental and emotional states to animals; in science and philosophy, this is the sort of anthropomorphism that is most talked about. Giving content to the term “critical,” Karlsson argues that psychological anthropomorphism can be justifiable, and even scientifically and philosophically praiseworthy, in many different cases. For example, such anthropomorphism is helpful when it accurately reports observable similarities between humans and animals (i.e. if a dog reportedly behaves as a human would behave if she were thirsty). It is also critical if it aligns with some of the core values of science, such as predictive value, or if it gives the simplest explanation to a problem, etc. (Karlsson 712). To illustrate how to use anthropomorphism critically, we ought to first discuss uncritical examples of the attribution of mental states to animals. We all know of cases where human projection of animal beliefs and desires truly goes wrong. For example, Anthrozoologist Hal Herzog, in his book *Some We Love, Some We Hate, Some We Eat* (2010), cites a man he saw on a river rafting trip who had brought his Chihuahua, “running the rapids of

a freezing Class III river.” Herzog argues that anthropomorphism is to blame for the man’s belief that the Chihuahua would enjoy that trip (60).⁷ The pet and fashion industries also contribute to such anthropomorphism. Herzog argues, “A lot of pet owners believe their animals enjoy dressing up;” pets today are treated as consumers of their own with assumed desires for raincoats, summer camp, and weddings, for example (76-77). Here, then, the bad forms of anthropomorphism are when humans conflate their own personal interests with the animal’s. Such cases of ‘uncritical’ anthropomorphism then occur because the human subject fails to see the distinct separateness of the animal other. I will talk in more detail about the notion of separateness and difference in chapter three. Like the Chihuahua on the icy river, dogs that are dressed up in designer clothing are treated as dolls or accessories and not as distinct and different subjects. They are treated as appendages of their “owner,” and not as companions in their own right.

But the example of the Chihuahua on the icy river is obviously an uncritical attribution of mental concepts onto animals. The fact that some people project their own interests onto their animals does not then necessitate that we are thus doomed to a culture of dangerous anthropomorphism and projection. This sort of selfish projection and how to avoid it will be discussed in further detail in chapter three. Fisher illustrates that projection is not as much of a problem as hard skeptics make it out to be. He gives an example of ‘critical’ psychological anthropomorphism, arguing that just as a good chess player would try to get into the head of an opponent—guessing what the *opponent* would do, not what he himself would do—humans can understand the interests of animals as separate from our own.

⁷ Common “as-if” observables would indicate easily to an onlooker that the Chihuahua most likely would rather be home. However, for a larger dog, this may be different. Indeed, many rafters have “river dogs,” but they’re hardly ever Chihuahuas.

Take the simplest example: next door a deer is munching on my neighbor's grass. I immediately think: that deer must be hungry. I haven't arrived at this thought by thinking: if I were to eat my neighbor's grass I would be hungry. If I started to munch on the lawn, I would perhaps have had a nervous breakdown or be under the influence of a drug. My reasoning was, rather, based on how I represent deer, as creatures who make grass a regular part of their diet (Fisher 14).

Here, Fisher shows the clear difference between ascribing mental states to others in a given situation, and how the perceiving subject personally would respond. Fisher says that “[w]hat appears absurd in the projection argument is the idea that I can only reason from my own case, that I know about myself and only about myself from the inside and must somehow project myself onto the outside world to form any further inferences about people or animals” (ibid). Fisher concludes that projection is not something that we are stuck with. If we have developed strong bases for understanding the other, then projection should not happen.

Here I will amend what Fisher says, and add that if we have a basis of understanding the other and *we genuinely care for and care about the other*, then we can better avoid projection. To illustrate, let's say for the purposes of argument that I really love jewelry. Let's also say that my aunt Judy loves to knit and is a yarn connoisseur. I know that my aunt Judy loves to knit and recall that every Christmas she requests yarn or knitting books as a gift. In other words, I truly have an understanding of what Judy's interests are, and understand that my interests are separate from hers. However, let's say that I don't really care. I buy her jewelry for Christmas, rather than something related to her interests. This illustration shows that though I knew what Judy liked, I didn't really care. At some point, in the end, my actions showed a conflation of her interests with mine. If we are to relate this example to the problem of projection, it shows that while it is necessary to have a basis of understanding the other (or knowledge about what is good for the other), such knowledge is insufficient for avoiding projection. *Caring for or about* the other, including what their interests and preferences are, also matters a great deal. I will talk more

about what it means to care for and about the other in chapter three. But what this example shows in addition to Fisher's example is that we need both knowledge of the other and we need to care for the other. Fisher's example shows how knowledge is a necessary condition for us to avoid projection. I agree, and think that it is a necessary condition for us to care for others, but it alone does not imply that a person will keep in mind the best interest of the other. A caring disposition and practice is also required in avoiding projection.

Mentation as the Best Explanation of Animal (and Human) Behavior

The last section showed evidence for how we can attribute mental states to animals. The goal of this section will be to show why explaining animal (and human) behavior in terms of mental states is much better than the alternative explanation: the view that animals and human behavior ought to be explained mechanistically. Many people who are skeptical of animal mentation argue that an attribution of mental states to animals is either (1) bad science, or (2) is bad for science. They claim that such mental attributions are cases of “dangerous anthropomorphism” (Kennedy, 1992). In this section I will address the first claim—that anthropomorphism is bad science. I will frame a response to this claim in terms of what counts as the best explanation of animal behavior. The question here is whether it is better to explain animal behavior in some other way than in psychological terms.

First, if we are to consider whether anthropomorphism is bad science, then we ought to take science seriously. If we are to take science seriously, we ought to rely on empirical evidence. Evolutionary theory is backed by extensive empirical evidence, so let's start there. The theory of evolution is a theory incremental of change. Changes in inherited characteristics of organisms occur gradually, over successive generations in response to an array of environmental

conditions. Though we may want to say that humans are apical in the timeline of such evolutionary processes, we have not ‘evolved out’ of such processes and are still very much a part of this historical lineage. Therefore, any difference between humans and non-human beings must be understood as a difference in degree, not in kind. This means that if we are to have two interpretations of animal behavior—either in terms of psychological states or in other such terms as automatic mechanisms—we must consider such differing interpretations in regard to an understanding of human behavior as well. As we are a part of an historical evolutionary lineage, we seem to function similarly to animals in terms of biochemistry and physiology just as it seems right to grant that a flower functions similarly to a tree.⁸ It seems that an interpretation of animals as mere automata is thus ungrounded, for this would seem to separate us as different in kind from animals and would seem to ignore the fact that humans are part of the class Mammalia. It would be bad science to point out a fundamental difference between humans and animals.

Some have argued that language use fundamentally separates humans from all or most other animals. They go on to argue that in order to have beliefs and desires, one must inhabit a language. They conclude then that attributing mental states to animals is a case of anthropomorphism—of bad science. However, philosopher Tom Tyler disagrees. Drawing from Heidegger, Tyler argues that when we say that we are anthropomorphizing, we are assuming that we first know ahead of time what human beings are. According to Tyler, this assumption is arrogant and ungrounded. He says that “simply by employing the term ‘anthropomorphism’ one has already adopted a set of unexamined assumptions about human beings” (Tyler 21). In other words, when we assume that talking about animals in human terms we are “humanizing” animals, we assume an anthropocentric ontology that ignores our own membership in the animal kingdom, among other things. Secondly, rather than anthropomorphism being dangerous for

⁸ Thanks to Dr. Soazig LeBihan for this example.

science, as Kennedy argues, Tyler argues the reverse. He says that it is dangerous for science to assume that there exists such mental attributes and behaviors that are distinctly human, and human only. Using the phenomenon of convergent evolution, he illustrates this point persuasively,

It is dangerous and misleading to suppose that attributes or behaviors ‘belong’ to the creatures who display them, even in those cases where these creatures seem to be the only ones who exhibit a particular quality. This point is perhaps best demonstrated by an example of convergent evolution, the phenomenon whereby the same adaptation is evident in entirely unrelated species. Bats are well known for their distinctive means of navigation: sonar, also known as ‘echolocation’ [...] But as Richard Dawkins has pointed out, sonar is by no means unique to bats. It has evolved, independently, in two different genera of birds, in dolphins and whales, and to a lesser extent, in shrews, rats, and seals.

Now, speaking to the assumption that only humans exhibit mental states, or rather, higher-order mental capacities such as reason, language, and secondary emotions like compassion and empathy, Tyler responds,

That a trait has been identified in only one class of creatures thus far is no guarantee that it is unique to that class of creatures, be they bears, bats, or life forms more alien still. The fact that, to date, the only creatures who have been observed exhibiting trait x are human beings, does not justify the claim that trait x is fundamentally and uniquely human, no matter how clever or intellectually advanced it is (Tyler 21-22).

When framing a conversation about the mental states of living beings, Tyler is helpful to show us that assumptions of human superiority or of difference in kind to other animals are dangerous assumptions. Thus on the face of it, the argument that anthropomorphism is bad science seems to fall short.

But the skeptic could argue in response that there is no way to directly observe the mental states of other animals. Attributing mental states to animals is a projection, in absence of ‘hard proof’ or direct observables, and the only way to prove such states would be either for animals to articulate their feelings, beliefs, and desires through language, or for us to ‘get into the head’ of

the animal other. It should be pointed out that this is a serious problem for attributing mental states to humans as well. I don't know *precisely* what my sister is thinking when she falls off of her bike. But she need not say anything for me to know that she is feeling physical and emotional pain. She's hurting, and if many people saw her fall, it's likely that she's embarrassed. I don't have to actually get in her head to know this. Thus, my immediate inference from witnessing this state of affairs and her behavior shows that my attribution of her mental states is *good enough* such that I can respond appropriately. Further, a robot could hypothetically tell me, in grammatically formulated American English, that it is in pain, but this is not sufficient grounds for assuming that the robot is in fact in pain. While there's no denying that it is easier to accurately guess at what my sister is feeling when she falls off of her bike than it would be for me to guess at what an animal is feeling, there are still physiological, social, and emotional continuities between humans and animals that are morally relevant in a similar way to human-human continuities demanding of our moral attention.

But there are still what Fisher calls "hard anthropocentrists" who find any form of anthropomorphism dangerous for science (Fisher 7). Animal behaviorist J.S. Kennedy has written a whole book defending such a skeptical position. In *The New Anthropomorphism* (1992), he argues that science cannot tell us either way (yes or no) that animals feel pain, let alone whether or not animals have preferences, interests, desires, intentions, etc. Anything short of a position of agnosticism on the issue of animal psychology is thus dangerous for Kennedy; attributing the capacity to suffer to animals would be then a troubling and dangerous case of anthropomorphism. He says at one point, almost solipsistically, that "[w]e cannot reliably infer pain sensations from non-verbal behavior even in human beings" (117). But Kennedy never explains how or why anthropomorphism is dangerous. At best, he alludes to it being a "blind

prejudice” (160), “uncritical” (153), and “delusional” (5), but at the same time accepts the fact that there is explanatory and predictive value to science that operates under the assumption that animals do in fact suffer and are conscious: “It has presumably also been ‘pre-programmed’ into our hereditary make-up by natural selection, perhaps because it proved to be useful for predicting and controlling the behavior of animals. It is therefore useful, incidentally, in scientific research on the adaptiveness of their behavior” (Kennedy 5). In his book, Kennedy makes two claims that are contradictory. If attributing such mental states to animals is explanatorily and predictably successful, then the burden of proof ought to be on Kennedy to show why such attributions are bad for science. Degrazia writes that “[i]t might be argued that the fact that animals behave as if they have desires is not evidence that they really do have desires [...but this position is] mistaken” (Degrazia 132). His argument, following a similar argument produced by Jerry Fodor, is that the best explanation of animal behavior is that they really do have desires. In other words, scientists have a lot more work cut out for them to show that animals only behave *as if* they have desires. Putting the burden of proof in the right direction, Degrazia argues that granting desires to animals is not a case of anthropomorphism; it’s just good science! He emphasizes that if skeptics worry too much about attributing any content to animal’s mental states, then we “lose much explanatory and predictive power regarding animal behavior” (157). Degrazia’s response to the skeptic is a common and broadly accepted response in philosophy of science. In absence of ‘hard proof’ or ‘direct observables,’ inferences to the best explanation are perfectly acceptable. The alternative, the belief that anything unobservable cannot be accepted in science, seems a bad position to take, else we would have to reject a host of assumptions in science, e.g., the existence of electrons and Darwin’s theory of evolution. But the theory of quantum mechanics and Darwin’s theory is good science, offering a plethora of explanatory and predictive success. The

skeptic's demand for hard proof or direct observables of animal mentation thus reduces to absurd conclusions for science.

In addition, if we are to take the skeptic's position seriously, it is fair to ask what the skeptic has to offer as an alternative explanation of animal behavior. In other words, if the skeptic wishes to convince us that anthropomorphism is bad science, the burden of proof is on her to show why we should assume the alternative. But the skeptic's alternative explanation is vacuous and unhelpful. If we were to rid ourselves of anthropomorphism completely, we would only replace the attribution of human mental states to animals with another "morphism." For instance, Eileen Crist and Frans de Waal call "mechanomorphism" a type of "morphism" where we attribute to non-human beings a mechanistic explanation of their behavior rather than a psycho-centric one. But other such "morphisms" lack the benefit of the simplest explanation and they do not offer much predictive power (Karlsson 711). Frankly, it is naïve to think that animals are more similar to robots than to people. Erica Fudge has pushed this point even further, saying that mechanomorphism is still *anthropo*-morphism! "Not only can we never really know what a pet feels because it is an animal, but also any terms that we might construct to define animal actions that *avoided humanization* would still be human terms. *We cannot get away from ourselves.*" (my emphasis, 59). Mechanomorphism is neither more helpful nor more 'objective.' Thus, in absence of good reasons for an alternative explanation of animal behavior in other than psychological terms, we can safely say that psychological anthropomorphism is not bad science.

The second claim—the claim that anthropomorphism is bad for science—is a normative one. In other words, it implies that something in science is at stake or is threatened by anthropomorphism. The argument goes that the consequence of anthropomorphism is that science will be held back or limited in some way. But as I mentioned just previously, this

limitation cannot be in terms of the scientific virtues of explanation or prediction. The limitation must be for other anthropocentric reasons, such as the use of animals in laboratory research. Remember, what was shown above was that it is good science to attribute such states to animals, and it is bad science to take the alternative position. This means that on moral grounds, we cannot do to animals what we have done to animals in the name of science in the past (e.g., vivisections, cosmetic and pharmaceutical testing, etc.). If anthropomorphism is bad for science, then it must be in the sense that we cannot do to them whatever we please, and this significantly limits science. But Marc Bekoff makes a persuasive normative argument in favor of animal interests. His argument models the argument made in the seventeenth century by French philosopher and mathematician Blaise Pascal. A very rough representation of Pascal's argument goes something like this: it is possible that God actually does exist. From what we can know, it is just as possible that God does not exist. In absence of hard proof, if we believe that God exists, either our belief is true and we reap an eternal reward or it is false and we still lead a good life. Now, if we believe that God does not exist, there are two further possible outcomes: either our belief is true, but we gain nothing, or our belief is false and we suffer infinitely in hell. Therefore, if we are to gamble with our souls, then in the absence of hard proof the best bet is to believe that God exists. Bekoff offers a similar argument. I'll call it *Bekoff's Wager*:

- (1) It is possible that all animals experience pain and suffering. This possibility is increasingly reflected by scientific evidence.
- (2) Science *is not harmed* if we assume that animals feel pain.
- (3) However, if we do not grant that animals have such mental experiences, it is very possible that they will continue to suffer greatly.
- (4) Thus since there is more at stake for animals than for science, we need a paradigm shift in science that favors the assumption that all animals (even those that are alien to humans physiologically) experience mental phenomena (Bekoff, my paraphrase, 22-23).

This shift requires a rejection of previous skeptical assumptions about animal cognition, shifting the burden of proof of complex animal emotions from the animals themselves onto the skeptics

to show that indeed they do not have such capacities. He says that “such an assumption increasingly reflects the evidence [that all animals have the capacity to suffer]” citing Ian Duncan’s research that shows that fish experience pain and fear, and Donald Broom’s hypothesis that for animals with less complex brains, they may lack the capacity to deal as effectively with pain than animals with more complex brains, concluding that less cognitively complex animals such as fish may actually suffer more! (22). Thus, the argument that anthropomorphism is bad *for* science holds no weight. The argument does not rest on the integrity of science, but on the human-centered consequences for science, such as the benefit of using animals in research. Such a view totally fails to consider those beings that are most at stake—the animals.

At this point I have shown that anthropomorphism is neither bad science nor bad for science. In fact, I’ve shown that attributing mental states to animals does quite the opposite. It is the best explanation we have of animal behavior. In addition, in normative terms, it appropriately frames the ethical space of what we can do to animals. It assumes that animals are subjects and thus are also moral stakeholders as moral patients and subjects, and the positive consequences of this assumption far outweigh the alleged anthropocentric benefits to science under the alternative view that posits animals as mere automata.

Implications for End-of-Life Ethics

Held’s point that caregiving requires both a knowledge base and a caring disposition ought to be revisited. In an end-of-life or hospice context for animals, what’s at stake is their welfare and quality-of-life when they age, fall ill, and die. We know that animals suffer when they age, fall ill, and die, and the field of veterinary medicine in part has been established to alleviate the physical suffering of animals and to keep them healthy as best we can for as long as

we can. However, if animals can experience complex emotions, as Bekoff shows, then we ought to try to care for their psychological as well as physical welfare. In other words, if animals have been shown in science to exhibit compassion and empathy, it may be arrogant to assume that they do not experience complex emotions like embarrassment, shame, and depression that are more relevantly end-of-life emotions. If there is sufficient reason to believe that animals have such complex emotions that center on illness, aging, death, and dying, then this in turn affects the degree to which we ought to care for them.

The first immediate problem with this is that there is a lack of evidence that animals experience such complex end-of-life emotions. We ought to look for “as if” behavioral evidence that can show this. Cognitive ethologists ought to work with veterinarians to research whether such behavioral evidence exists. Bioethicists S.B. Christiansen and B. Forkman have recently argued that current quality of life scales used by human caregivers and veterinarians are crude welfare assessments of animals. They call for ethologists to address the ambiguities I have mentioned (e.g. possible psychological suffering due to experiences with illness, age, and dying) that are not adequately addressed in quality of life scales. “Seen from an ethological point of view,” they say, “most studies are lacking sufficient broadness and detail in the parameters used to provide a basis for animal welfare assessments beyond a clinical evaluation” (Christiansen and Forkman 2). The suggestion here is that the term “welfare” covers more than just “health.” As veterinarians are concerned with “health” and not “welfare” primarily, ethologists are needed in order to better develop a conception of “welfare.” For example, they argue that follow-up studies of leg amputations in dogs are necessary for a thorough assessment of the dog’s overall welfare. Though the dog may heal with no physical complications, other aspects of the dog’s quality of

life require assessment, such as the changes in social behavior of the dog in relation to other dogs (ibid 3). Christiansen and Forkman cite studies, e.g., that showed that

behavior can change in dogs following limb amputation [...suggesting] that a change in functional status may result in a lower position in the rank order when interacting with other dogs. [The researchers] could not, however, determine the reason for the changes observed, and it is likely that ethologists would be able to contribute to further research on this matter (ibid 23).

In short, Christiansen and Forkman argue that we need to get clear on what we mean by “quality of life,” and we need a way of assessing “quality of life” that allows for a reflection of a more nuanced interpretation of animal behavior and psychological states. Animal welfare assessments ought to be complex and nuanced, not crude. Veterinarians ought to look to ethology to gain beneficial knowledge about animal welfare and to avoid the risk of missing signs of poor welfare (ibid 15-16). This requires a holistic understanding of the social and emotional as well as physical side-effects and complications of medical procedures. Christiansen and Forkman worry that an emphasis of physical health over behavioral and mental aspects (possibly due to lack of knowledge) puts animal welfare assessments at the risk of being incomplete. Ethological research and perspective would help both to enrich a welfare assessment and to maintain a higher degree of objectivity in such assessments (ibid 17-18).

Following Christiansen and Forkman, I would also like to challenge applied ethologists to consider investigating whether companion animal behavior indicates any sort of psychological experiences of suffering due to aging, illness, death, dying, embarrassment, or shame, as these seem to be mental experiences that are relevant to creating a more robust animal welfare assessment in an end-of-life context.

For now, though, this chapter has shown that we can say that animals have beliefs, concepts, desires, and preferences about comfort, security, peace, what makes them happy,

anxious, unhappy, etc. Such cognitive functions are also relevant in an end-of-life context. In addition, in absence of data, maybe we ought still to assume that animals do in fact experience such forms of complex psychological anxiety and suffering. Bekoff's Wager shows this. We ought to at least consider the possibility that animals do experience specific complex emotions such as embarrassment, pride, shame, depression, sadness, grief, etc. because this assumption enriches the way that we can care for them when they age or fall ill. Such assumptions may only slightly burden us, because they require a higher degree of attunement and sensitivity to our companion animals. But the consequences of assuming otherwise seem more troubling. Specifically, we may neglect the psychological welfare of animals if we require "hard proof" of such complex emotions. I think it very likely that science will show that animals experience such complex psychological phenomena that are relevant to death and dying, but my position, for now, stands that in absence of data, we ought to err on the side of animals. Such projection of these mental states to animals cannot harm the animals. In fact, it should enrich the way that we care for them.

In short, now that the assumption that animals have robust mental experiences has been given more justification, we can then turn to science and philosophy to give content and direction to end-of-life caregiving for animals whilst operating under the moral framework of an ethics of care. Care ethics must rely on cognitive ethology and moral psychology in an end-of-life caregiving context because science may be able to tell us something about the content of animal beliefs that are particular to such a context. This knowledge would have significant practical import to ways of measuring the happiness and well-being of the animal patient in such cases, especially in quality-of-life scales, for example. In turn, this knowledge would inevitably affect the way we care for the animals that we love.

CHAPTER THREE

CARE AND COMPANIONSHIP: AN ALTERNATIVE ETHICAL FRAMEWORK FOR ANIMALS

The last chapter showed that there are good pragmatic reasons for assuming animals are conscious and capable of having complex mental experiences. It also discussed the basic ways we can attribute mental content to animals, and it concluded with the implications it has for end-of-life caregiving. Specifically, if animals have emotional as well as physical needs, this makes a difference in how we ought to care for them. Here, I will finally explain what it means to be a true companion in human-animal relations, and why this is morally relevant in an end-of-life care context. Though the interests of companion animals have been relatively absent from the discourse in care ethics, I will argue that such an inclusion is important. I will then set out what an animal care ethic would look like, namely, through a more detailed articulation of the companionism model. Finally, in the next chapter, I will show how an animal care ethic would work in practice in an end-of-life context.

Care Ethics (An Overview)

Care ethics is a fairly new field of ethics that began in the 1980s. The care tradition is a response to the justice tradition in ethics. Specifically, care ethics grounds ethics in the particular and contextual rather than in universal and abstract principles. Carol Gilligan in *In A Different Voice* (1982) first argued that there are two different ways of moral thought. One is based on abstract and universal principles and the other based on intimate and particular relations. Under Kohlberg's theory of moral development, women's moral thinking was classified the same as children's moral thinking. Kohlberg's "discovery" was that women, in interviews, when asked to

determine right action from a hypothetical moral dilemma, did not derive right action from universal and abstract moral principles, and thus were not as morally developed as men. In her book, Gilligan suggests that Kohlberg's conclusion is due to a bias towards masculine thinking in terms of justice and rights and a general lack of the feminine voice in moral discourse.

Gilligan writes, "this ethic, which reflects a cumulative knowledge of human relationships, revolves around a central insight, that self and other are interdependent" (74). Feminine moral thinking, according to Gilligan, is relational and interdependent, rather than abstract and independent. Gilligan discusses the differences in masculine and feminine moral thought as such:

Women's construction of the moral problem as a problem of care and responsibility in relationships rather than as one of rights and rules ties the development of their moral thinking to changes in their understanding of responsibility and relationships, just as the conception of morality as justice ties development to the logic of equality and reciprocity. Thus the logic underlying an ethic of care is a psychological logic of relationships, which contrast with the formal logic of fairness that informs the justice approach (73).

Thus, Gilligan's research suggests that the feminine construction of moral problems—seeing moral dilemmas in terms of conflicting responsibilities (105)—is a framing that ought to be taken seriously as a *different voice*. Masculine thinking is not hierarchically better than feminine thinking, as Kohlberg had suggested, or vice-versa. But until Gilligan's novel research, this different voice was not heard in realm of ethics and moral development.

Gilligan's research also showed that feminine moral thinking was not done in the abstract. Though masculine moral thought privileged reasoning in abstraction through hypothetical thought experiments, women found that framing moral problems in such abstractions made it very difficult to determine right action. For women, the concrete and contextual particulars of moral problems were vibrantly significant to every ethical dilemma. On this, Gilligan highlights the problem of abstract thought-experiments, saying,

Hypothetical dilemmas, in the abstraction of their presentation, divest moral actors from the history and psychology of their individual lives and separate the moral problem from the social contingencies of its possible occurrence.

Gilligan goes on to say that the concrete and contextual particulars of moral problems are important in feminine moral reasoning because it engages feelings of compassion and tolerance.

She writes that

[o]nly when substance is given to the skeletal lives of hypothetical people is it possible to consider the social injustice that their moral problems may reflect and to imagine the individual suffering their occurrence may signify or their resolution engender.

Thus, feminine moral reasoning is distinct from masculine moral reasoning.

The proclivity of women to reconstruct hypothetical dilemmas in terms of the real, to request or to supply missing information about the nature of the people and the places where they live, shifts their judgment away from the hierarchical ordering of principles and the formal procedures of decision making (Gilligan, 100).

The masculine “skeletal” rendering of moral problems simply in terms of hypothetical thought experiments flattens morally important particulars and it justifies the ranking of duties against each other. Such flattening is representative of the moral systems of justice and rights. A hierarchical ranking of principles creates the illusion that right action is derivable from the abstract and the general.

Since Gilligan’s work on feminine psychological development, many feminist philosophers have developed an ethic of care as an alternative moral framework to the tradition of rights and justice. Today, care ethicists stress that caring emotions are vital for ethics, such as compassion, empathy, love, and friendship. Care ethicists argue that although thinkers in the rights and justice tradition polarize reason and emotion in favor of reason (Slicer 1991, 113), “ethics begins at the emotional level, with the desire to be a good person, rather than at the intellectual level, with an analysis of the concept of ‘goodness.’” (Tong 109). Feminist

epistemologist Allison Jaggar argues that emotions are a way of knowing. Emotions are not separate from reason, but rather, emotions as well as reason can bring us closer to the truth (Jaggar 1989).

The emphasis on relationship described just earlier leads to a skeptical view on the part of the care tradition of liberal individualism and the common conception of autonomy. Care ethicists critique liberal individualism because of the way that such a position characterizes persons. Persons, under the liberal model, are autonomous and distinct individuals primarily, and then persons in relationships secondarily. In other words, we are distinct individuals *before* we form relationships according to the liberal model. Under an ethics of care, the conception of the person is quite different. While the Kantian legacy views persons as purely autonomous and rational law-givers, under an ethic of care, persons are relational and interdependent, rather than detached and independent. Care ethicists argue that humans do not sprout up from nowhere, and the degree of autonomy that individuals have depends on their relationships with people, history, and social contexts. It draws attention to the “material, psychological, and social prerequisites for autonomy” (Held 84). Regarding the dangers of liberal individualism and the Kantian tradition, Virginia Held argues that the assumptions of individualism contribute to a pervasive attitude of indifference to the welfare of others (83). She writes that although the liberal view purports to promote justice, “[i]t promotes only calculated self-interest and moral indifference in place of the caring and concern that citizens often have for fellow citizens” (ibid).

Held writes that in contrast to liberal individualism, an ethics of care is “hospitable to the relatedness of persons. It sees many of our responsibilities as not freely entered into but presented to us by the accidents of our embeddedness in familial and social and historical contexts” (14). Care ethicists recognize that relations are not made contractually, or even always

voluntarily. This ethic does have a conception of autonomy, but it is *relational*. In other words, unlike the liberal conception, we give ourselves laws already embedded in a web of relations. Held calls this autonomy “mutual autonomy” where selfhood and identity are shaped by social factors such as race, class, gender, ethnicity, family, and community (48, 55). In this way, care ethics accounts for a more realistic conception of person and moral relations, as it does not obscure away the influence of complex relations on our identity and our options and decisions. This alternative conception of persons and autonomy in terms of interdependent relations encourages caring relations with members of our community.

In addition, through conceiving of responsibility through a web of relations, care ethicists recognize that all people depend on others and they in turn depend on us for love, friendship, and emotional support as well as for meeting basic physical and material needs. In fact, everyone is born into the world dependent on others and we often leave this world in great need of the care of others. If we recognize persons as embedded in dependency relations, then this will serve much better for ethics, especially through prescriptions of caregiving obligations. Since no human individuals are detached moral agents throughout the entirety of our lives, we ought to have an ethic that can take seriously such dependency relations. Eva Kittay writes that,

However a society is organized, a significant number of persons will be in [a dependency] condition. From that starting place we can then contemplate the requirements of those whose neediness diverges, in extent and kind, from this paradigm. The strategy is intended as a rejoinder to that of idealizing theories of justice as does Rawls, wherein the paradigm case is the fully functioning adult (241).

Care ethics and dependency relationships demand more from us politically than our society recognizes. Kittay argues that our society *pathologizes* dependency rather than accepting it as a “normal part of human life” (244). An example of where such pathologizing takes place is the welfare service. Rather than society recognizing our responsibility to meet general social needs

of those least advantaged, the welfare service is pathologized as a system that encourages people to depend on the state rather than to take care of themselves. Kittay says we need to recognize that dependency is not something to fear and loathe. We must recognize that dependency is species-typical (248).

The Absence of Companion Animals in Ethics

Regarding dependency relations, care ethics has centered on caregiving for dependent *human* others. Though care ethics is a fairly new field of moral philosophy that has focused on particular ethical encounters with humans, I believe that this new framework best addresses the complexity of moral problems that arise in the home with the *animals* we love. As was shown above, care ethics as a theory reveals that traditional moral theories have their limits, though most such theories claim to be universal and capable of dealing with every moral problem. Specifically, animal ethicists working under the traditional frameworks of deontology and utilitarianism do not get past talk of basic rights, duties, and responsibilities to animals. For example, Regan argues that we ought never to infringe on the inherent rights of living beings that are experiencing subjects of a life, and Singer argues that we ought to not inflict unnecessary suffering onto sentient beings. Care ethics enriches the ethical discussion past talk of egalitarian, universal rights towards a more nuanced ethic.

Though many care ethicists have concerned themselves with animal ethics generally, e.g., Carol J. Adams, Marti Kheel, and Josephine Donovan, to name a few, not much has been written about our moral obligations to *companion* animals specifically. Though not a care ethicist, Keith Burgess-Jackson, in 1998, wrote what I think was the first real defense of the ethical treatment of companion animals, rather than all animals generally. He laments that philosophical literature on

the subject of companion animals contains a “glaring omission” (159). He blames this omission on the dominant tendency in ethics to be *impartial*. The animal ethics of Singer and Regan indeed purport an egalitarian view of animal rights and welfare. However, Burgess-Jackson argues that just as we recognize that there exists special responsibilities to particular humans (e.g., children), so too do we have responsibilities to the animals who we willingly take in to live in our homes (ibid). He writes that, “[d]epending on the species, we sleep with them, recreate with them, travel with them, care for them, play with them, teach them, learn from them, and in general consider their companionship a part of the good life” (160). For the most part, for many people, our lives are highly interwoven with the lives of animals.

Though Burgess-Jackson is not a care ethicist, he uses the language of care to articulate our moral obligations to companion animals. He says, “[T]he act of bringing an animal into one’s life—the act of *forming a bond* or relationship with a *particular* sentient being—generates a responsibility to *care* for its needs” (my emphases, 163). Burgess-Jackson also argues that our obligations to animal others do not arise out of contracts; rather, they arise through the particular relationship between humans and companion animals. This is a key tie to the care tradition, which maintains that particular relations, rather than abstract principles, give rise to moral obligations. Bringing an animal into our homes and our lives creates a particular and non-contractual relationship that nevertheless demands of us certain moral responsibilities. Burgess-Jackson argues that such responsibilities stem from the fact that one’s decision to bring an animal into his or her home determines the future course of the animal’s life (168-9). The animal’s future welfare depends on the quality of the *care* that one chooses to provide. Burgess-Jackson’s recognition of obligations to animals due to this web of dependency relations between humans and companion animals then clears a path for an *animal care ethic*.

In addition, Clare Palmer has argued, in *Rethinking Animal Ethics in Appropriate Context* (2007), that the egalitarian ethics of Singer and Regan that treats all animal interests equally is problematic because it cannot make sense of how to prioritize attending to endangered species or companion animals. In other words, an impartial and egalitarian animal ethic falls short because it ignores context. She argues that the particular historical context by which wild animals are either put in danger of extinction by humans or domesticated by humans demands heavier moral consideration of them. She writes that animal ethics ought to take into account

animals shaped and formed by human actions in terms of genetic make-up, susceptibility to disease, reproductive capacity, bodily form, temperament and cognitive abilities. Focusing on capacities such as the ability to feel pain alone cannot, in particular, capture anything about the dramatic transformation in animals wrought by domestication. From a philosophical animal liberation perspective there is nothing of direct ethical interest to be said either about human intervention in the processes of bringing into being, selectively breeding and shaping the natures of domesticated animals; or about the human independent, ecological embeddedness of wild animals (Palmer 2007, 3).

For Palmer, an animal ethic ought to factor how an animal stands in relation to human culture.

Some animals—namely, companion animals—have been domesticated into human culture.

Because of this history of domestication, such animals depend on humans for survival. She argues that “the creation of domesticates is the deliberate creation of dependence” (11). Because humans and animals have cohabitated for tens of thousands of years, and because historically, we had a direct role in the creation of animal dependency, we need an ethic that acknowledges morally relevant differences between domestic and wild animals.

Differences and Similarities between Human and Animal Relations

Some might argue that equating caring relationships with human with caring relations with animals could blur or flatten a lot of significant differences between humans and animals. Here I do not attempt to conflate the distinct relationships that occur between members of the

same species and inter-species relationships. To be clear, human romantic, sisterly, and maternal caring relations are unique and differ from the relations we have with animal companions. Thus, while I want to use care ethics as a framework for end-of-life animal caregiving, it is important to recognize that there are differences between caring for a human and caring for an animal. There is the obvious difference of species. Clearly, the needs of a human are going to differ somewhat from the needs of an animal. For example, fostering an appreciation for learning mathematics, music theory, or literature, in a child is a way to care for a child that would not make sense for an animal. But there are ways that caring for children and companion animals can overlap. For instance, caring enough to attend a child's piano recital is not the same but is akin to caring enough to take one's dog on a walk if he's been without exercise for much of the day.

Burgess-Jackson says that though not every human need is a dog need,

dogs, like humans, have a variety of psychic and social needs (although these tend to be ignored). Dogs need the sort of stimulations that humans refer to as attention, entertainment, or recreation. Dogs need to be rubbed, scratched, petted, and hugged (forms of tactile stimulation); they need to be engaged in various forms of play (structured or unstructured) with their human companions; they need to develop and use their senses; and most importantly, they need to interact with other dogs. Dogs are social beings. They are no less social than humans are, and while it is possible for a human or a dog to survive without interaction (think of a human being in solitary confinement), no human would count it an adequate existence, let alone a fulfilled one (180-81).

The *particular* ways to care for another being are going to be different for different species.

Further, ways of caring are going to be different for each particular *individual* within the species, be it canine or human, for example. Though the particular relations humans have with each other are unique to the relations humans can have with animals, in some ways they are also related.

Thus, in regard to caring relations and responsibilities, I am interested here in where the needs of humans and the needs of animals overlap. This overlap should be taken seriously because companion animals are inherently dependents. They are also our intimate friends. We confide in

them. We rely on them for companionship. On this overlap, ethologist Marc Bekoff writes of animals that

[t]heir joy is the purest and most contagious of joys and their grief the deepest and most devastating. Their passions bring us to our knees in delight and sorrow. If animals didn't show their feelings, it's unlikely that people would bond with them. *We form close relationships with our pets not only because of our own emotional needs but also because of our recognition of theirs* (my emphasis, 19).

He argues further that being compassionate to the needs of an animal overlaps with a general caring disposition for all emotive beings.⁹ Because animals and humans are sensitive to each other's emotions reciprocally, this overlap is morally relevant. Animals, attuned to our emotions, care for us as companions. In recognition of their emotional needs, we ought to do the same for them.

The Problem of Projection Revisited

In the last chapter, the problem of projection was analyzed briefly. Here I will show that the approach to animal ethics working in the justice tradition—namely, the approach of Peter Singer and Tom Regan—does not avoid the problem of projection. I'll argue that although the care alternative does not fully rid us of the problem of projection, it best avoids it.

The traditional "Singer-Regan approach"¹⁰ to animal ethics is guilty of "cultural anthropomorphism," in the sense that they take a social construction—namely a "western" human notion of moral value—and use it as a basis for measuring the moral worth of animals (Karlsson 713-15). The "western" human normative system bases moral value in psychological

⁹ Though I believe that what Bekoff says here is true, to avoid confusion it is important to distinguish his point from Kant's argument for indirect duties towards animals. Kant argued that animals only have moral worth insofar as being kind to them inclines us to treat *humans better*. However Bekoff is saying something different. Animals merit moral consideration for their own sake. Bekoff's idea here is that both humans and animals have the capacity to be sensitive to each other's emotional needs. Animals are not merely tools (means to ends) for the cultivation of moral sensitivity, as Kant argues. Rather, two species—human and animal—can be sensitive to the needs of each other in an intimate way, and such intimate sensitivities can expand outward to caring for more distant others.

¹⁰ This is a term developed by Deborah Slicer in "Your Daughter or Your Dog?" *Hypatia*, 1991.

experiences. It measures animals according to a metric of ‘sameness.’ In other words, this approach values animals based on a ‘lowest common denominator’ of sameness, valuing animals either because they are ‘sentient beings’ or because they are ‘experiencing subjects of a life.’ Both sentience and subjective experiences are human experiences that matter morally and they are significant to animal ethics because most animals happen to share them. Thus, only insofar as they share similar psychological experiences to us do animals matter morally. In addition, under Singer and Regan’s moral extensionist theories, though they push for an egalitarian treatment of animals, exceptions to their equal treatment are made in “life-boat” cases. In such cases, human psychological experiences are ranked as better or more morally valuable because they are more complex in terms of rationality and because humans experience more ‘sophisticated’ feelings of suffering. The problem with their approach is that when we compare human psychological experiences as normatively superior to equine experiences, for example, we transfer a human cultural notion onto horses; we treat horses like *human* horses rather than what they are, horses! It is anthropocentric to give normative emphasis to the extent that animal experiences match up to human experiences, though Singer and Regan claim that their ethic is non-anthropocentric.

Singer and Regan, though both say that their ethic is non-anthropocentric and egalitarian, essentially project a human value theory onto animals. Singer and Regan both have an account for why human suffering or harm is worse than animal suffering or harm. Both arguments stem from the same root—that human psychological experiences, because they are more complex, are then more valuable. When we mistake traits that humans excel at, e.g., moral reasoning, to be the measure of what traits should be cherished in other non-human beings, we are projecting. The danger of projecting a human value-system based on *sameness* onto animals is that it fails to see animals *as animals*. When we do this, we more easily conflate our feelings and interests with our

animals'. We need an ethical framework that can account for the *particulars* of individuals, both human and nonhuman.

Projection and Arrogant Perception

Care ethics as a moral framework more critically avoids the problem of projection than traditional animal ethics for many reasons. First, it does not attempt to do ethics from a “view from nowhere.”¹¹ Care ethics explicitly values the complex and particular differences of individuals. Under an ethics of care, individuals are more than just sentient rights-bearers. As I will show, care ethics is thus a step forward from the “top-down” ethic of Singer and Regan where ‘right action’ in any context is derived from abstract universal principles. The care approach allows us to more richly articulate what our responsibilities are to our *particular* animal. Thus, care ethics is critical because it sees animals *as individual animals*, not furry people.

Secondly, care ethics critically avoids projection because it is reflective—it takes extra care to avoid the projection of a subject’s own interests and value systems onto another being. A caring person is aware of the problem of projection, whereas those that operate under traditional justice-based ethical frameworks are unaware that their theory rests on anthropocentric assumptions of value. A caring person acknowledges that interpreting another’s preference and welfare interests is an ongoing process of educated guessing, and it is possible that we could be wrong. A caring person, to avoid interpreting another’s interests wrongly, will attune themselves to the other in order to be able to accurately interpret their expression of needs. This is a sensitivity that is not articulated in the “Singer-Regan approach.”

¹¹ See Thomas Nagel, *The View From Nowhere*, Oxford University Press, 1989

Feminist philosopher Marilyn Frye has articulated two ways humans can perceive the world—either arrogantly or lovingly. ‘Arrogant eyes’ organize everything they see “with references to themselves and their own interests. [...] The arrogant perceiver does not countenance the possibility that the Other is independent, indifferent” (Frye, 67). Frye argues then that arrogant perception of this kind also produces expectations of behavior and “[t]he arrogant perceiver’s expectation creates in the space about him a sort of vacuum mold into which the other is sucked and held” (ibid 69). And finally, if the other acts counter to the arrogant perceiver’s expectations, “[t]o the extent that he notices this incongruity, he can experience it in no other way than as something wrong with her” (ibid). The philosophy of the arrogant perceiver purports that literally everything can be understood by human intelligence, reason, and understanding and that everything can be reduced to the simplest of explanations (71). Frye argues that this arrogant way of perceiving the world has contributed to oppression and harm to women,¹² and that an alternative form of perception, the loving eye, avoids such oppression. Philosophers Tom Tyler and Deborah Slicer illustrate the problem of arrogant perception in animal ethics. First, Tyler writes that

Anthropocentrism is a kind of species narcissism, an obsessive love of self. Just as the narcissist is self-absorbed, self-centered, so the anthropocentrist is species-centered (‘anthropo-centric’). Anthropocentrists, like Narcissus, have eyes only for themselves. This ‘first and foremost’ anthropocentrism, this species narcissism, which is evident far too often in philosophy and contemporary critical thinking, is the foundation on which the notion of anthropomorphism rests, and is in turn sustained by its continuing invocation (Tyler 23).

Slicer writes that Singer and Regan fail to recognize important differences between humans and animals. On Singer and Regan’s focus on sameness, Slicer writes that “[t]his sort of self-centric

¹² For example, Frye argues in the same text that Western Civilization has understood man’s place in nature as an exploiter of resources be it human (e.g. women) and nonhuman (66-67). She argues that the picture of women was as servants, and if a woman did not serve man, it was either because there was something wrong with her, or there the man was not a skilled enough master.

‘fusion into one’ and the ‘erasure of difference’ [...] is central to the concept of arrogance” (109). Thus, the way that philosophy has framed a discussion of the relative moral worth of animals and humans has been under a lens of the arrogant eye, only viewing animals as morally valuable so long as they “measure up” to our ways of valuing.

For example, consider how Singer and Regan justify harming an animal in the “life-boat” thought experiments where (*very* hypothetically) either a human or a dog has to jump ship if one is to survive. Recall Gilligan’s concerns for reducing the complexity of moral problems into hypothetical dilemmas. Gilligan warns that such abstractions divest the subject from the historical and social context and psychology that constitutes her individual life. “Life-boat” thought experiments abstract away important relational and contextual nuances and call us to focus on making ethical decisions based on a hierarchical ranking of psychological experiences generally. Specifically, “life-boat” conclusions stem from an initial belief that non-human beings are less cognitively developed or sophisticated than “us” human beings. Under such a belief, their ‘difference’ is only understood in terms of sameness—animal experiences are not exactly the same as ours, and that’s why they’re not as valuable. The assumption is that humans engage in relationships, imagination, planning for the future, and have a sense of identity to a greater extent than animals do. Thus, if hypothetically we have to make decisions about what life to save—either human or animal—then the human’s interests always trump the animals’. This solution to the hypothetical ‘life-boat’ dilemma justifies an anthropocentric, hierarchical value-metric that measures humans at the apex. But the problem with this simple thought experiment is that it fails to see the distinct separateness and unique individuality of non-human beings; it only measures the worth of non-humans in terms of how they measure up (or fail to measure up) to humans. In addition, “[Singer and Regan’s] atemporal, abstract, and acontextual

characterizations of issues, of the values at stake, and of appropriate resolutions, *grossly oversimplify* [...] highly complex issues” (my emphasis, Slicer 113). This traditional approach to animal ethics assumes that making decisions on behalf of the welfare of other animals is a simple, rather than a messy and complex moral undertaking—it assumes that choosing, for example, between your life and a dog’s life can be reduced to a simple abstraction.

Loving Perception

The loving eye, by contrast, is neither selfish (like the arrogant eye) nor selfless. What’s important here is that the loving perceiver does not assume that her interests and the other’s interests are the same; they are distinct:

The loving eye knows the independence of the other. It is the eye of a seer who knows that nature is indifferent. It is the eye of one who knows that to know the seen, one must consult something other than one’s own will and interests and fears and imagination. One must look at the thing. One must look and listen and check and question.

Frye goes on to say,

The loving eye is one that pays a certain sort of attention. This attention can require a discipline but not a self-denial. The discipline is one of self-knowledge, knowledge of the scope and boundaries of the self. What is required is that one know what are one’s interests, desires and loathings, one’s projects, hungers, fears and wishes, and that one know what is and what is not determined by these. In particular, it is a matter of being able to tell one’s own interests from those of others and of knowing where one’s self leaves off and another begins (Frye 75).

Frye’s distinction between two ways of perceiving the world—through an arrogant or loving lens—relates to the problem of projection and the solution to the problem, respectively. Frye’s “loving perception” is a critical way of making sense of the world because it allows for a perception of the other (in this case non-humans) as distinctly separate from the perceiver. This implies that the perceiver’s normative set, or way of organizing her world, is not the same as the other’s (the non-human’s) way of organizing his or her world. Consequently, the perceiver

knows that the other's interests should not be judged on the basis of her interests. Frye writes that the loving eye requires the discipline of the perceiver to identify and claim when she wants the other's interests to fit with hers, rather than to assume that they do (75). This requires that to really know the other, the perceiver must attend to the other's needs. Frye qualifies here that this requires discipline, not self-denial (ibid).

Companionism

Companionism, as I will now show, is an animal care ethic that is specific to companion animals. A framework of companionism necessitates the following things: first, it requires perceiving the animal other with a loving rather than arrogant eye. This requires a recognition and celebration of animal difference. Second, we must recognize the particular moral demands companion animals have on us due to the intimate bond and relationship we share with them. The human-companion animal bond is often much stronger than any fellow-feeling we may have towards dairy cows, for instance. Third, we must be sensitive and attuned to the needs of animal companions. Caring attention requires more than an understanding of obligations due. It requires also deep feelings of compassion, friendship, empathy, etc. In an end-of-life context, caring attention also requires adapting to an animal's evolving needs when the going gets tough. Finally, companionism necessitates the development of a basis of understanding of the animal other. Knowledge about their differing needs can be drawn from ethological science, veterinarians, and through our own experiences with animals over time.

1. Following Frye, first and foremost, we ought to perceive our companion animals with a loving eye. This means that one must see the animal other as a distinct separate individual with

its own preferences and interests. The human perceiver must never unreflectively assume that just because he or she feels, desires, or prefers something, the animal subject must in turn feel, desire, or prefer the same thing. The only way to truly and accurately attend to the needs of another is to recognize that their needs are distinctly unique and separate from one's own. Erica Fudge implicitly applies the methodology of the loving eye to address the issue of projection. She says that "[t]o read doggish is to open up the possibility of communication with another species that is not flattening out difference but *celebrating* it" (my emphasis, 64). On animal difference, Slicer also argues that "[t]here is no reason why animals' differences [...] cannot be grounds for caring, for relationships characterized by such ethically significant attitudes as respect, gratitude, compassion, fellow or sisterly feeling, and wonder" (Slicer 110). Thus, though we cannot completely get out of a human perspective of caregiving, by perceiving an animal other through a loving eye, not an arrogant eye, and by valuing difference, we will best avoid the problem of projection in an end-of-life care context. If we wish to really give the best care to our companion animals when they fall ill, we must see them as separate subjects, rather than objects or "lesser" subjects, and must recognize and celebrate their differences from us.

Fudge discusses how if we do not try to understand the meaning of 'dog language,' we can harm our companion animals and they can harm us. Consider a dog's 'smile.' If a dog is showing her teeth in annoyance, and we show our teeth back, we may reinforce aggressive behavior by mistaking it as human-like, "friendly" behavior. If we do not attend to animals *as animals* but only perceive them arrogantly, or as furry humans, negative results like biting and possibly subsequent euthanasia of the animal could occur. Human language, even body language (a smile) "is not the only language in the world" (Fudge 54). Fudge says that carelessly misinterpreting a dog's smile is a case of bad anthropomorphism. She says that such

misinterpretations “blank out difference and transform the world into the human” (56). Indeed, my companion animal is not me, it is not a human, and it is an individual within its species, with a specific demeanor and personality.

2. Another feature of an animal care ethic is the recognition that we have special moral responsibilities to non-human beings that exist in the particular and private sphere of the home. Here, I mean that care ethics and bioethics must not only concern itself with public animals like lab rats and factory farmed animals, but also with the animals that live in our homes. Chris Cuomo and Lori Gruen have argued that traditional distinctions between public and private moral spheres have contributed to a “moral distance” that has led to an absence of animals and the environment in moral discussion. In “On Puppies and Pussies,” Cuomo and Gruen argue that the category boundaries of public and private distance companion animals from moral discussion because they occupy the “private” sphere of the home. They argue that “[companion animals] are thus relegated to the background of human ethical and political life” (130). Unfortunately, the reality is that the animal ethics canon has left a discussion of companion animals to the margins. Maybe this has to do with an undervaluing of closeness, emotion, and particularity in ethics. Following a care ethics approach, Gruen and Cuomo argue that if we start in the private sphere considering the affectionate bonds and relationships between companion animals and humans, rather than the public sphere, we will have an “in”—an “emotional entry point”—into moral relationships with other non-humans and nature, more generally. In other words, the starting point in animal ethics and environmental ethics should be at the intimate and personal level rather than the more abstract, general, and public level. In addition, moral relationships of the home or the ‘private sphere’ have particular ethical importance to Martha Nussbaum. These relationships are valuable *because* they are particular or unique. One cannot make

generalizations about particular familial, fraternal, or romantic relationships because these sorts of relationships never “come around again” in the exact same way. The uniqueness of particular relationships makes them more valuable. Nussbaum writes that Aristotle has a similar view, holding that

The thought that one’s children (for example) are ‘the only ones one has’ is an important constituent of the love one has for them, and that without this thought of non-replaceability a great part of the value and motivating force of the love will be undercut (Nussbaum 39).

Like children or a beloved friend or spouse, our animal companions are *irreplaceable*. No two dogs, e.g., are exactly the same, and the relationships one has with an animal are unique and special because of this. On this, Burgess Jackson writes, “[t]wo dogs alike in all intrinsic properties can stand in different relations to me, with the result that I can have a responsibility to one of them that I do not have to the other” (176). In addition, philosopher Tony Milligan, in *Beyond Animal Rights* (2010) writes that “[t]o share a life with an animal of any sort is to see it as, at least up to a point, irreplaceable. By contrast, what a farmer tries to care about is the herd or (if they are a specialist breeder) the type” (111). This view, that highlights the specialness of individual animals, is very different from the egalitarian ethical approaches of Regan and Singer.

3. Third, an animal care ethic must emphasize sensitivity and attunement to the needs of dependent companion animals throughout their lives. Chapter one showed that companion animals such as dogs, horses, and cats, throughout the historical process of domestication, have been denied the ability to fend for themselves. Today, the fact is that a majority of companion animals are bred commercially and sold to humans for human purposes. These animals are reliant on humans to meet their daily physical needs. They are also dependent on humans and other animal companions for their psychological well-being. As such, such animals are at the mercy of us to attend to their needs of food, exercise, permission to procreate, play, socialization,

etc. This dependency relationship is exaggerated by the fact that they cannot verbally communicate their needs to the human animals that they share a space and life with. As a vulnerable and dependent class of beings that are at the same time members of our intimate familial unit and community, it makes sense to fit companion animals into the class of beings that require our loving care and attention. As Held writes, “all care involves attentiveness, sensitivity, and responding to needs. Needs are of innumerable subtle emotional and psychological and cultural kinds, as well as of completely basic and simple kinds, such as for sufficient calories to stay alive” (39). Recall that in chapter two, I argued that animals have such complex emotional and psychological needs, as shown through critical science and philosophy. Any act of caregiving for an animal must then be sensitive to the psychological and emotional needs of animals, and not just their physical welfare (i.e., the basic needs of food, water, shelter etc.), which is usually understood in negative terms, e.g., as the mere absence of pain.

In addition, being sensitive to the emotional as well as physical needs of an animal requires *adaptation*. Adaptation relates to loving and forgiving care. Caring for and adapting to an ill or aging animal is no easy task, and dealing with changes in personality, behavior, and affect is difficult. To model the relationship of companionism, the human subject must be prepared to adapt to her animals’ changing needs, rather than expect her animal to change for her. Adaptive attention requires recognizing physical changes, such as body size and temperature, but also assessing an animal’s overall emotional, psychological, and physical welfare. The human subject should know what makes her animal happy, and assess whether or not the animal subject is meeting a threshold of happiness it would accept. Jessica Pierce writes of these aspects, arguing that there is something to gain when accommodating and attending to an animal,

Aging can be hard on animals and on their human companions. But the challenges of aging can invite us to know and love new dimensions of our animals, as we become particularly attuned to their evolving needs. It is a time for us to give back some of the unconditional love, patience, and tolerance that our pets offer us throughout their lives (56).

The sort of ‘giving back’ that Pierce illustrates exemplifies the reciprocity of caring relationships. All companion relationships require a give and take of care, and sometimes caring for our companions, both human and animal, will be hard. However, such challenges greatly enhance our capacity to sympathize with the needs and suffering of others. For care ethicists, enhancing our capacity to care represents the essence of moral growth and development.

4. Lastly, as was argued in chapter two, in order to practice caregiving well, one must seek to improve one’s knowledge base of the other and develop a sophisticated rather than simple understanding of the other’s needs. Virginia Held has argued that if one has no knowledge of how to care for another person, and does not seek out knowledge of how to care for the other, then they really aren’t being caring at all (Held, 53). Cuomo and Gruen also write that knowledge is tied to ethics:

One ethical problem that concerns us here is the fact that moral agents can be *wrong* about who and what is morally relevant. When we fail to perceive and thus gain knowledge and understanding of nonhuman members of our environments, we inevitably remain cut off from those things and beings with whom we are intimately, ecologically, connected (132).

Gruen and Cuomo argue that if we do not engage in an education of understanding the subject, it is “likely to have a negative effect on moral agency and community” (ibid). Much of what we can “know” about our animal’s needs rests on research in cognitive ethology, and the knowledge base of veterinarians. The point here, though, is that when caring for an animal, it is our responsibility to learn their language as best we can. Misinterpreting an animal’s smile, e.g., can have very negative consequences. Towards the end of life, specifically, a caring companion must

be able to read when their animal companion needs to go outside, needs assistance feeding, needs some peace and quiet, or extra loving attention. Neuropsychologists like Stanley Coren have developed ‘lexicons’ of animal behavior to help guide us in avoiding unpleasant projections.¹³ This means we must modify our own behaviors if we are to truly understand animals and to engage in loving perception. In chapter two, I argued that avoiding projection required two things: a knowledge base, or basis of understanding the other (through scientific and philosophical grounding) and a caring practice and disposition. The ‘Aunt Judy’ example showed that care and knowledge are wedded. Thus, care and knowledge ought to inform each other, especially when we are faced with the difficulty of interpreting the interests of other beings across species.

Often, we come to understand human-animal continuities and human-animal differences in two ways. One way is to learn from behavioral and ethological science and medicine, as was discussed above. But, as most people who live with companion animals are not regular subscribers to journals of ethological science and might be unfamiliar with recent discoveries in animal science, we usually base our understanding of difference the “hard” way. In other words, it is most often the case that we learn from our failures to attend to difference. For example, a child might be bitten before she learns that her dog does not ‘smile’ the way that she does. She might come to learn that her dog’s tail wagging and play positions better connote the meaning of ‘smile’ than showing his teeth.

In addition, not all companion animals have the same needs. An understanding of the needs of a cat is going to be different than an understanding of the needs of a dog. And horses, in addition, are domestic companions very different from cats and dogs. Their flight-responses are

¹³ See Stanley Coren’s *How to Speak Dog: Mastering the Art of Dog-Human Communication* Fireside, New York, 2001.

more easily triggered because they consider themselves prey. What may seem to us a benign environment may seem uncomfortable or threatening to an equine. Failing to understand such differences, then, between us, cats, dogs, and horses, among other companions such as snakes and gerbils, e.g., could have devastating consequences. Thus understanding and attending to difference requires an often difficult process of understanding that develops over time through inter-species interactions and caring attention.

We must not assume that what is good for one animal is necessarily good for another, even if they are of the same species. We can learn this the ‘hard way’ too. It is important to recognize such differences because it allows us to learn to speak the animal’s language. Fudge says that “asserting that animals have language is giving them a status that is missing in anthropomorphic interpretations. They are not simply soundless symbols of human desires and human anxieties but active, communicating beings engaged in world-making alongside humans” (ibid). Pet emotion may be different from human emotion. Animal empathy may be different from human empathy. The trick is to recognize this difference without giving up on attending to them.

Conclusion

Though care ethics has been largely absent in the discussion of ethical dilemmas that are central to animal caregiving, there is wisdom in care ethics that provides insight into how to give appropriate care and attention to companion animals before they die. Here I have shown that care ethics is the appropriate ethical tool for such caring. Now that we have a framework, we can apply care ethics to the specific challenges that arise in end-of-life contexts with animals. Chapter four will deal with such an application. Veterinarians, care ethicists, and ethologists

should work together when undertaking the moral challenges that surface in animal end-of-life contexts. But what has been shown is that an instrumentalist approach to animal caregiving is a non-starter. It has also been shown that traditional ethical frameworks are insufficient ways of approaching the moral complexities that arise in end-of-life medical contexts with animals. They are insufficient because they flatten the complexities that arise with an ethic involving animals, because they give subject-status to animals only in terms of human subjectivity (in a way that fails to treat animals *as animals*). Finally, they fail to recognize the importance of caring relations in ethics. Their position falls short because it views animals through an anthropocentric lens, whereas an animal care ethic—an ethic of companionism—recognizes and celebrates difference and thus best avoids the problem of projection.

The next chapter will survey the beliefs of veterinarians regarding an animal's concepts of illness, aging, death, and dying, as well as other relevant emotions like embarrassment and pride. It will also survey the opinions of vets on the role of the caregiver, as well as appropriate action in end-of-life decision-making. It will discuss tough questions that center around animal hospice care and euthanasia. In chapter four, an animal ethic of care will remain very relevant. There we will find that kind of person whose actions are guided by an ethic of care is more likely to embody a relationship of *companionism* between the human and animal, and may be more likely to choose animal hospice as a caregiving option. The kind of person who operates under an attitude of either instrumentalism or paternalism, by contrast, may, e.g., be more likely to consider euthanasia as the *first option of care*.

CHAPTER FOUR

PRACTICING AN ANIMAL CARE ETHIC IN AN END-OF-LIFE CONTEXT

The last chapter discussed the care tradition in ethics, the need of a companion animal ethic, and an outline of my companionism model of human-animal relations. There it was shown that my model inherently follows the care tradition. Here, I will center the discussion of animal caregiving in a medical context. Specifically, I will show how companionism works in practice, particularly in an end-of-life context.

The field of biomedical ethics (here on, ‘bioethics’), in part, arose in response to a need to address ethical quandaries that center on death and dying. In fact, bioethics is usually canonized for its concern with physician assisted suicide, advance-directives for persistent vegetative or otherwise permanently incapacitated patients, “do not resuscitate” statements, etc. If such quandaries also arise with companion animals, then we ought to give attention to the moral issues that arise in an end-of-life context with such animals.

But, the field of bioethics has operated mainly within the justice tradition discussed in chapter three. Under the legacy of deontology and utilitarianism, the field has concerned itself with duties to patients in abstract terms as “rights-bearers” and “interest-holders.” This is because the field arose, to a significant degree, in response to blatant violations of the basic rights of human subjects and medical patients. In response to the atrocious medical practices of the past, a principle-based approach to medical ethics was established. The goal of medical ethics at the time was to protect vulnerable patients from manipulation and abuse. An ethical framework that protected every individual’s rights absolutely and universally was and still is a desirable response to medical malpractice. The Belmont Report was established by the U.S.

Department of Health and Human Services in 1979 and stated that the basic ethical principles of medicine are respect for persons, beneficence, and justice. Though I think that these principles of bioethics definitely apply to animals and humans *generally*, it is less clear how to respect such rights with animals than it is for humans in an end-of-life context. For example, as humans, we can talk about our right not to be resuscitated if, in advance and in writing, we say we wish not to. This is because one of the principles of bioethics is the principle of *respect for patient autonomy*. Humans can make their death interests and preferences explicit in writing. When people do, our minimal duty is to respect their interests. We can have conversations in advance with our physician and our family about such interests. We can appoint a ‘power of attorney,’—someone we trust—to see that our death interests are met.

However, I’ll argue here that the justice tradition in ethics will not go far enough in determining how to care for our ill and dying animals. Although the principles of respect, beneficence, and justice may apply for animals generally, it is harder to explicitly respect an animal’s preference autonomy when he or she cannot, due to a communication barrier, write out or speak directly their death wishes to us. In addition, such principles cannot sufficiently address the nuances of care that matter to *particular* individuals within a given context. Thus, the care tradition’s conception of autonomy as relational and independent, as was discussed in chapter three, seems the appropriate conception for companion animals. This is because animals depend on our interpretation of their interests to get the care that they “prefer.” Recall that Gilligan argued that under a relational logic of care, moral decisions cannot be made in the abstract. The impartial and egalitarian ethic of Singer, Regan, and the Belmont Report, tells us nothing about the particular ways to care for our animal companions who face the end of life. In chapter three, I discussed how concrete particulars are essential for engaging our feelings of compassion,

empathy, love, and friendship. Such emotions, care ethicists argue, are vital for ethics. Although animals cannot create their own ‘advance directives’ or articulate their death wishes to us verbally or in writing, we ought to assume that they still desire a peaceful and comfortable death. This is an understandable “death wish” that we ought to take care to attend.

Premature Euthanasia, Animal Hospice, and Palliative Care

Here I will argue that a peaceful passing or a good death is usually not achieved by premature euthanasia.¹⁴ If we are to truly care for our animals at the end of life, companionism demands that we attune ourselves to the particular vulnerabilities and needs of our animal companions at the end of life, as nobody’s needs are static. Every living being’s needs fluctuate in the face of new circumstances, life stages, and events. Thus attending to needs requires adaptation and adjustment to the newfound difficulties a particular animal faces when he or she ages or falls ill.

However, premature euthanasia is often seen as the only option for elderly or terminally ill animals. In the cases where there is no cure for illness or old age, a common belief is that early euthanasia is the only way to show care or compassion. Many compassionate and caring human companions may opt for premature euthanasia simply because they (and possibly even their veterinarian) have never heard of in-home veterinary care, palliative animal care, or animal hospice. They may not have knowledge of the alternative ways of caregiving available to them. But when human patients fall ill or enter their elderly years, we treat them much better. If we wish to be true companions, and truly *care* for our animals, we cannot choose premature euthanasia for reasons of convenience. As our animals that live with us are intimate family

¹⁴ Though, the term ‘euthanasia’ literally means ‘good death.’

members, loved ones, and dear friends, we ought to give them considerations similar to the considerations we give to our other human companions. Premature euthanasia can often be similar to ‘convenience euthanasia’ discussed in chapter one. For example, euthanizing an animal prematurely because he or she becomes incontinent or is less mobile could be done for instrumental rather than compassionate reasons. While incontinence and immobility can be indicative of pain and suffering in an animal and such suffering ought to be taken into account, we ought to be careful to consider such suffering, and never euthanize simply for our own convenience.

Animal hospice is often seen as a mediatory treatment of suffering for geriatric animals and palliation (or palliative care) is a caregiving option concerned with treating emotional and physical suffering via comfort care in the absence of an incurable disease or illness. Both hospice and palliative care are alternatives to premature euthanasia; these care perspectives do not promote euthanasia as a first or primary caregiving option. However, many veterinarians who provide hospice and palliative care agree that euthanasia, when done with care, can be an eventual viable option for ending acute animal suffering and can provide a peaceful passing. Caring, as Held argues, is a *practice*. It involves actions and sometimes difficult commitments. In what follows, I will show what such caring practices would look like.

Bioethicist Jessica Pierce has recently pioneered a moral analysis and philosophical discussion of end-of-life issues with companion animals, and her analysis gets past talk of basic rights and dwells on the complexities and challenges that arise when an animal enters old age. Her book *The Last Walk* (2012) chronicles her dog Ody’s last year of life. Through her first-person perspective as a caregiver for her aged beloved dog, she exemplifies the companionship

relationship articulated in chapter three, which seems to me to be the best way to care for companion animals when they age and fall ill.

Animal hospice, as Pierce writes, is more of a “philosophy of care” than it is a mode of treatment (Pierce 10). Though she is not directly referring to care ethics as a philosophical framework, her use of the term ‘care’ implies much more than basic medical care. In the practice of geriatric animal medicine and animal hospice, ideally, the human client works with a team of animal professionals. This team can include a veterinarian, a veterinary technician, and volunteers. Pierce argues that death, whether for a human or animal, should be meaningful. In other words, companion animals deserve the “freedom to die a good death” (13).

Death is obviously meaningful to the one who dies. It is like the final cadence at the end of a piece of music, bringing the music to its necessary harmonic resolution. But perhaps it is especially so to those who survive. Death affirms the value of life, and if we are to value animals, we must value their deaths (Pierce, 13).

Humans play a large role in how an animal dies. Though animals are considered personal property in most jurisdictions in the U.S., my hope is that most persons who live with animals value their animal’s life very differently than the way they value their cars. I have argued that relating to animals in purely instrumental terms is morally repugnant. Most people see their animals as companions, and as members of their family. But at the same time, people may be out of touch with or confused about how to value and care for their animal at the end-of-life. This may be because people are unaware of the diversity of options available to their ailing or elderly animals, such as carts, ‘doggie diapers,’ ramps, acupuncture, homeopathic dietary and stress-relief options, and comfortable in-home euthanasia. Often, human companions ultimately make the final call on whether or not to euthanize their animal. We must be careful to facilitate an animal’s departure mindfully and compassionately by focusing on a meaningful death. Animal hospice and palliative care options are there to ensure that humans will facilitate animal death as

thoughtfully and compassionately as they can. Attending to the needs of an animal in an end of life context vary and depend on the particular animal one cares for. But examples of ways to meet end of life needs are by relieving pain and discomfort whilst engaging socially with one's animal, adjusting such engaging practices as needed. For example, expressions of companionship like playing and walking might need to be adjusted if one's animal becomes immobile. As Dr. Tina Ellenbogen says, one could modify the game of "fetch" by rolling a ball to an animal rather than throwing it (see appendix E). One might also acquire a dog-cart, e.g., to assist in walking. For another example, one could assist their animal if he or she becomes incontinent by developing and committing to special diets and new medicines, as well as developing in themselves qualities of character such as patience and compassion. One could take care that the animal does not feel ashamed and does not experience anxiety when losing control of bodily functions and having an "accident" on the carpet. Pierce says that "[t]he burden of care in animal hospice falls squarely on the animal's Person, and this can shape the landscape of options and choices" (132). We ought to shape the landscape of options in such a way that fosters a meaningful departure.

A Meaningful Departure

Death, for all living beings, is a natural part of life. Gail Pope, founder of BrightHaven, a hospice sanctuary for companion animals in California, says that death is a biological process that is "naturally prepared for." Although in some cases her organization provides compassionate euthanasia to geriatric animals, she supports 'natural death' as the compassionate option for animals because of personal research and experiences. She wrote to me that

[w]e have seen many animals presumed hours away from death, and who have been recommended for euthanasia, recover and live on for months and sometimes years. The

thought that we almost killed them...I can hardly bear to think about it. I have been taught now that I should honor the circle of life and death and have come to respect the process of transition as completely natural—as that of birth itself: the circle of life thus becoming complete (see appendix K).

Taking life too soon because of presumed suffering worries Pope. But though animal life is precious, it is important to distinguish whether the longevity of life through animal hospice is truly good for the animal as a disease progresses. Knowing when to promote longevity through hospice or to relieve suffering requires an understanding of one's particular companion. The 'right' way to care depends on the particular animal, the particular disease, and the context of care. Though the longevity of life is good, we must be ever mindful of our particular animal's emotional and physical well-being.

A meaningful departure does not have to mean that an animal experiences a natural death. In fact, though dying naturally can be relatively peaceful, natural death for those living through illness and disease is often an unpleasant, if not nasty, experience. Ace's vet, Dr. Jeff Dahl, writes that

Some clients are somewhat opposed to active euthanasia, and just want their pets to 'die naturally and peacefully in his bed at home.' We would all like for that, but the problem is that it rarely happens. Many geriatric illnesses can drag on for a long time, and carry with them some degree of pain and suffering. Pets don't go from healthy one day to dying peacefully overnight. A slow death from anorexia or dehydration, though 'natural,' is not in any way peaceful (see appendix C).

Dr. Dahl also says that if one prefers a 'natural death' for their animal, then hospice care is a great option for end-of-life, but that the option of true hospice care is a "rare thing for pets." As was discussed earlier, animal hospice and palliative care requires a heavy physical and emotional commitment to one's animal. Thus, when choosing the death option for an animal—via a natural passing or euthanasia—one must place the choice within a familial, social, and historical context. Our responsibility to provide a comfortable care, whether by natural death or a euthanasia

procedure, is not a choice we freely make as purely autonomous individuals. Rather, recall that responsibilities are “presented to us by the accidents of our embeddedness in familial, social, and historical contexts” (Held, 14). The choices I will make on behalf of Ace and Molly in the future, for example, depend on my family’s relationship with them and my family’s knowledge of what’s good for them. It will also depend on the social context of care, e.g., what care options are available to them (is there a veterinarian willing to provide in-home care in the area?), what is feasible (how much can our family afford?), and our traditional veterinarian’s opinions and insights. Finally, the choice will depend on Ace and Molly’s life history, including their personality, their desires and interests, their triggers, what has brought them joy and happiness, etc. End of life decisions, then, depend on the concrete particulars embedded in the animal’s web of caring relations.

Euthanasia, when done as a last resort, and chosen after a consideration of the holistic context of one’s animals’ suffering, can be an act of love and compassion. Acute physical suffering may or may not justify euthanasia. There is no way to list necessary conditions that hold always and must be met in order to determine whether a euthanasia decision is acceptable. Rather, we do our best to understand our animals’ interests in a holistic context (as was discussed in our discussion of Regan in chapter two). We ought to consider both the emotional and physical well-being of the animal. Euthanasia in some severe cases of physical suffering, e.g., could be but is not necessarily always a form of compassionate care. In other words, an empathic attunement to the suffering of our animal may sometimes, but not always, commit us to compassionate euthanasia. Now, true empathy and compassion, as I showed in chapter three, must always be extremely mindful of the problem of projection—that’s why it’s important to consider the whole context of an animal’s suffering and well-being (both physical and

emotional). We must come at death from the animal's point of view and not ours. Pierce rightly notes that there is no way to know without doubt when the 'Right Time' for euthanasia is, but when we make this ultimate decision, we ought to be there for the animal emotionally, even if it is hard on us. Also, we should be mindful of the environment of departure. The veterinarian's office may not be the ideal environment. Mobile veterinarians make it their mission to come into people's homes to care for animals in people's homes. In a comfortable space, they administer the euthanasia procedure in order to promote the most peaceful and meaningful departure environment possible. Dr. Dahl, though he practices traditional veterinary medicine, has done approximately 100 in-home euthanasia's in his career. Some of the most memorable, he says, have been performed outdoors.

Two [euthanasia's] in particular, that stand out were large-breed dogs lying outside in the shade of their favorite trees. Owners sat in the grass next to their pets, talking with them, petting them, and crying. Songs of birds and a gentle breeze made a very difficult and painful time just slightly easier. I hope that somewhere down the road, near the 'acceptance' phase of the grief, thoughts of that time bring a sorrowful smile. I know it does for me, as one of them was my own pet. I also know that, if given the choice, that is how I'd like to go someday (see appendix C).

If the particular space underneath the shade of that tree brought peace and comfort to a dog throughout its life, then it seems a preferable environment to the vet clinic. Choosing a peaceful environment is an expression of compassion and empathy and is a nice way to frame the way we ought to attend to an animal that nears the end of his or her life. The key to empathy is to be sensitive and attuned to our animal's needs as best we can, and to avoid putting our needs and preferences above the animals'. But the story of passing under a tree as described above illustrates, in my opinion, an example of an ideal euthanasia situation.

Recall that in chapter one, I discussed the different kinds of relationships that humans can have with animals. Such different relationships rest along a spectrum, with instrumentalism

being the least desirable, paternalism being a more preferable alternative, and companionism as the ideal human-animal relationship. As Pierce rightly states that the burden of care falls squarely on the animal's 'Person,' it is important to have both an ethical framework to help guide the human caregiver as well as a web of support and resources, e.g., a hospice team, to ensure that an animal experiences a good death. Above I discussed briefly what animal hospice and palliative care does. This has all been to show that the companionism model discussed in chapter three is best achieved through such exemplary caregiving in an end-of-life context. However, it is important to note that the companionism model is the ideal, but in practice, we rarely reach the ideal. Making end-of-life decisions for our animal companions will be messy, difficult, and often fills us with feelings of guilt or inadequacy.

Companionism in Practice

To understand what being a true companion would look like in an end-of-life context, I asked veterinary professionals who were familiar with end-of-life caregiving and animal hospice for their insights. In November of 2012, I had the pleasure of meeting some of a body of 150 hospice veterinarians at a conference in Denver, Colorado. These veterinary professionals are particularly emotionally and ethically driven every day by what they do for animals. Understanding their insights might help us to work better with them in providing the best care for our animals. In a research questionnaire (see appendices), I first asked a handful of these veterinary professionals what the role of the human caregiver (their human client) was in an end-of-life context. Secondly, I asked them about the problem of projection—specifically, whether they thought that their human clients for the most part interpreted their animal's beliefs and preferences correctly. Third, I asked them what the best tools were for interpreting an animal's feelings and interests. And finally, I asked them if they believed, through their experience as

professionals, that animals experience complex emotions that are relevant to death and dying. Their responses to these questions suggested that caregivers ought to operate under an ethics of care. Their language was not of universal principles such as rights or duties. What they said suggested that, in an end-of-life context, we ought to first see the animal through the lens of a loving, rather than arrogant eye. They talked about the importance of attunement and sensitivity to the needs of dependent and vulnerable animal companions. In what follows, I will draw from their narratives to illustrate what a relationship of companionism looks like in practice at the end of life.

The Role of the Caregiver

The first specific question in the questionnaire was “[h]ow would you articulate the role of the caregiver (the role of your human clients) in an end-of-life context? (E.g., duties, obligations, qualities of character, etc.)” (see appendices). In the question, I expected my examples to prompt a discussion of rights and duties. But even with such a prompt suggestive of a principle-based ethic, the responses I received were expressive of an ethic of care rather than duty. For example, Dr. Tyler Carmack, a veterinarian who provides hospice and in-home euthanasia to her community in Virginia, argued that pet owners have a responsibility to “consider life from their pet’s point of view [...] no matter how hard [it] is on them” (see appendix B). The last chapter discussed how to look at another being through the lens of a *loving* versus *arrogant* eye, which requires the perceiver to see the other as separate and distinct with his or her own unique needs and preferences. Dr. Carmack makes exactly this point. Her point illustrates that the caregiver’s role starts with loving perception, but that some human clients need help and instruction to make such a transition in “point of view.” Veronica McCullion, a

certified veterinary technician from Florida and a woman who has devoted the last 25 years of her life to taking care of disabled and senior dogs, argues that for the caregiver, “[i]t is imperative that they find a place of calm that can pervade the environment so that the animal can find peace instead of chaos.” This “place of calm” is not just a physical place. What McCullion is alluding to here is that some people inadequately handle the responsibility of caring for their elderly animals “due to their own fear of death.” Sometimes the way we grieve can turn an otherwise peaceful environment into a space of chaos. She says,

[The caregiver’s] duty is to grieve in a healthy way, [...] getting help if needed but to not allow their grief to hinder a good transition for the pet. We don’t send our elders out to die on an ice flow. They, in the best-case scenario, are taken care of in the home or a nursing facility. As our pets are an integral part of the family, they deserve the same best scenario (see appendix I).

The “best-case scenario” that McCullion mentions is suggestive of a transition to animal hospice and palliative care. McCullion shows that the different ways we grieve can affect an animal’s psychological and physical welfare. Further, projecting our own fear of death onto an animal could create problems. Animals are sensitive to human emotions, even if they may not have an awareness of their own impending death. If our emotions or expressions of grief can contribute to anxiety and suffering in animals, then we ought to be mindful of it.

Dr. Amir Shanan is a veterinarian in Chicago who has provided hospice care for animals since 1995. He is the founder and former president of the International Association of Animal Hospice and Palliative Care, and is driven by a mission of compassion for ailing and geriatric animals. When I asked him in the questionnaire about the role of the caregiver, he responded that our “obligation is to focus on the animal’s physical and emotional needs” (see appendix L). These needs include “regularly assessing the animal’s QOL [quality of life] for any changes, fluctuations and/or trends” in behavior or demeanor which could indicate changes in quality of

life. He also iterates exactly what Dr. Carmack had said, namely, that “maintaining a clear vision of the distinction between the animal’s needs and the caregiver’s needs, and addressing each independently” is essential to quality care. Dr. Shanan expressed that qualities of character that the caregiver should embody are:

the ability to feel empathy with and compassion for the animal, the ability to understand what the animal’s needs are, the ability to understand what the caregiver’s duties and obligations are, and the integrity to meet those obligations and perform duties to the best of the caregiver’s ability (my emphases, *ibid*).

Qualities of character, for Dr. Shanan, reflect the aspects of care that the previous chapter discussed were essential to care ethics. He discussed the importance of caring emotions, an attention to the particular needs of our vulnerable animal companions, and putting such emotions and attention to careful practice. Dr. Roark Freeman, a 34-year veterinarian who provides hospice care, wrote that he disagrees with his human client’s decisions for care “only when I feel the client is putting themselves before the pet (not thinking of the pet’s best interest)” (see appendix F). Dr. Freeman, like many other veterinarians and animal care professionals had mentioned, says that conflicts in caregiving decisions between the veterinarian and their human client arise either from the client’s *denial* or *fear* of death. He writes that “often, this comes from either a *denial* of the reality of the situation (hoping against hope for longevity) or a too-fast judgment (he’s not going to get better; let’s put him down).” He writes that hospice care provides a way to mitigate between the two extreme human responses just mentioned. Hospice provides “in-between accommodations” that “help the pet cope and flourish” (*ibid*). In addition, Dr. Edwina LeMay, a mobile hospice veterinarian and in-home euthanasia provider for small animals in Kentucky, says that the role of the caregiver is to ask for help if he or she is in “a denial state.” In addition to asking for help, “their role is to *listen* to and *observe* their pet’s signs

of suffering (see appendix H).” By stating that the role of the caregiver is to ask for help, Dr. LeMay draws attention to the fact that caring is *relational*. Caring cannot sufficiently be done alone, as one may lack the medical knowledge appropriate for making health-care decisions for someone else. When we struggle with choices regarding must be done for the good of our animals, we seek help from friends, family, and veterinarians.

Denial and fear, as many vets wrote, can inhibit good care. Dr. LeMay told a story of an in-home euthanasia where a 40-year old single mom of two young children allowed her children to be present. She wrote that the family was “very involved in ritual, songs, and prayers.” This story was supposed to show that “death is a part of life and [is] not to be feared” (ibid). Unlike this family, though, “some do wait too long to call.” Dr. Lemay understands that death is hard for every family, and so she does not blame her clients. Dr. Dahl also understands the struggle his human clients experience when making end of life decisions. He writes that in addition to being a veterinarian, “I am also a pet owner and an animal lover, and I struggle with the decision for my own pets as my clients do with their pets” (see appendix C). He warns his clients that 50% of his clientele questions “whether they decided to have it done too early” and the other 50% question if they waited too long. Guilt is an expected emotion for end of life caregivers in both cases.

Additional Considerations on the Part of the Caregiver

While the most obvious role of the caregiver is to attend to the animal lovingly and compassionately, the suffering animal patient is not the only being whose interests matter. The human caregiver ought to consider his or her own needs, and not overburden themselves by caring in a way that is detrimental to their own physical or emotional health. Also, As Gail Pope

writes, we ought to avoid providing hospice care that significantly conflicts with the needs of other animal family members (see appendix K). In other words, we ought to ensure that all animals that live in our homes are well cared for and do not feel left out in a hospice context. Finally, though neither we nor the veterinarians understand with any supreme authority what an animal's interests are, we ought to listen to and appreciate the perspective of the veterinarian because they are members of our animal's web of caring relations. Veterinarians are *not* "for-hire" technicians the way that auto-mechanics are. Veterinarians, rather, are medical professionals that are not only proficient in recognizing symptoms of and diagnosing illness and disease, but are also, from my experience, often proficiently sensitive to matters of the heart. In addition, they may themselves inhabit a spiritual perspective that frames, motivates, and guides the work that they do. For instance, Dr. Ellenbogen, a hospice veterinarian who has been providing in-home end of life care for 25 years in Washington State, feels strongly that while providing care, especially in-home euthanasia, she must be true to her core and spiritual beliefs. She writes,

I have a covenant with each animal patient, and not only do I have to feel comfortable either with administering euthanasia [...] or providing palliative care ongoing, but that it must be ok with that animal. I have walked into a home (usually this is a new client), and had the animal look at me as if to say 'thank goodness, you've come to help me' when the owner may not have been 100% sure it was 'the right time.' I've also discovered there are times when euthanasia is the right decision based on practicalities in dealing with a terminal illness [...] but that the animal isn't really ready to go at that time (see appendix E).

I have met with Dr. Ellenbogen and have discovered that she experiences a deeply personal connection with her animal patients. She is a wonderful person and does a lot of good for the sake of animals. My hunch is that most veterinarians probably feel the way that Dr. Ellenbogen does. We must be open to cases where veterinarians may disagree with our decisions, even if we feel that our decisions are in the best interest of our animal. Though we know our own animals

well, and we may in fact have the best interests of our animal in mind, veterinarians have seen a lot more animal departures than we have. Their opinions may be very enlightening. Most importantly, veterinarians, unlike auto-mechanics, are not at our beck-and-call to perform euthanasia procedures if, upon seeing the animal patient, they do not feel comfortable with going through with it. Care ethics requires recognizing ourselves as situated in a web of relationships, and the veterinarians we work with are key members of this web of caring relations.

Interpreting an Animal's Interests

Recall that chapters two and three discussed how true caring requires the knowledge base appropriate for good care. One must have a thorough understanding of the other's needs in order to appropriately care for them, and this requires a great deal of attention to the other. So, if we are to attend to our animals at the end of life, then what tools do we have? In the responses to my research questionnaire, many veterinary professionals discussed with me the various tools that are useful in interpreting animal interests. For the most part, quality of life scales were explained as useful tools. Such scales act as daily logs or worksheets that a human caregiver can use to track an animal's physical welfare. Quality of life scales are especially useful for tracking the physical well-being of animals, but their focus is not on tracking emotional well-being. Quality of life scales are also not consistent, and may vary in different veterinary practices. Despite the varying scales used, Dr. Alice Villalobos's "HHHHHMM" scale has become a very frequent standard and is worth mentioning. Villalobos's scale stands for Hurt, Hunger, Hydration, Hygiene, Happiness, Mobility, and More Good Days than Bad. Each is scored on a 1-10 scale, and a score greater than 35 is deemed "acceptable" for continued hospice care.¹⁵ Though

¹⁵ Adapted by Villalobos, A.E., Quality of Life Scale Helps Make Final Call, Veterinary Practice News, Sept. 2004; for Canine and Feline Geriatric Oncology Honoring the Human-Animal Bond, by Blackwell Publishing, Table 10.1, released 2006. Taken from http://www.veterinarypracticenews.com/images/pdfs/Quality_of_Life.pdf

prevalently used, this is just one scale, and there is no objective or universal consensus yet on how these scales should be written. What's important, says Dr. Robin Downing, a certified veterinary pain practitioner and the founder of the Downing Center of Animal Pain Management, is that "no matter what [scale] is used, it's the *trends* that are important" (see appendix D). These scales, in other words, are especially important for recognizing trends either in the improvement or diminishment of quality of life that may have otherwise gone unnoticed without such documentation.

Another tool for interpreting an animal's interests and making decisions about their overall welfare is to have what Veronica McCullion calls a 'baseline' by which to compare later symptoms against the animal's healthy 'base.' She argues that "[w]ith baselines in place then at a later time when symptoms arise there is something to set parameters and it makes the end-of-life decisions easier" (see appendix I). Baselines can be established through an overall assessment of an animal's base health—through bloodwork, body weight, dental health, etc. When an animal's health deteriorates from his or her 'base,' "[k]eeping a daily log of that day's activities from bowel movements to limb movements" is important (ibid). Keeping such daily logs is representative of the sort of attentive practices that care ethics is concerned with. In addition, Gail Pope writes that "If one is working with a homeopathic veterinarian, every little detail can be of the utmost importance and should be recorded" (see appendix K).

Aside from quality of life scales and baselines, there are other tools in the toolbox for interpreting animal interests. Dr. Carmack mentions that "stories of others and analogies to human diseases/conditions help a lot." Bekoff argues a similar point, that analogies, even in ethology, are a good tool for making sense of animal behaviors, thoughts, and feelings. The trick here is making use of analogy in a way that still accounts for the uniqueness of the particular

animal whose health and welfare are in question. There ought to be a high degree of emotional sensitivity and attention that is involved in making such analogies. On this, Dr. Dahl writes

I think we can empathize and know what we would like if we were in the same position as the pet [...] We must realize how much they love physical attention and comforting, and that they are sometimes not able to seek it out so much, and their hearing and vision are often deficient, so more time spent in physical contact is important (petting, maybe letting them sleep on the bed though they weren't allowed to in their younger years, etc.) (see appendix C).

In addition, Dr. Ellenbogen says that in addition to quality of life and pain scales, you must “trust your heart and what you know about *your* pet—what have they enjoyed most in life?” (see appendix E). Only the human client knows the answer to this. Pope, like Dr. Ellenbogen, encourages such personal sensitivity. She writes that in addition to Villalobos’ five “H’s,” we ought to add another “H” to that list: one of ‘heart’—following your own!” (see appendix K). But as Pope, Dr. Ellenbogen, and Dr. McVety point out, trusting one’s heart is not enough. One must be informed about the illness or disease by which the animal suffers. Dr. Dani McVety, a hospice veterinarian and C.E.O./co-founder of Lap of Love Animal Hospice, writes that the best tool for interpreting animal interests is face-to-face communication with a veterinarian. She writes,

I can walk into a home and tell 20+ things about the pet that the owner hasn’t seen—signs of pain, discomfort, anxiety, etc.—that all weigh greatly on quality of life. More importantly, I know the disease progression the pet is going to take much better than the owner. The family doesn’t know that their heart-failure pet that looks “ok” now will, at some point, die by drowning on his own fluid if they wait too long—that’s what I’m there for, to educate them on the things they don’t know (see appendix J)!

Adequate caring requires a basis of understanding of the needs of the one receiving care, and our veterinarian often has, medically speaking, the most thorough understanding of an animal’s *physical* needs within the animal’s web of caregiving relations. Again, true end-of-life caregiving is a team-effort that weighs heavily on the part of both the human caregiver and the veterinarian.

Finally, Pope, who favors a natural passing for the animals she cares for, warns us that quality of life scales will not give us definitive answers regarding an animal's preferences interests at the end-of-life. She writes that "[p]oor quality of life does not necessarily translate to 'I want to die'" (see appendix K). Though many humans, as well as animals, may not score high on quality of life scales at the end of their lives, they may be "absolutely NOT ready to die" (ibid). Again, this shows that we must be sensitive to an avoidance of projecting our own interests onto an animal's.

End of Life Emotions?

When I asked if they thought companion animals experienced emotions of shame, pride, or embarrassment, most veterinary professionals spoke cautiously in the affirmative. As veterinary professionals have seen quite a spectrum of behaviors, and have cared for quite a vast array of companion animals throughout their careers, their insights, to me, seem particularly credible. Take, for example, Dr. Carmack's response to this question. She said, regarding the question of whether animals experience such emotions,

Absolutely. I think dogs especially become frustrated and anxious when they become incontinent and/or lose their mobility. Some pets will allow owners to do everything for them (i.e. change 'diapers,' assist in walking, etc.), while others seem determined to do to on their own and seem to resent help (see appendix B).

This seems to imply that, like humans, animals are *individuals*, and some are more prideful and independent than others. Just as there are needy as well as independent humans, there are such differences in animals. Pierce writes that "[t]he study of animal personality is important for many reasons, not the least of which is that in trying to understand, treat, minimize (and prevent!) animal pain, and to maximize animal pleasure, we must pay attention to the uniqueness of each individual" (120). Pierce calls all human companions to pay attention to the *particularity* of their

animals, and to not make too many generalizations about them. Dr. Dahl mentioned that while dogs may not have a “concept” of dignity, they can show *signs* of dignity. He writes,

I recently lost my 3-legged dog. When he started struggling to rise and mobilize in his hind end (with his single leg), I got him a really nice cart. When set in the cart, he would refuse to move, but as soon as the cart was removed, he'd use all his strength to bound away as if to say ‘that cart is beneath my dignity, and I don't need it.’ I would tell people he had too much dignity to use his cart, because that is a concept I understand, but I doubt he really rationalized it that way. To him, it just probably didn't seem natural and he didn't understand it (see appendix C).

Dignity is a hard concept to define, even for humans. Philosophers are still unsure what exactly this concept means. However, we often talk about dignity in terms of the emotions that we usually associate with it, such as pride when dignity is maintained, or humiliation when it is violated. Such studies of animal emotions that are related to the concept of dignity (e.g., pride and humiliation) ought to be investigated in the field of ethology. In the meantime, we ought to be wary of the quick and dangerous conclusions people draw when talking about animal dignity. For example, one might argue that “since Fido became incontinent, he no longer had his dignity, and thus euthanasia was the most compassionate way to alleviate his emotional suffering.” We need to attend to our animals and care for their needs in a more robust sense than this—euthanasia merely because of perceived humiliation from Fido's wetting the carpet is a projection with dangerous consequences. The question here in Dr. Dahl's example was whether the dog just did not understand the cart, or if he was humiliated by the thought of using it. If the latter is true, then we ought to consider the emotional suffering associated with the use of dog carts for one's particular animal, for example, and find a different way to attend to the dog's mobility needs. As Dr. Dahl's story shows, some dogs are willing to try new things and adapt, and others (like his dog) find adapting, to carts for example, particularly uncomfortable. When animals cannot adapt to our expectations, then we must work to try to adapt to theirs. Some

animals are more extraverted than others. Some are more or less anxious and neurotic, just as some are more or less agreeable and calm. Such traits may change following the onset of disease and old-age. The point is that we ought to focus on the non-static and particular personality of an animal in order to avoid projection. Our attunement to the particulars of an animal amounts to more attentive and mindful care.

McCullion rightly points out that, though we may find behavior indicative of animal emotions that center around aging, illness, death and dying—emotions such as pride, shame, fear, depression, and embarrassment—we understand these emotions in terms of *human* culture and language. An animal’s experience or understanding of such emotions is going to be quite different. She also rightly points out that there are nuances within these emotions for humans, and thus the same goes for animals. On such end-of-life emotions, she writes that “Webster may have defined these concepts, but each human experiences them differently, in varying degrees” (see appendix I). With these qualifications, she then offers some very interesting examples of animal emotion,

I once had a dignified dog who in his final days lost control of his bowels in bed...he seemed ashamed. In reality I don’t know if I was anthropomorphizing at that moment. A behaviorist told me it was probably fear of being in trouble. He had never been in trouble his entire life so that can’t be right.

One person told me the story of her dog racing around the house and bouncing off the sofas. He missed one day and seemed very embarrassed.

[A] groomer/trainer told me she did field trials with her dogs and it was not uncommon to witness all but shame in her dogs if they succeeded or failed. She never punished or scolded her dogs so it was not fear (ibid).

On cats, Pope writes that “[p]ride will always be seen in a cat who has caught a mouse” (see appendix K)! Though these stories are anecdotal, they seem to reflect similar scenarios that many people who live with animals, especially dogs, have witnessed. The possibility that animals

experience complex emotions such as pride, shame, and embarrassment, very likely will be supported by empirical evidence through the field of cognitive ethology. If we reflect on our evolutionary continuity with other animals, then granting that animals have such similar emotions makes some sense. In addition, *homo sapiens* have cohabited homes with animals for tens of thousands of years. In that sense, quite possibly some of our animal's (especially dog's) emotional sensibilities have co-adapted to human emotional sensibilities, and vice-versa. If this is the case—if, for example, some animals feel ashamed when they lose control of their bowels—then we ought to not only attend to their physical needs (e.g. 'doggie diapers,' change of diet, etc.) but also to their emotional needs. We must be sensitive to their emotional states, not just their physical states. To repeat an earlier example, we must let the animal know that when he or she has an "accident," they are not in trouble. We must try to alleviate the emotional anxieties that come with an animal's adjustment to the onset of illness and old age.

Regarding a concept of illness, aging, death, and dying, Dr. McVety writes that "the most common thing I see that proves to me that pets have a concept of 'aging' [...] is that the ranks within the packs change. It is common for an owner to tell me—Fluffy used to be alpha but now Max has been taking over the role...and Fluffy is the one I'm euthanizing" (see appendix J). Dr. LeMay also writes of this that "the pack order changes when one ails—the other members sometimes challenge the ill animals" (see appendix H). This change in pack hierarchy may significantly affect an animal's emotional well-being, and is something we ought to be particularly sensitive to.

In addition, regarding a concept of death, Dr. McVety writes "I had one 2 year old lab that was super hyper before I euthanized his 15 year old housemate [...] After [euthanasia], he refused to come out from behind the couch; he was very upset." Dr. Downing, though she is

skeptical that animals have the self-awareness necessary to consider illness, aging, death, and dying, writes that “animals do have a rich emotional life and certainly do exhibit, for instance, the emotional exhaustion that comes from chronic, unmitigated pain” (see appendix D). Regarding animal emotion, then, care ethics requires, first, that we attend to an animal’s emotional suffering by being there for them as companions. Secondly, it requires our sensitivity to when their social life (e.g., disorder in pack-rank) changes for the worse. And finally, it requires that we assist them when it becomes especially hard for them to pursue activities that bring them joy.

Animal Hospice and Further Research

Veterinarians need to work with ethologists whenever there are grey-areas or gaps in the knowledge base of veterinary medicine. Cognitive ethology becomes especially pertinent in our understanding of animal emotions, particularly in an end-of-life context. In other words, though we can learn from veterinarians regarding how to attend to the immediate physical health of our animals, questions about animal cognition, and more precisely, questions regarding whether companion animals have concepts of aging, illness, death, dying, embarrassment, pride, etc., are still questions that need to be supported by empirical research in cognitive ethology. Although the narratives of the veterinary professionals discussed here are compelling, in addition, cognitive ethologists must endeavor to frame research further into animal concepts and animal emotions, especially emotions that center on death and dying. Ethologists have made great strides recently in the area of animal emotion. Chapter two mentioned how research into compassion and empathy in animals is becoming very prevalent in ethological science. However, if providing quality medical care to animals depends on ethology, ethologists ought to focus more attention on questions in veterinary medicine that have yet to be answered.

For now, in absence of sufficient ethological research, we ought to consider the insights of veterinarians, especially those who specialize in palliative and hospice care, when determining how to best care for our animal companions. We ought to value veterinarians as key components in the web of caring relations between humans and companion animals. In addition, we must engage in caring practices with our animals when they fall ill and age. An animal care ethic in practice recognizes that the needs of our animals are separate and distinct from our own. We must be patient, and ready to adapt to their needs. And, as Bekoff's Wager suggests, we must be open to the possibility that animals experience complex emotions that center on death and dying. If we assume that they do experience such emotions, we may better attune ourselves to providing comfortable care. Relieving anxieties that arise in a context of illness and aging is an important part of caring attention.

CONCLUSION

In this project, I have suggested that the particular way we relate to companion animals is ethically significant. First, in chapter one, I argued that of all the ways that humans can relate to companion animals, my model of companionism ought to be the ideal. In chapter two, I argued that, although we cannot know with any certainty that animals in fact have psychological states, we are ethically obligated to assume that they do. Research into animal cognition increasingly supports the idea that animals have minds and even experience complex higher-order emotions. If we are morally obligated to assume animals have such states, and they likely experience higher-order emotions, then we ought to consider their psychological as well as physical welfare. Chapter three showed us, through an animal care ethic framework of companionism, how we can and should attune ourselves to the psychological needs of our animal companions, and how to best avoid the problem of projection. Finally, here in chapter four, I discussed, through the narratives of veterinary professionals, what we can know about animal interests in an end-of-life contexts and how we can best attend to them. Animal hospice and palliative care, the option I think best corresponds to an animal care ethic and a relationship of companionism, is the preferred alternative to a more instrumental approach to animal death by means of premature euthanasia. The implications of the arguments within this project are that convenience euthanasia is morally reprehensible. In addition, premature euthanasia, though it often is done in consideration of an animal's welfare interest, is morally undesirable if hospice and palliative care is truly the more caring alternative.

Of course, even in a hospice context, we will not be able to "know" beyond a shadow of a doubt what an animal's interests are. There is no way to be a perfect companion to one's

animal during their last days. We have no manual that all people can follow and no way to know for sure that we did everything right by our animals. This is not unique to animals—we humans struggle with this with our family too. Again, in end-of-life caregiving decisions there will always be a feeling of uncertainty and guilt. On this, Pierce writes,

Ody has lived well past the 12.5 Vizsla average, so maybe we did okay. But couldn't we, shouldn't we have done better? Could have and should have. This phrase is full of regret, of things not done or not said. And for me, *it encapsulates the role of caregiver for an elderly animal*" (emphasis added, 71).

Choosing animal hospice or palliative care over euthanasia as a first option is difficult. However, my hope is that this project has shown that there are many avenues to help alleviate the difficulty of caregiving for our ill and elderly animal dependents. We can share concerns about how to assess and accommodate the needs of our animals with our veterinarian, a hospice team, and with our family. But as Held shows, true caring involves not just a caring disposition, but a caring practice (cite). Committing to our animals throughout their lives—not just when they are healthy but also when the going gets tough—is our moral obligation. It is what is required if we are to be true companions to the animals we love.

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REFERENCES

- Allen, Colin and Hauser, Marc D. "Concept Attribution in Nonhuman Animals," Readings in Animal Cognition, Ed. Marc Bekoff and Dale Jamieson, M.I.T. Press, Cambridge, 1996. pp. 47-62.
- Bekoff, Marc. The Emotional Lives of Animals, New World Library, Novato, CA, 2007.
- Belmont Report, *US Department of Health and Human Services*, 1979.
<http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html>
- Boissy, Alain et al. "Assessment of Positive Emotions in Animals to Improve their Welfare" *Physiology & Behavior* 92 (2007) 375-397.
- Burgess-Jackson, Keith. "Doing Right by Our Animal Companions," *The Journal of Ethics*. 2 (1998): 159-185.
- Burghardt, Gordon M. "Critical Anthropomorphism, Uncritical Anthropocentrism, and Naïve Nominalism," *Comparative Cognition and Behavior Reviews*, Vol. 2(2007) 136-138.
- Christiansen, S.B. and Forkman, B. "Assessment of Animal Welfare in a Veterinary Context—A Call for Ethologists" post-print version of article published in *Applied Animal Behavior Science*, 106 (2007): 203-220.
- Cuomo, Chris and Gruen, Lori. "On Puppies and Pussies: Animals, Intimacy and Moral Distance," Daring To Be Good, ed. Bat-Ami Bar On and Ann Ferguson, Routledge, London 1998.
- Degrazia David. Taking Animals Seriously: Mental Life and Moral Status, Cambridge University Press, Cambridge, 1996.
- Fisher, John Andrew. "The Myth of Anthropomorphism," Readings in Animal Cognition, Ed. Marc Bekoff and Dale Jamieson, M.I.T. Press, Cambridge (1996) pp3-16.
- Frye Marilyn. "In And Out of Harm's Way" *The Politics of Reality*, Ten Speed Press, 1983.
- Fudge, Erica. Pets, Acumen Publishing Co. Stocksfield, UK, 2008.
- Gilligan, Carol. In a Different Voice: Psychological Theory and Women's Development, Harvard University Press, Cambridge, Massachusetts, 1982.
- Gruen, Lori. Ethics and Animals: An Introduction, Cambridge University Press, Cambridge, NY. 2011.
- Held, Virginia. The Ethics of Care: Personal, Political, and Global, Oxford University Press, Oxford, 2006.

- Herzog, Hal. Some We Love, Some We Hate, Some We Eat: Why It's So Hard to Think Straight About Animals, Harper Collins, New York, NY. 2010.
- Jaggard, Alison M. "Love and Knowledge: Emotion in Feminist Epistemology." *Inquiry* 32.2 (1989): 151-176.
- Karlsson, Frederik. "Critical Anthropomorphism and Animal Ethics," *Journal of Agricultural Environmental Ethics*, Vol. 25 (2012) 707-720.
- Kennedy, J.C. The New Anthropomorphism, Cambridge University Press, Cambridge, 1992.
- Kittay, Eva. "Love's Labor Revisited," *Hypatia* 17.3 (2002): 237-250.
- Nussbaum, Martha C. Love's Knowledge: Essays on Philosophy and Literature, Oxford University Press, New York, NY 1990.
- Milligan, Tony. Beyond Animal Rights: Food, Pets, and Ethics, Continuum Publishing, London, 2010.
- Palmer, Clare. "Killing Animals in Animal Shelters," Killing Animals, University of Illinois Press, 2006. pp. 170-187.
- _____. "Rethinking Animal Ethics in Appropriate Context: How Rolston's Work Can Help" *Springer*, 2007.
- Pierce, Jessica. The Last Walk: Reflections on Our Pets at the End of Their Lives, University of Chicago Press, 2012.
- _____. "Deciding When a Pet has suffered Enough" *New York Times*, September 22nd, 2012. Accessed 9/25/2012
- Regan, Tom. The Case for Animal Rights University of California Press, Berkeley, CA, 1983.
- Rollin, Bernard. Animal Rights and Human Morality, Prometheus Books, Buffalo, NY, 1981.
- Singer, Peter. Animal Liberation, Harper Collins, New York, 1975.
- Slicer, Deborah. "Your Daughter or Your Dog? A Feminist Assessment of the Animal Research Issue" in The Feminist Care Tradition in Animal Ethics, Ed. Josephine Donovan and Carol J. Adams, Columbia University Press, New York, NY. 2007.
- Tong, Rosemarie. Feminine and Feminist Ethics, Wadsworth, Inc. Belmont, CA 1993.
- Tyler, Tom. "If Horses Had Hands..." *Animal Encounters*, Ed. Tom Tyler and Manuela Rossini. Brill Publishing, Leiden, The Netherlands. pp. 13-26.

APPENDICES

Lola Ball

Interview Questionnaire for Veterinarians and Professional Animal Caregivers:

(If you have questions at any time, please contact Casie Dunleavy at (425) 343-6890 or via email at casie.dunleavy@umontana.edu)

1. Would you be willing to share a story of a hospice situation or in-home euthanasia situation that stood out or is meaningful to you?

I can share my first experience, as follows:

"On our last night, I came downstairs after putting my son to bed to find that Porter had thrown up. This was not altogether an uncommon occurrence, so I was not overly concerned. It also turned out to be a night that he did not want to sleep upstairs. So, we slept on the couch.

Not quite two months after I'd heard the word "cancer" uttered to me on the phone by the veterinarian, Porter was in my arms dying. I had treasured every moment that I had with him, and this was no exception. I was grateful for the fact that I was there for him as he passed. My biggest worry had been that it would happen when he was alone.

So what do you need to look for? At the time, I didn't make the connection, but less than a week earlier, Porter had gone in for an acupuncture treatment, but had not perked up afterwards as had been typical. He also seemed to be a bit slower than normal. That night, he had stayed downstairs while I put my son to bed. When I came back downstairs, I saw that he had thrown up on the carpet. He also had not moved from the time I had first gone upstairs with my son. I knew this was a night I would sleep downstairs on the couch. Porter was panting a bit more than normal when we went to bed. I remember being very tired that night, but woke up shortly thereafter to the sound of very heavy panting. I have an L-shaped sectional couch, and I was on one part of the L while he was on the other. I turned on the light and looked at him and realized that he was not doing very well.

His gums, lips and tongue were very white. I wasn't sure if he was in pain or not, but I was worried that he might be. I had had enough foresight at one of our frequent veterinarian appointments to inquire about a painkiller that I could use if I were faced with a situation where it was off-hours and I found that Porter was in pain. This was the situation I currently faced. The veterinarian had given me a few pain pills to use in this case, along with instructions on how to administer them. I followed the instructions, giving him the pill and also giving him several eyedroppers of water to help it go down. It was early in the morning at this point, maybe 1:00 or so. There was nothing I could do but hold him, stroke him and tell him how much I loved him. My son slept soundly upstairs, Scooby lay on the

1

Appendix A

dog bed, and Porter and I participated in his passing. There were many times that his breathing was so infrequent that I thought the moment had come. But each time, another low, long breath would ensue and I knew that I was spared for at least a few seconds more. I told Porter how much I loved him and that he should go whenever he was ready, that I wanted him to go when he was ready and that I didn't want him to be in any pain.

At 3:00 am, he let out a long howl, lifting his nose straight into the air all the while. When he was done, he laid his head down on my hands and then breathed his last breath. He died in my arms, just the two of us, at home, in peace. I held him for a long time after that, feeling the warmth of his fur and taking in his essence, tears everywhere. My baby, my first child, was gone. Slipped away from my very arms, right in front of me and there was not a thing I could do to stop it. I texted a friend to request help in the morning to take Porter to the veterinarian. For what exactly, I wasn't sure. I just did not know what else I should do. I sent my family and friends an email to let them know what had just happened. I sent an email to my office to let them know that I would not be in the office that day. I set the alarm for 8:00 am. I took Porter's hand in mine and then I went back to sleep. At 3:30 am, I did not know what else to do.

In the morning, Porter was stiff and cold, and the harsh reality of what had happened made me cry more. I guess this was the manifestation of that word, rigor mortis. Until that point, it had only been a word mentioned on TV police shows and movies. Now it was a word with physical meaning and emotion associated with it. My son came downstairs, and I told him the news, and we cried together for our beautiful, wonderful dog. I called my son's school and told them he would not be in that day. My friend arrived and we carried Porter into my car. It was at that point that I realized that he had excreted bodily fluids on my couch."

2. From your perspective as a veterinarian or professional animal caregiver, how would you articulate the role of the caregiver (the role of your human clients) in an end-of-life context? (E.g., duties, obligations, qualities of character, etc).

It is the role of the caregiver to understand where their pets are and help ascertain if end of life decisions should be made. The caregivers need to be sure that they are ready to proceed down that path. I think most go down that path prematurely.

3. Do you think that human caregivers (your clients) interpret the animal's interests and preferences right, more often than not? Have you ever disagreed with your human client's decision, or interpretation of their animal's preferences and interests?

Follow up Question: Do you think that, in a hospice context, the human client has their animal patient's best interest in mind when making the decision to euthanize? Is this answer different at all in a non-hospice context?

NA – I am not a veterinarian.

4. What is the best tool to interpret animal interests? E.g., quality of life scales? Are any other tools that would be useful to your human clients?

I think animal owners are the best at interpreting the interests of their animals. I think veterinarians should encourage them to trust and follow their instincts.

5. Based off of your experience as a veterinarian or animal expert, do you think that (some) animals have a concept of dignity, shame, pride, and embarrassment? In addition, do you think that (some) animals have a concept of illness, aging, death, and dying? Could you give any examples to illustrate your answer?

I think animals absolutely have concepts of dignity, shame, pride and embarrassment. I think some animals also know when they are ill or near death.

6. Do you have any suggestions as to further reading or resources that would help with my project?

I just published a book called "When Your Dog Has Cancer: Making the Right Decisions for You and Your Dog." It is available on Amazon ☺

Demographic Questions:

1. How long (in years) have you been a veterinarian or professional animal caregiver?
NA
2. Are you a small or large animal practice? Circle one.

Appendix A

3

NA

3. If you are an expert/have a specialization in any field of animal medicine, please indicate the title or specialization here:

____NA_____

4. Do you provide (or help to provide) in-home euthanasia or hospice care: Yes or No?
Circle one. NA

Thank you for your time and contribution!

Dr. Tyler Carmack

Interview Questionnaire for Veterinarians and Professional Animal Caregivers:

(If you have questions at any time, please contact Casie Dunleavy at (425) 343-6890 or via email at casie.dunleavy@umontana.edu)

1. Would you be willing to share a story of a hospice situation or in-home euthanasia situation that stood out or is meaningful to you?

I recently euthanized a 145# St Bernard who had been in intensive care for approx. 1 week with no improvements in health. The family (mom + 2 teenage boys) was able to stay home with "Moose" + lay with him in the living room. The father was able to skype in from Afghanistan, where he is deployed, to be with his family + eventually to be "with" Moose as he was euthanized. It was a very emotional goodbye for a clearly loved ~~cat~~ dog + I don't think it would have been complete without Dad.

2. From your perspective as a veterinarian or professional animal caregiver, how would you articulate the role of the caregiver (the role of your human clients) in an end-of-life context? (E.g., duties, obligations, qualities of character, etc).

I think the biggest transition that pet owners have to make during end of life care is to consider life from their pet's point of view. Some innately do this from day 1, but many others make this transition during hospice (w/ some instruction) + become better able to consider euthanasia for their pet. I believe pet owners have a responsibility to do this for their pet, no matter how hard on them.

Appendix B 1

3. Do you think that human caregivers (your clients) interpret the animal's interests and preferences right, more often than not? Have you ever disagreed with your human client's decision, or interpretation of their animal's preferences and interests?

Follow up Question: Do you think that, in a hospice context, the human client has their animal patient's best interest in mind when making the decision to euthanize? Is this answer different at all in a non-hospice context?

- I think for the majority of interests + preferences, yes clients interpret these correctly. I believe it gets more complicated w/ the interpretation of pain + the behavior changes that accompany pain, esp in cats. For example - I see a large dog having a very hard time sitting, rising, walking + owners often say "He's slow, but he doesn't seem to be in pain - he never ~~try~~ cries or howls." to which my response is generally "Where there is a limp, there is pain" + try to compare it to a person who limps - if there was no pain - you'd walk normally.
 - 80% of the time yes, but there are many who become "paralyzed" in their fear + grief + can't agree to euth. They may still have best interest in mind, but wait too long or can't do it.
4. What is the best tool to interpret animal interests? E.g., quality of life scales? Are any other tools that would be useful to your human clients?

I think the quality of life scale is very useful, esp for "number" people. I also think stories of others + analogies to human diseases / conditions help a lot.

Appendix B₂

5. Based off of your experience as a veterinarian or animal expert, do you think that (some) animals have a concept of dignity, shame, pride, and embarrassment? In addition, do you think that (some) animals have a concept of illness, aging, death, and dying? Could you give any examples to illustrate your answer?

Absolutely. I think, dogs especially, become frustrated + anxious when they become incontinent +/or lose their mobility. Some pets will allow owners to do everything for them (ie change "diapers", assist walker) while others seemed determined to do it on their own + seem to resent help.

6. Do you have any suggestions as to further reading or resources that would help with my project?

- Lap of Love Blog +
pethospicejournal.com
- New England Pet Hospice Blog

Demographic Questions:

1. How long (in years) have you been a veterinarian or professional animal caregiver? 5 yrs
2. Are you a small or large animal practice? Circle one.
3. If you are an expert/have a specialization in any field of animal medicine, please indicate the title or specialization here: Hospice / In-home euthanasia
4. Do you provide (or help to provide) in-home euthanasia or hospice care: Yes or No? Circle one.

Thank you for your time and contribution!

Appendix B 3

Jeff Dahl

1) I'm guessing I've euthanized upwards of 2000 patients in my 25 years as a vet, and around 100 of those may have been done at my patients' homes. I've helped pets to die peacefully on couches and chairs, on beds and in closets, in the fronts and backs of pickup trucks, and while lying on my belly in dark corners of the house, but some of the most special situational memories are those that have been performed outdoors.

Two, in particular, that stand out were large-breed dogs lying outside in the shade of their favorite trees. Owners sat in the grass next to their pets, talking with them, petting them, and crying. Songs of birds and a gentle breeze made a very difficult and painful time just slightly easier. I hope that somewhere down the road, near the "acceptance" phase of the grief, thoughts of that time bring a sorrowful smile. I know it does for me, as one of them was my own pet. I also know that, if given the choice, that is how I'd like to go someday.

2) I feel that the pet owner's role is vitally important. They know their pets better than anyone else does. I can give the owners ideas of what to watch for, possible signs of pain or advancing disease, etc., but the owner will ultimately be the one to make that most difficult decision to help their beloved pets die. Every owner has a different extent to which they are willing or able to go.

There are rare requests for euthanasia that are improper, or for reasons of owner convenience, but I'm happy to say that I work in a clinic with wonderful clientele, and rarely have been put in a situation where I had to decline to euthanize or send a client elsewhere. The vast majority of requests for euthanasia, save a few for severe behavioral reasons (e.g. an aggressive dog), are for senior or geriatric patients at various stages of disease or debilitation. I know how difficult it is to make that decision, and rarely is there a "right" or "perfect" time, as most of these are chronic and slowly progressive issues (worsening arthritis, kidney disease, etc.). I tell my clients that after a certain point there is no wrong answer. I warn them that 50% of clients will question whether they decided to have it done too early, and the other 50% will think they waited too long. In addition to being a veterinarian, I am also a pet owner and animal lover, and I struggle with the decision for my own pets as my clients do with their pets.

In many cases, despite the greatest desire to keep pets comfortable, sometimes it's just not physically possible. Some may have physical limitations making it impossible to get an arthritic, barely mobile 100# dog up and down stairs and out into the yard as needed. Sometimes work schedules make proper care impossible, and not everyone has access to or finances to afford help. Other clients can take sabbaticals, and will delay vacations, or even go without vacations for a long time, just to be able to care for their old pets. These situations often take serious physical, mental, and emotional strength to deal with, and feelings of guilt or inadequacy can arise to make an already stressful time even worse.

I really do feel that the decision to euthanize a pet is one of the most difficult decisions people ever have to make in their lifetimes. The stress and guilt can be enormous. I guess that in the end, the "role" of the caretaker is for them to do everything they can, within reason, to ease the passing of their pets.

Appendix C, 1

3) I'm not sure that any of us could really be confident that we are interpreting "interests and preferences" right. I'm not sure we could possibly know what an animal "prefers" in most cases, especially when it comes to end of life decisions. I'm also not sure animals think in that way. We can know what food they prefer, or what their favorite toy is, but I don't know with any confidence that most of them are able to convey "please euthanize me, I'm ready to die." Animals so live in the moment, and when the situation changes, they adapt. I do, however, think that some clients need guidance in recognizing possible signs of disease or discomfort. If I hear, "He's really stiff when he gets up in the morning, and he limps on his right rear leg, but he doesn't appear to be in any pain", I try to help the client realize that the mere fact he's limping likely, in itself, signals that he is in pain. The same may be true of a dog that pants more than he used to, or doesn't get as excited about going on walks. Often these patients change dramatically just with a reasonable analgesic. Also, many clients interpret good water intake as a sign of good health, but don't realize that excessive water intake, (i.e. "more than he used to drink") can signify various disease issues. There are all things that clients can easily see, but sometimes they need help with interpretation.

In general, I think most of my clients do have their pet's best interests in mind, but those interests are certainly interwoven or at least deeply tied in with the situation of the family too. Most pet owners would like to do the best they can for their pets, but that may not always be possible or reasonable. Often financial concerns come into play.... just the nature of the business, since few people have pet insurance, and certainly the family with kids in sports or people working long hours are forced into different decisions, and often battle the guilt of knowing that their own busy lives may for a time be at odds with the needs and best care of the pets.

As to disagreeing with a client's decision, disregarding "convenience euthanasias" as mentioned earlier, this primarily arises in one particular situation. Some clients are somewhat opposed to active euthanasia, and just want their pets to "die naturally and peacefully in his bed at home". We would all like for that, but the problem is that it rarely happens. Many geriatric illnesses can drag on for a long time, and carry with them some degree of pain and suffering. Pets don't go from healthy one day to dying peacefully overnight. A slow death from anorexia or dehydration, though "natural", is not in any way peaceful. If a pet owner has the ability to provide proper hospice care for their pet (regular administration of medications, urine and feces clean-up, keeping their mouth moist and eyes lubricated, moving them to avoid "bedsores", etc), or hire 24-hour care (as we might do for a dying person), then I think that's a great option for end-of-life, but good 24-hour hospice care is a rare thing for pets.

4) Again, I'm not sure we can really interpret an animal's "interests", but I think we can empathize and know what we would like if we were in the same position as the pet. Certainly we should do what we can to minimize physical pain. We must realize how much they love physical attention and comforting, and that they are sometimes not able to seek it out so much, and their hearing and vision are often deficient, so more time spent in physical contact is important (petting, maybe letting them sleep on the bed though they weren't allowed to in their younger years, etc.). When appetite drops, that is an indication that something is not right. Incontinence (urinary or fecal) is often a signal of discomfort (too hard to physically get up to go outside), but it may also be a sign of CDS, or "cognitive dysfunction syndrome", similar to dementia in people.

5) I definitely feel that some animals show signs of dignity, although I'm not sure they have a "concept" of dignity. I recently lost my 3-legged dog. When he started struggling to rise and mobilize in his hind end (with his single leg), I got him a really nice cart. When set in the cart, he would refuse to move, but as soon as the cart was removed, he'd use all his strength to bound away as if to say "that cart is beneath my dignity, and I don't need it". I would tell people he had too much dignity to use his cart, because that is a concept I understand, but I doubt he really rationalized it that way. To him, it just probably didn't seem natural and he didn't understand it. Cats often appear to look dignified, like the whole world is beneath them, and maybe they really feel that way!

Shame? I'm not sure that is something a dog naturally feels, but I think it may be a learned "emotion". A dog will cower, when the owner returns home, if it defecated on the carpet, but I believe that is only because they were taught it was wrong to defecate on the carpet, and they know it will upset the owner. A dog that was never punished for defecating on the carpet will show no signs of "shame".

Pride? Embarrassment? I've seen dogs exhibit behavior suggesting that they do have these emotions, but that may just be the way I misinterpreted their actions. I'm sure we still have tons to learn about pets and emotions.

As far as concepts of illness, aging, death, and dying, I doubt dogs lie around thinking about these things. As stated earlier, I think dogs just live in the moment. They feel pain and they suffer, and rely on us to alleviate that pain and suffering, but I don't think they rationalize that we (their owners) are responsible to alleviate that pain and suffering. In other words, I don't think they blame us if they continue to suffer. They just live day to day, and do the best they can with it.

6) I'm sure there are hundreds of books dealing with pets and end-of-life decisions, but I don't have any specific recommendations. Most of the research I've done on this subject came from published veterinary journal articles along with my own thoughts and experiences.

R. Downing

Interview Questionnaire for Veterinarians and Professional Animal Caregivers:

(If you have questions at any time, please contact Casie Dunleavy at (425) 343-6890 or via email at casie.dunleavy@umontana.edu)

1. Would you be willing to share a story of a hospice situation or in-home euthanasia situation that stood out or is meaningful to you?

See attached "Lives of Passage" —
appeared first in "Chicken Soup for the
Pet Lovers Soul".

According to the publishers it remains one
of the most popular of the pieces they have ever
published.

Bastardized versions of it occasionally show
up on the Internet.
It is quite a paradigmatic case.

2. From your perspective as a veterinarian or professional animal caregiver, how would you articulate the role of the caregiver (the role of your human clients) in an end-of-life context? (E.g., duties, obligations, qualities of character, etc).

The client's primary obligation is to reflect on
their own ability to partner with the veterinary
healthcare team to prevent suffering and
maximize QoL for the pet as death approaches.

This is where we start — everyone has a different
threshold for what is "do-able".

My obligation to the patient includes a clear
articulation of care-duties to the clients so that
they may make an informed decision about how
they will proceed.

Appendix D¹

It really is a case-by-case situation →

3. Do you think that human caregivers (your clients) interpret the animal's interests and preferences right, more often than not? Have you ever disagreed with your human client's decision, or interpretation of their animal's preferences and interests?

Follow up Question: Do you think that, in a hospice context, the human client has their animal patient's best interest in mind when making the decision to euthanize? Is this answer different at all in a non-hospice context?

Most often, human caregivers do have it "right". And in 27 years, and after thousands of end of life scenarios, only once have I had such a disagreement.

My experience is that clients look to their veterinarians for guidance and that we (veterinarians) have an ~~the~~ obligation to engage actively to assist them. It is unfortunate to note that many veterinarians still abdicate this responsibility.

Because we treat all approaching death within the palliative care/hospice context (w/ the very rare occasional "acute death" exception), I don't really make or see a distinction of hospice vs non-hospice.

4. What is the best tool to interpret animal interests? E.g., quality of life scales? Are any other tools that would be useful to your human clients?

At this point, the best overall QoL scale that allows for some objectification of the very subjective interpretation of QoL is that developed by Alice Villalobos, and that is the one we use in our practice.

Another tool we will use with chronic pain patients (not end of life necessarily, but can be applied in that context) is the animal adaptation of the Cincinnati Orthopedic Disability Index (attached) - pretty self explanatory.

Appendix D²

No matter what is used, it's the tools that are important.

5. Based off of your experience as a veterinarian or animal expert, do you think that (some) animals have a concept of dignity, shame, pride, and embarrassment? In addition, do you think that (some) animals have a concept of illness, aging, death, and dying? Could you give any examples to illustrate your answer?

Certainly we see pride exhibited during training when a dog earns praise/treats for a job well done — obedience training, agility training, etc.

I remain skeptical about animals possessing the self-awareness necessary to worry about/consider issues like illness, aging, and death. That said, animals do have a rich emotional life and certainly do exhibit, for instance, the emotional exhaustion that comes from chronic, unmitigated pain.

6. Do you have any suggestions as to further reading or resources that would help with my project?

I presume you have utilized The Veterinary Clinics of N.A. Small Animal Practice devoted to palliative care & hospice.

Demographic Questions:

- How long (in years) have you been a veterinarian or professional animal caregiver? 27 yrs
- Are you a small or large animal practice? Circle one.
- If you are an expert/have a specialization in any field of animal medicine, please indicate the title or specialization here: Certified Veterinary Pain Practitioner; Certified Canine Rehabilitation Practitioner; diplomate, American Academy of Pain Management (human pain credential)
- Do you provide (or help to provide) in-home euthanasia or hospice care: Yes or No? Yes
Circle one.

Thank you for your time and contribution!

Appendix D, 3

Dr. Tina Ellenbogen
Appendix E, 1

Interview Questionnaire for Veterinarians and Professional Animal Caregivers:

(If you have questions at any time, please contact Casie Dunleavy at (425) 343-6890 or via email at casie.dunleavy@umontana.edu)

1. Would you be willing to share a story of a hospice situation or in-home euthanasia situation that stood out or is meaningful to you?

- 1) The case presentation I did @ IAAHPC 2012 (should be on flash drive) - Black Lab w/ chest tumor whose buddhist owners were set on non-cute death but other family mbrs. in same house had support but many more fears + apprehensions about the journey.
- 2) Many of the most meaningful forms (my personal feelings and feelings of many years of human hospice volunteering + embracing that philosophy) are the times when it's clear that the care of + love + respect for this family pet brings a family together - i.e. couple is divorced but come together for the euthanasia (sometimes even with new spouses present), or families where pet is the child's, child is grown now, parents are split up (or pet now lives with one of the parents), + the euthanasia (or hospice journey) is orchestrated so that everyone can be there; or comfort care is well-maintained till an impt. family member can get home. → cont. →

2. From your perspective as a veterinarian or professional animal caregiver, how would you articulate the role of the caregiver (the role of your human clients) in an end-of-life context? (E.g., duties, obligations, qualities of character, etc.)

First, this question assumes all pet owners are care-givers. I believe some don't have caregiver qualities, tho they are good caretakers, love + are bonded to their pets. but we all bring our own life experiences - with caregiving, dying + death which impact our ability to provide care, or timeline. Much depends on our "world view" + the place we feel animals have in it. Components are: religion, spirituality, - impacting our belief about caregiving + to what degree, + our personal definition of what obligations we have to our pets. Since animals legally are (still) property, our legal obligations are "simply" to avoid "neglect". (Can't delve into all this here!) Duties: Hygiene, comfort, shelter, address needs - (toileting, mobility). * Some folks do this so well, from experience. Some are innately caregivers (I have 2 strong examples), + some never get it - i.e. don't ask, seek guidance + often misinterpret

cont on separate page.

Another aspect of the "families together" are those that allow their children (young ones) to provide input, say their goodbyes, send mementos etc, even if they're not there for a/the euthanasia procedure. Parents always want to protect their children but sometimes the children have a much clearer explanation + they ~~do~~ end up helping their parents. There's such an amazing connection between kids + pets who have been part of their family for their whole conscious life. And children are the future - so seeing the impact that animals/pets can have on children's values are just awesome - + the pets do it just by being themselves.

Sometimes the children are better judges of how the pet "feels" - perhaps they are intuitive like the animals?

Examples: ① long ago (maybe 20 years ago) one of my early clients - euthanasia for a golden retriever with a tumor near one eye. Eye had been removed; skull was disfigured. I hadn't met them before. Parents were both professionals (judges); with a 5 year old girl, + younger brother. The daughter wanted to be there; son was @ neighbors. I suggested they ask their daughter how she wanted to say goodbye (they were wondering how to tell her). I didn't learn the answer till I was there. She had asked her mom to take a picture of her + maizie. Lovely idea. But when I ~~met~~ met the dog, + saw how thin she was + how disfigured her head was + with one eye missing... what an incredible gift ~~she~~ + maizie her parents had given the daughter - WHO had just proven BEAUTY is IN THE Eye of the Beholder, Love is not dependant on how you look. And by me being able to provide a peaceful passing I (as a veterinarian) had a small part in the beautiful core values this child was growing up with.

(wish I could remember their names + find her now :))
 ② Another case of a family with ~~an~~ a young daughter (7-8 I think) who wanted to be there + a friend + her daughter were coming over - but I hadn't learned yet to ask that. The friend's ^{child} had been present when her own grandmother died + during the dying process. I was quite uncomfortable since there are many variables to the procedure, esp. in the home without an IV catheter in place. I didn't (+ don't) feel

3. Do you think that human caregivers (your clients) interpret the animal's interests and preferences right, more often than not? Have you ever disagreed with your human client's decision, or interpretation of their animal's preferences and interests?

Follow up Question: Do you think that, in a hospice context, the human client has their animal patient's best interest in mind when making the decision to euthanize? Is this answer different at all in a non-hospice context?

I believe my clients do, but then my ongoing clients self-select. New clients calling about End of Life, or behavior concerns, maybe not. Yours is an interesting question - it seems to pre-suppose that "WE*know" *The "Experts" correctly what the animal's interest + preferences are. Does anyone really know (since we're humans)? Maybe the animal communicators? I have disagreed, from the animal's perspective + my feeling from them: but sometimes a euthanasia is still the "right" decision. I may not be the "right" person for them. Usually these are New clients calling for a euthanasia appt. rather than for an End of Life/Palliative Care approach.

Followup: Not sure I understand the question - By non-hospice do you mean not End of Life? In hospice context: yes, usually but often other circumstances drive the decision, + it's justifiable. (Happy to talk further + clarify)

What is the best tool to interpret animal interests? E.g., quality of life scales? Are any other tools that would be useful to your human clients?

1. Quality of Life Scale(s)

2. Pain scales

3. See books: "When your Dog Has Cancer" by Lola Ball
Various books by veterinarians
(see DogWISE Publishing + Amazon.com)

4. My handout: "Questions to ask yourself"
in: A Final Act of Caring - Montgomery Press

- Understanding of aging + illness, ADL's - pet has different levels of energy, activity
- Aim for HIGH (perhaps vs. good?) Quality of Life - ^{maintain} ADL's
- Trust your heart + what you know about your pet. What have they most enjoyed in life?

5. Based off of your experience as a veterinarian or animal expert, do you think that (some) animals have a concept of dignity, shame, pride, and embarrassment? In addition, do you think that (some) animals have a concept of illness, aging, death, and dying? Could you give any examples to illustrate your answer?

Another fascinating question requiring much thought! I ended up answering basically "NO" to all these. I believe to us they look this way + we interpret certain behaviors this way, but vet. behaviorists, ethologists, + "good" dog trainers would have different interpretations. I believe the animals do what they can at any given time + if we modify what we ask to meet their needs they are still happy. Example: fetching balls - old/ill dog - you may have to gently, slowly, roll it to them!
 Example: Swimming: you may have to change what →

6. Do you have any suggestions as to further reading or resources that would help with my project?

www.Dogwise.com
 articles + books: by Franklin McMillan, DVM, Alice Villalobos, DVM.
 Kinship with All Life
 www.SpiritsInTransition.com
 www.IVAPM.org (linked to my website)

Demographic Questions:

- 34! (UC Davis 1979!)
- How long (in years) have you been a veterinarian or professional animal caregiver?
 - Are you a small or large animal practice? Circle one. Exclusively house calls since July 1987
 - If you are an expert + special interest in have a specialization in any field of animal medicine, please indicate the title or specialization here: Animal Hospice + Palliative Care, Geriatrics
 - Do you provide (or help to provide) in-home euthanasia or hospice care? Yes or No?
 Circle one. I do both!

Thank you for your time and contribution!

outdoor water you go to for easier access, have them on harness + long leash +/- or lifevest for their safety, or go to a dog water therapy pool.

Example car rides: drive slower, harness them in or have someone sit with them for their balance, take them on walks riding in a wagon...

So, now I don't believe they have a concept - they just be who they are - and how we respond +/- encourage, support + reward them affects their behavior -

With regard to Dignity: (+ for all the other concepts mentioned) - dog breeds, genetics, function (ie: bred to do _____). affect how they feel.

Example: German Shepherds don't do well as invalids - when they can't "watch out" for their people + be on alert due to (common) deafness, mobility issues.

Retrievers need some version of that some breeds (+ mixes) are fine invalids + accept physical help.

I think animals see their cup as half-full not half-empty. ~~If~~ For dogs, they will acquiesce to pack lead - us -

Cats: often act out with toileting changes or aggression so need modifications there if aged or ill.

#1 cont. --- when (or even with an assistant)
 Ex. 2 : --- like I alone, can attend to my patient and children - esp. those age 7 - which is when kids begin to understand the permanence of death. Anyway I "convinced" them to have the adult friend take the 2 kids for a walk after the sedative took effect (so they saw her become peaceful + comfortable) then back once she was deceased. One of the variables in this family was the husband pressuring for euth because care of the dog was spoiling the house, impacting family routine + harmony, + our "workspace" was not very clear/clean.

Beautiful outcome + they all wrote some prose/poems which they shared - the child wrote the most amazing poem.

Example 3:

Those clients/pet owners/pet parents who have and trust their intuitive connections + sense of the animal, while still taking advantage of educating themselves so they make the best informed decision with the guidance of vets, support of friends, etc.

This allows them to journey into the mystery of that unknown course without FEAR + with patience for the day to day changes that can occur - either ups or downs. These always, over + over, stand out for me because, with those components in place, it always works out as it should, + without fear or panic.

For myself, I have discovered + learned to recognize + identify that I share a covenant with each animal patient, + not only do I have to feel comfortable either with administering euthanasia (providing euthanasia services) or providing palliative care ongoing, but that it must be OK with that animal. I have walked into a home (usually this is a new client), and had the animal look at me as if to say "Thank goodness, you're here to help me" when the owner may not have been 100% sure it was "the right time". We also discovered there are times when a euthanasia is the right decision based on practicalities in dealing with a terminal illness or fragile, special-needs pet but that the animal isn't really ready to go at that time. The discovery is that sometimes the animal is "OK" with it. If not, those are extremely difficult for me (that covenant between animal + I) + much of the reason I now try to meet or consult with clients ahead of a euthanasia appt. We learned this is being true to my core + spiritual beliefs, but difficult economically @ times - requires lots of info-gathering which is often in initial phone conversation + then doesn't result in an appt. Sometimes it does, + those ~~some~~ appts. have been some of the most rewarding. But it's not clear boundaries initially.

Ex. 4.

Awesome teenagers ^{esp. boys} who are so profoundly connected to their pet + who are so mature in getting through an end-of-life death (w/o w/o euthanasia). They have been the source of some of the most profound questions I've been asked - 2 that stand out are

- 1) teenage boy who looked totally punk rock + like he wouldn't be sensitive @ all - who was totally in charge of orchestrating the petting of the euthanasia, + of burying the big golden retriever in a soggy, muddy yard during a big rainstorm. We talked about the physical difficulty + postponing the euthanasia but he said "She (dog) would love this, she loved to go out in the rain + sit in a big mud puddle."

Another was a teenage boy (again long ago) who asked me something, that I can't remember anymore, but it taught me to be sure to ask what each family member's biggest concern/worries are with a terminally ill pet. I ask each to list their top 3 or 4. I learned my assumptions aren't necessarily accurate, + that the most important thing is to address their concerns so they can get through this, grieve, + heal as well as possible. And so we do discuss their concerns

Back to having things always work out
"right" when you know owners biggest
concerns -

Several ^{usually NEW} clients who did not want to do
euthanasia but really ~~the~~ believed
their pet was suffering + needed help.
Often these people wait, when the phone
call makes me think death is imminent, +
indeed we then get a call to cancel - pet
died during the night. Sadly we wish these
folks had info to be prepared sooner -
the pet couldn't hang on till they were done
processing or moving through denial, or just
gathering enough info to be sure. These situations
do however, let these clients know that
it was time, + they were reading their
pet correctly.

Other stand-out situations are those
who don't believe it's fair to "play god"
+ elect euthanasia, but aren't willing
(or brave enough) to do hospice longer.
(And admittedly, 2 couple of these cats
were prior to my being aware of, + enlightened
about comfort care sufficient to avoid
euthanasia need. + 1 dog
There are 2 cats who come to mind - very
close to death but owners in conflict. Both of
these died after the sedative being given -
saving the owners from "having euthanasia
be performed". Initially I was
surprised; now I know to speak

pen

Differently when I hear owners express this, + I bring up these scenarios.

All these are meaningful situations - I know what to do for the pet, it's a little tougher to know how to help for a best outcome no regrets ending - whether euthanasia or no.

Recently I've struggled with how much vets "should" provide - is family care + support in our medical domain?

Or part of our hospice team in a veterinary-managed hospice program?

* I believe it is, and it is hospice philosophy. And certainly part of a holistic approach, or integrative medicine. Also, the definition of doctor is "teacher".

Cont on separate page.

some never get it - 10- ...

Sacred - from hospice

Ascertain if people gut feel it's time
vs 'I think it's time'

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Dr. Roark Freeman

Interview Questionnaire for Veterinarians and Professional Animal Caregivers:

(If you have questions at any time, please contact Casie Dunleavy at (425) 343-6890 or via email at casie.dunleavy@umontana.edu)

1. Would you be willing to share a story of a hospice situation or in-home euthanasia situation that stood out or is meaningful to you?

A long term client who had done everything she could/needed to do for her orthopedically-challenged dog asked for a home euthanasia when the dog could no longer get up by himself and walk. The dog greeted me with a familiar bark and vigorous tail wagging from his bed when I arrived at the door. I was able to greet the dog as a long time friend (which I was at that point) share stories with gathered family members about the dog as a model patient. We all professed our love for the dog as we sat with him. The dog was calm for the injection, we all praised and petted him as he slipped away peacefully in our arms.

2. From your perspective as a veterinarian or professional animal caregiver, how would you articulate the role of the caregiver (the role of your human clients) in an end-of-life context? (E.g., duties, obligations, qualities of character, etc).

Most of my human caregivers understand that they are guardians and must make decisions that they feel are best for the pet as well as the family. We emphasize quality vs quantity of life and comfort, freedom from stress and pain. Some people are true givers and will sacrifice their own daily life duties to attend to their pets. Others are more pragmatic and know how far they can stretch to make things right for the pet and themselves. I think more of individual commitment than character qualities.

Appendix F, 1

3. Do you think that human caregivers (your clients) interpret the animal's interests and preferences right, more often than not? Have you ever disagreed with your human client's decision, or interpretation of their animal's preferences and interests?

Follow up Question: Do you think that, in a hospice context, the human client has their animal patient's best interest in mind when making the decision to euthanize? Is this answer different at all in a non-hospice context?

I disagree only when I feel the client is putting themselves before the pet (not thinking of the pet's best interest). Often this comes from either a denial of the reality of the situation (hoping against hope for longevity) or a too-fast judgement (he's not going to get better, let's put him down) when there are other in-between accommodations that can be made to help the pet cope and flourish, albeit in a lesser capacity than before. This is where hospice and simple environmental enrichments can be made to help the animal in its new plateau of existence.

4. What is the best tool to interpret animal interests? E.g., quality of life scales? Are any other tools that would be useful to your human clients?

I always suggest tallying the "goods" and the "bads". As long as the "goods" outnumber the "bads" (and the "bads" are manageable) let's keep going. We must understand that one owner's idea of a "manageable bad" like incontinence is not necessarily what another owner assesses of the same condition.

Appendix F, ²

- 5. Based off of your experience as a veterinarian or animal expert, do you think that (some) animals have a concept of dignity, shame, pride, and embarrassment? In addition, do you think that (some) animals have a concept of illness, aging, death, and dying? Could you give any examples to illustrate your answer?

Dignity, shame, pride and embarrassment are human perceptions. We can make our pets express body language to suggest these traits but I do not believe they are natural emotions for the pet.

Regarding illness, aging, death and dying I believe animals have a natural acceptance of these states and tend to suffer without complaint.

- 6. Do you have any suggestions as to further reading or resources that would help with my project?

Demographic Questions:

- 1. How long (in years) have you been a veterinarian or professional animal caregiver? 34 yrs
- 2. Are you a small or large animal practice? Circle one.
- 3. If you are an expert/have a specialization in any field of animal medicine, please indicate the title or specialization here: _____
- 4. Do you provide (or help to provide) in-home euthanasia or hospice care: Yes or No? Circle one.

Thank you for your time and contribution!

Appendix F, 3

Gerri Haynes

Interview Questionnaire for Veterinarians and Professional Animal Caregivers:

(If you have questions at any time, please contact Casie Dunleavy at (425) 343-6890 or via email at casie.dunleavy@umontana.edu)

1. Would you be willing to share a story of a hospice situation or in-home euthanasia situation that stood out or is meaningful to you?

As the first administrator of Evergreen Hospice in Kirkland, Washington, I was convinced that it was important for us to have resident animals. We were fortunate to have a wonderful cat named Reggie and a great dog, Ignatius. Ignatius was prescient about who would die next and always entered a patient's room two or three days prior to the death – remaining there at all times except when he needed a break for elimination. Still, he was very attached to me and when I was away from the hospice, unless he was in a vigil, Ignatius would run away or vomit on the rug. So, when I left that position, the staff sent Ignatius home with me and he lived with my family until he died. He is now buried in an ocean overlook area on our land in Oregon.

At eleven, Ignatius had developed a large tumor next to his spine over his right rear leg. When he could no longer walk, the veterinarian offered to come to our home to euthanize Iggy. Our large family gathered around the pallet bed we arranged for him. We thanked him for his years of love and protection and said "good-bye" to him. It was a quiet and peaceful time – respectful of his wonderful self.

2. From your perspective as a veterinarian or professional animal caregiver, how would you articulate the role of the caregiver (the role of your human clients) in an end-of-life context? (E.g., duties, obligations, qualities of character, etc).

Indeed, I am not a professional animal caregiver. I am a nurse with a specialty in palliative care. I believe the role of the caregiver of animals must be respectful and loving – that the privilege of having an animal in my life will always guide my sense of awe toward the animal. At the end of life, this means we must monitor the animal's symptoms and care for the animal in a loving and professional way.

Having animals with people at the end of life, I believe, must always be an option – for the animal and the person.

3. Do you think that human caregivers (your clients) interpret the animal's interests and preferences right, more often than not? Have you ever disagreed with your human client's decision, or interpretation of their animal's preferences and interests?

Follow up Question: Do you think that, in a hospice context, the human client has their animal patient's best interest in mind when making the decision to euthanize? Is this answer different at all in a non-hospice context?

Appendix G, 1

This is something I am completely unqualified to answer, but I hope this is true. Surely, the veterinarian has a role to play in educating the human caregivers to make good decisions.

4. What is the best tool to interpret animal interests? E.g., quality of life scales? Are any other tools that would be useful to your human clients?

For humans, I have used a tool we adapted for testing in a Robert Wood Johnson Palliative Care grant for children. We call this the Decision Making Tool – I would happily forward this to you if you wish.

5. Based off of your experience as a veterinarian or animal expert, do you think that (some) animals have a concept of dignity, shame, pride, and embarrassment? In addition, do you think that (some) animals have a concept of illness, aging, death, and dying? Could you give any examples to illustrate your answer?

Again, I am unqualified to answer this question, but my personal experience tells me that Ignatius certainly seemed to have a sense of courage, sorrow, joy and hope. About aging and death, I am not certain, but would be unsurprised to hear a veterinarian with great experience reply positively.

6. Do you have any suggestions as to further reading or resources that would help with my project?

Only the above offered Decision Making Tool.

Demographic Questions:

1. How long (in years) have you been a veterinarian or professional animal caregiver?
Fifty years of experience as a nurse.
2. Are you a small or large animal practice? Circle one. *NA*
3. If you are an expert/have a specialization in any field of animal medicine, please indicate the title or specialization here: *_NA_*
4. Do you provide (or help to provide) in-home euthanasia or hospice care: Yes or No?
Circle one.

Thank you for your time and contribution!

Appendix E₁ 2

Dr. Edwina LeMay
Appendix H, 1

Interview Questionnaire for Veterinarians and Professional Animal Caregivers:

(If you have questions at any time, please contact Casie Dunleavy at (425) 343-6890 or via email at casie.dunleavy@umontana.edu)

1. Would you be willing to share a story of a hospice situation or in-home euthanasia situation that stood out or is meaningful to you? *Yes*

There was a 40 something single mom (recently divorced) with an ailing dog, Freeway, who called for my help to end his suffering. The special part was her 2 young children, maybe 6+7 years old, who go to a Waldorf school. There was never any question on whether they would be present or not, they just were. They were very involved in ritual, songs, prayers, and striking Freeway until the end. The mother lives a very Eastern thinking lifestyle and I found this approach to death beautiful and healthy for the children. After all, death is a part of life and not to be feared.

2. From your perspective as a veterinarian or professional animal caregiver, how would you articulate the role of the caregiver (the role of your human clients) in an end-of-life context? (E.g., duties, obligations, qualities of character, etc).

The pet parents are the voice to their ailing fur kids. They know them better than anyone (just like a child or other beloved member you see everyday), so they are the best person to be the pet's advocate (just as I would for my parent or grandparent receiving hospice care at life's end). Their role is to listen and observe to their pet's signs of suffering or ask for help if they are in a denial state. In addition are the more physical tasks such as assisting mobility, altering nutrition, assist grooming, provide pain relief 'via' medications (vet?) or more Eastern practices like acupuncture

3. Do you think that human caregivers (your clients) interpret the animal's interests and preferences right, more often than not? Have you ever disagreed with your human client's decision, or interpretation of their animal's preferences and interests?

Follow up Question: Do you think that, in a hospice context, the human client has their animal patient's best interest in mind when making the decision to euthanize? Is this answer different at all in a non-hospice context?

① Yes, the clients that decide to call me rather than their regular vet are the type of client who are very strong in their beliefs of what's best for their pet.

② I never really disagree, because quality of life is different for every family and choosing to let a pet die naturally is really an okay choice for some if done right (that being said, some do wait too long to call, but I never blame the client as they are truly hoping for a peaceful death in sleep).

③ Some clients do go through denial or a selfish phase and can be difficult to consult.

4. What is the best tool to interpret animal interests? E.g., quality of life scales? Are any other tools that would be useful to your human clients?

A consult in-home from a hospice vet is the best tool to start, but we don't know the day to day life of the family so sometimes families can benefit from quality of life scales if they don't trust their own judgement.

Appendix H, 2

5. Based off of your experience as a veterinarian or animal expert, do you think that (some) animals have a concept of dignity, shame, pride, and embarrassment? In addition, do you think that (some) animals have a concept of illness, aging, death, and dying? Could you give any examples to illustrate your answer?

① Absolutely to dignity, shame, pride, and embarrassment.
 Ex. Many dogs that are no longer mobile require assistance to void outside. There are many cases where they can't wait + I have seen an owner show upset the pet gets. These are owners who would never, ever, show anything, but love even with an accident, so I do think it is the pet's feelings, not response to an owner's reaction.

② I think pets accept death as part of life. I see this as pets remove themselves + stop eating like they would in the wild or watching younger pets respond to the ailing pet.

6. Do you have any suggestions as to further reading or resources that would help with my project? No malaw i

I tend to see the pets as they would be in a natural pack environment in the wild. Their instinct is to go 'hide + die' alone (to keep from predators? or the pack member?). The pack order changes when one ails and the other members sometimes challenge.

Demographic Questions: the ill ~~of~~ animals.

- How long (in years) have you been a veterinarian or professional animal caregiver? 14 years
- Are you a small or large animal practice? Circle one.
- If you are an expert/have a specialization in any field of animal medicine, please indicate the title or specialization here: Mobile Hospice / Euthanasia For Dox Cats
- Do you provide (or help to provide) in-home euthanasia or hospice care? Yes or No? Circle one.

Thank you for your time and contribution!

Appendix H, 3

Veronica McCulliton, CVT

Interview Questionnaire for Veterinarians and Professional Animal Caregivers:

(If you have questions at any time, please contact Casie Dunleavy at (425) 343-6890 or via email at casie.dunleavy@umontana.edu)

1. Would you be willing to share a story of a hospice situation or in-home euthanasia situation that stood out or is meaningful to you?

Every situation is meaningful in similar and very different ways. Most recent loss;

Gracie. 14 yr old, F, Doberman mix with congestive heart failure. Prognosis was 5 months and I became her part-time nurse 4 months into prognosis. Her owner, a single, middle-aged woman wanted to go visit family for Christmas and asked if I would dog-sit. The call came to me after the owner had already made her airline reservations...that struck me as odd. I met with her and I was immediately aware of her anxiety about leaving her dog. She told me that she had totally given up on any socializing outside of the house since the diagnosis and felt she REALLY needed to get away. Gracie was not well and seemed very near death in her demeanor. She was almost in a coma state, overweight, terrible nutrition plan and too many medications. In the 4 days I spent with her I created a new diet plan that would not only heal this dog but save the owner time and money. I also spoke with my veterinarian to confirm the need for all medications and removed 2 from her schedule and reduced one by half. I asked her to please see my veterinarian because she did not have a regular vet, only the cardiologist. The time together went well. Gracie actually came out of her depressed state and her owner was happy with her progress. I dog-sat a couple more times over the year because her owner was comfortable with me. Christmas a year later I was dog-sitting Gracie again at my home this time. She had the company of my old dog, she'd lost 18 pounds, loved being in a new environment full of holiday joy and had a good year. She suddenly became ill Christmas evening and I knew exactly what was wrong although it was far-fetched for her earlier diagnosis. I rushed her to the ER where she seemed normal to the doctor at first. They had all her records and within 2 hours she was euthanized. It took two hours to convince her owner by phone, who had left a dog in better shape than the year before that she needed to be PTS because she, the owner did not understand the disorder and above all else wanted to be with her dog when she died. She told me when we first met that she in fact would not want her dog to die without her being there. She wanted to include that as a part of her power of attorney, which I told her I would not sign off on. In spite of our discussing that was out of our control she had persisted in this. So the worst happened for her but I believed it was meant to be. The dog was in terrible pain with a bloated abdomen and would not survive the pain killers or the surgery. The owner was convinced that when the dog was anxious she just needed a Valium...and that's exactly what she would have done or directed someone else to do when her bloat symptoms began. Gracie weighed 80 pounds, so bloated and uncomfortable would have been another 10 pounds to labor

Appendix I, 1

out of the house into a car to take to the ER. In my scenario, she was euthanized with some pain relief already on board in an ER equipped to provide the services needed. As an empath & nurse I knew Gracie would die in my care and I was not surprised it was a year to the date. She did not die a pretty death and I am glad her owner was not there. Two days later, I went to the funeral home with the owner after helping prep Gracie's body for viewing and helped ease the tension of seeing her beloved dog in death. I stay in touch to make sure all is well.

2. From your perspective as a veterinarian or professional animal caregiver, how would you articulate the role of the caregiver (the role of your human clients) in an end-of-life context? (E.g., duties, obligations, qualities of character, etc).

It is imperative that they find a place of calm that can pervade the environment so that the animal can find peace, instead of chaos.

They are responsible for that animal as they have been through-out its' life to this point. If they cannot handle that responsibility due to their own fear of death then they need to find someone who is willing to be there and assist them. Their duty is to grieve in a healthy way again getting help if needed but to not allow their grief to hinder a good transition for the pet. We don't send our elders out to die on an ice flow. They, in best case scenario, are taken care of in the home or a nursing facility. As are pet's are an integral part of the family, they deserve the same best scenario.

Appendix I, 2

3. Do you think that human caregivers (your clients) interpret the animal's interests and preferences right, more often than not? Have you ever disagreed with your human client's decision, or interpretation of their animal's preferences and interests?

I do believe that the pet owners know their pet the best, however with a bad diagnosis and end of life staring them in the face some owners make poor choices and the mind sometimes switches to selfish human needs versus patient needs. In Gracie's case, her owner fed her nothing but chicken & turkey which is an extremely poor nutrient diet and towards the end she was giving her a dozen treats at the end of the night before bed. She was literally spoiling her to death. I told this owner that I would not feed her dog the food she was giving nor would I give her the treats as she had been doing. I told her that it was extremely unhealthy for Gracie. She agreed to let me do my own thing and I don't know if she followed the regimen I set up when I was not around. I believe there may have been some food issues in the owners life, current or past.

I have also had situations where the pet is confined to a certain area due to poor motor function. Clients tell me that the pet is only able to go so far so they have only made allowances for that distance, ie. bed to food bowl. In fact in most cases if offered stability in other areas the pet will be more mobile.

Follow up Question: Do you think that, in a hospice context, the human client has their animal patient's best interest in mind when making the decision to euthanize? Is this answer different at all in a non-hospice context?

Not always. Often there are other factors that create the decision to euthanize a pet. I would hope that in a hospice situation where the pet owner has a team of people assisting in the EOL care that the decision is made in the animal's best interest since one assumes the team is doing everything possible to recognize when the QOL is not longer there or pain has become unmanageable.

In a non-hospice context owners making decisions based on poor information ie. the pet stopped eating that day yet don't look at the other factors that constitute the pet's QOL or ask a professional if this may be a simple symptom to treat.

Certainly cost and time play a roll for pet owners in choosing euthanasia for a terminally ill or aged pet. Some pet owners just can't handle what they perceive is ongoing suffering, when there is no hospice team in place.

Appendix I, 3

4. What is the best tool to interpret animal interests? E.g., quality of life scales? Are any other tools that would be useful to your human clients?

As far as tools I like the idea of baseline blood work and a QOL scale at the time a pet becomes a senior. With baselines in place then at a later time when symptoms arise there is something to set parameters and it makes the EOL decisions easier. The QOL scale needs to be personalized to the pet's behaviors, interests and activities as well.

Pain scales are very helpful too.

Caregiver's regular eyes and hands on is always the best tool. Keeping a daily log of that day's activities from bowel movements to limb movements, all depending on the specific disease process.

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5. Based off of your experience as a veterinarian or animal expert, do you think that (some) animals have a concept of dignity, shame, pride, and embarrassment? In addition, do you think that (some) animals have a concept of illness, aging, death, and dying? Could you give any examples to illustrate your answer?

This is a philosophical question but also a question of semantics. Semantics are a part of HUMAN language, which we do not share with other animals, in general. Webster may have defined these concepts but each human experiences them differently, in varying degrees.

In discussing this question I found that most pet owners and animal welfare advocates answered yes but many stated that just as in humans only some dogs experience some of these concepts.

I once had a dignified dog who in his final days lost control of his bowels in his bed... he seemed ashamed. In reality I don't know if I was anthropomorphizing at that moment. A behaviorist told me it was probably fear of being in trouble. He had never been in trouble his entire life so that can't be right.

One groomer/trainer said she does believe that dogs are elevated beings that cannot experience shame. Her definition of shame may be different from mine, same goes for what embarrasses me may not embarrass you. One person told the story of her dog racing around the house and bouncing off the sofas, he missed one day and seemed very embarrassed.

The groomer /trainer told me she did field trial with her dogs and it was not uncommon to witness all but shame in her dogs if they succeeded or failed. She never punished or scolded her dogs so it was not fear.

I believe that dogs experience the circle of life and understand when they are winding down to an end. Again we are talking about a specific ageing and dying process here. I'm not sure that unwell animals know they are or are not going to die.

I have experienced many times that the verbal and telepathic letting go of a dying animal can result in death. This is concurrent with the human hospice telling caregivers to tell the patient that it is alright to go. I tell my clients to say " I am very sad that you have to leave but I will be okay and it really is fine for you to rest now, I'll be okay". It's appropriate to say that through tears but you really have to mean it as well so it requires a strong heart.

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6. Do you have any suggestions as to further reading or resources that would help with my project?
Anything by Temple Grandin and Jon Katz for enjoyable reading as well as education.

Demographic Questions:

1. How long (in years) have you been a veterinarian or professional animal caregiver? I have been a CVT for 1 year but have been a pet owner of disabled and senior dogs for 25 years.
2. Are you a small or large animal practice? Circle one.
3. If you are an expert/have a specialization in any field of animal medicine, please indicate the title or specialization here: I have an in-home hospice-based nursing and pet-sitting service.
4. Do you provide (or help to provide) in-home euthanasia or hospice care? Yes or ~~No~~
Circle one.

Thank you for your time and contribution!

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Story that stood out - I'm attaching 3 articles I wrote on hospice cases... this should give you an idea of the medical side of things. Also, here are a few other cases that stood out:

<http://www.cliniciansbrief.com/sites/default/files/attachments/A%20Case%20Study%20in%20Hospice%20Care.pdf>

Unique Stories - Here are some memorable stories for you - I'm paraphrasing most of them.

1. 2 days ago I had someone call me from a very bad area of town. I honestly should have had a police escort to this house... it was disgusting. This 50 lb pit bull mix was in the back yard chained up, dragging his back legs (neuro disorder), all eaten up with fleas. The dog belonged to the lady's mother's boyfriend (if you follow that). The lady that called me, Karen, was a mess herself... definitely drunk. She was crying, screaming, yelling - told me the owner tried to choke the dog to death the day before, no joke. She pointed to the rope on the ground next to the dog and said he had it wrapped around the dog's neck but that she came out screaming at him and he stopped. Unbelievable. I had to talk to her like you talk to a 4 year old to get her to listen to me. Finally euthanized the dog and got out of there before the owner came home and tried to kill me! I charged her less than half of what we usually charge - she's a Denny's waitress and just wanted to end the dog's suffering. There are some legal issues with this since it technically wasn't her dog but since it was suffering I knew I could defend it in court - had to take a hot shower after leaving that house, it was nasty.
2. Got a call early this week about a dog that's nearing the end. This man was so sweet on the phone. He adopted the pet a few years ago after the dog was found in a home with his deceased owner. Apparently the original owner committed suicide and it wasn't until days later that the body was found - with this dog standing guard. So sad. We are helping them during this hospice time - the dog is about 15 years old I think, probably see them in the next few weeks for euthanasia.
3. Had another call about 2 months ago from a lady in California. Her sister, who lives in Tampa, just committed suicide and stated in her will that she wants her cat cremated and buried with her. The cat was 14 years old and in decent health but still too old to survive a shelter adoption. The cat is now at the ex-boyfriend's house and she wants me to come euthanize it the next day so they can proceed with the burial of her sister. I asked her about the other options for the cat - adoption etc, but she said she felt euthanasia would give her sister the most peace... that really got me and I agreed. I know that a 14 year old cat would be euthanized in any shelter, they're just not adoptable at that age. So... I go to the house the next day. She has me drive to the ex-boyfriend's house, who is clearly not happy about this whole thing. He wouldn't look at me and said something like "I don't agree with this, I'm going outside." He wouldn't make eye contact with me and just left without me getting a word in. The sister brings me into the ex-boyfriend's room, where the current girlfriend is just getting out of bed - in her pajamas still! Talk about awkward. The cat is under the bed so 15 minutes later we get the cat out. We're in this guy's house (a nice house BTW) but I don't even want to sit on his furniture since I feel so unwelcome. We sit on the ground, I peacefully euthanize the cat, then step outside to give the sister just a few minutes alone to grieve the loss of her sister.... again. The ex is standing outside by his car, arms crossed, and before I say anything says "I would have taken the cat, I don't agree with that at all." OK - few things go through my head. 1- WTF, why didn't you say something 20 minutes ago, 2- I've already been warned you don't like

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cats, and 3- dude, relax please. The sister told me on the phone that this guy doesn't like cats and he would surely give it up to a shelter in a few months - he told the ex-girlfriend that years ago. I proceeded to have a great conversation with him about my moral obligation to the pets, about how difficult a litter box can be for someone that isn't used to it, how old cats can be very expensive, and how quickly she would have been euthanized if she was ever brought to a shelter. I told him that although this pushed my moral boundary as well, I found it comforting to think that there was greater peace for both the deceased lady and for her sister that's having to deal with this. By the end, he was relaxed and very thankful. All was well. I helped the sister bring the cat to her car to drive to the crematory... she called me later to thank me. I found a lot of peace through helping her instead of saying no.

4. I told you about the numerous families with children that have died - those are so very hard. I have another one today with a family whose daughter died 2 weeks ago, I think she was about 20 years old, haven't heard the details yet.

5. This one made me mad - there was a pastor who was there with his daughter and son in law - I was euthanizing the son in law's dog. Right in front of them, the pastor says to me "you know, we need to remember that dogs don't have souls." I wanted to say something back to him so badly but I'm at his house, I just can't, it's not my place at that moment. Luckily the appt right after this was a beautiful, spiritual experience with a wonderful family, more than made up for that insensitivity.

6. Here are some other interesting things that happen:

- owners want to give the injection themselves (I place the needle then hand them the syringe, usually men with military background for some reason).

- Mary (who is never one to let the elephant in the room go unnamed) had an appointment one time in which a naked pool man was seen cleaning the pool! Mary said "I like your pool boy," to which the owner said "and he doesn't even charge me extra to be naked!"

- I've had many instances where other pets in the home should obvious signs of grief. Some refuse to come out from behind furniture, will sulk away, etc. Very interesting... they definitely grieve but not in the same way we do.

2. Role of the caregiver: The caregiver is the core of the hospice model. Their desire/ability/dedication is what makes or breaks the hospice case and determines how far they are willing to go. Especially in vet med when we have the ability to euthanize, the owner is the one that determines how long we string the process out. Their duty is simply to do what they feel is best for their pet with the guidance of the veterinarian. The owner knows the pet the best - the likes, dislikes, nuances, behavior cues, etc - and the veterinarian can guide the owner based on our knowledge of the disease process. IE, an 80 lb lab with end stage arthritis.... the owner knows the pet hates cats and always wants to chase them... we, the vet, know that at some point the arthritis is not going to get better, that it will keep deteriorating until one day the pet cannot stand. Will the dog live for another week? Yes. Is he suffering? No (not in my definition of suffering - more on that later). But when a cat walks by and he is either whining because he wants to get but but can't OR doesn't care because his body aches too much - is it time to let him go? That's where the vet steps in - to help guide the family and help them make the best

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decision based on the medical management of the disease process at hand. The owner is there to do the best thing for their pet under the guidance of the vet.

I have found that nurses and medical doctors tend to wait the longest. IMO, they are used to seeing people under painful conditions and do not realize how difficult it can be for pets - it's simply not the same as in humans.

Obligations - the owner should be available to provide care to the extent that they want to. IE, don't decide to wait until the last moment for your pet but not be open and liberal with pain medicine.

3. Do clients interpret animal's interests appropriately? The vast majority of the time, yes. Clients that call a service like mine want the best - and they are the "best of the best" clients so my results are going to be slightly skewed a bit. In general, I believe that most families that seek veterinary care on any level want to make a good decision and won't euthanize (or refuse to euthanize) inappropriately. The ones that have not followed my suggestion and have waited to euthanize have either a) regretted the decision because they felt their baby went through unnecessary suffering or b) been such amazing caregivers that I was not concerned about their pet suffering and I let them go on a day or two longer than I felt was necessary then euthanized when the family was ready.

I define suffering as the inability to THINK about anything else and the inability to physically DO anything else other than address the pain/condition that you're in at that time. I will never let a pet suffer but I will allow a family an additional day to two (or longer) if I feel the pain is adequately managed.

I have absolutely disagreed with families before but maybe it's my good communication skills - they always call me shortly after and we make the appropriate decision together whether to euthanize or not!

4. Best tool for interpreting animal interests? The best tool, bar none, is face to face communication. There is no way you can expect a client to get a numerical value from a QOL scale and expect that will make the decision to euthanize or not. Those things (scales) can HELP a family, but having 2 trained (VET) eyes on the pet, in the home, after a full physical exam, is the very best and the ONLY way to give the family the tools they need to proceed properly. I can walk into a home and tell 20+ things about the pet that the owner hasn't seen - signs of pain, discomfort, anxiety, etc - that all weigh greatly on quality of life. More importantly, I know the disease progression the pet is going to take much better than the owner. The family doesn't know that their heart failure pet that looks "OK" now will, at some point, die by drowning on his own fluid if they wait too long - that's what I'm there for, to educate them on the things they don't know!

Another tool I've found immensely helpful is an article I wrote on "How will I know it's time." Just today a family said "I felt like that was written for me!" People get a lot of help from this - I'm attaching it here for you to read.

We just made this website that's working out well for families: www.PetHospiceJournal.com.

5. Animals' concept of dying/death/ect. I tell families all the time "our pets understand this circle of life thing much better than we do." I've had some people get truly mad at their other animals for not "grieving" the death of their housemate more. It's funny to me - animals live in the moment, that's clear to anyone that has a pet.

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They do not perceive a future without their lost friend, just like they cannot perceive an ending to their pain (which is why pain management is so important). The most common thing I see that proves to me that pets have a concept of "aging" (us humans use this word because there is no other way of saying it) is that the ranks within the packs change. It is common for an owner to tell me - Fluffy used to be alpha but now Max has been taking over the role... and fluffy is the one I'm euthanizing. Very common. Just as every human grieves differently, so do pets. The vast majority of animals do not show any changes when they lose a housemate, they are more commonly reacting to the high emotions of the owner, not their own emotions. Some animals do though. I had one 2 year old lab that was super hyper before I euthanized his 15 year old housemate (female golden retriever). After, he refused to come out from behind the couch, he was very upset. I absolutely know that they KNOW the other pet died, the point is they don't care in the same WAY we care. They live in the moment and see no reason to concern themselves with a future without their housemate.

Dignity? I think so - but not the same way we define it. I believe they can have pride in the sense that it adds to their instincts - i.e., pride is generally a sense of health, good looks, ability to support yourself in the wild, etc... which means you have a better chance of finding a mate. So yes, they certainly enjoy being prideful/dignity but I do not believe it's for the same reasons as we humans define it.

Shame/embarrassment? I never thought so. A pet identifies trash on the ground + presence of the owner = i'm in trouble, NOT the ACT of getting into the trash = i'm in trouble, see the difference?? This is why it's so important to catch them in the ACT of doing something bad rather than retroactively punishing them. Yes, they know they did something bad but they do not equate the act of doing the bad thing with the result of that bad thing. People say all the time (about old dogs peeing/pooing in the house) "he knows he shouldn't do it, I feel so bad for him"... and they're right. These pets ARE house trained but just like 100+ year old people, they cannot always hold their bladder/bowls and will go in the house. Yes, they know they shouldn't do it and will show outward signs that we identify as guilt/shame/loss of dignity. We have no other way to define these emotions and I will agree with client though I don't feel that pets have a decreased self esteem that is the RESULT of the guilt/shame/loss of dignity.

6. Suggestions. So many! This is a cursory article I co-authored with Dr. Alice Villalobos, who's thought to be the first hospice vet ever. <http://www.veterinarypracticenews.com/web-exclusives/bond-and-beyond-bonus-veterinary-hospice.aspx>

Demographics:

1. 4 years
2. small animal (though we do both large and small, small is 99%)
3. no board certification
4. Yes, we provide both in home hospice and euthanasia.

Dani McVety, DVM

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Gail Pope

Interview Questionnaire for Veterinarians and Professional Animal Caregivers:
(If you have questions at any time, please contact Casie Dunleavy at (425) 343-6890 or via email at casie.dunleavy@umontana.edu)

A few BrightHaven facts relevant to the interview:
We have taken 587 animals through hospice care.
We have been present at the death of 567 animals
25 of those deaths have been euthanasia
539 have been natural passings

Death is a process much akin to birth in reverse. It is naturally prepared for and continues through the entire progression until conclusion. It is not a failed medical event, but a process with a beginning, middle and end that starts sometimes weeks or months prior as the body begins to wind down. We believe it does not end in clinical death either, but a scientifically proven process that continues until all vestiges of measurable energy have departed the body - often approximately three days but sometimes much longer especially in acute circumstances.

1. Would you be willing to share a story of a hospice situation or in-home euthanasia situation that stood out or is meaningful to you?

Absolutely. Please see attached the hospice stories of Frazier, Ollie, Lucy, Charlie, Furbee, Eric, Gary and Panther - the entire story, Trevor and Dafne Ann (Please read both her story as well as her obituary)

Sorry to send you so much information. I have literally dozens of stories of animals in hospice and through their dying processes and sometimes the entire story will answer various questions regarding how animals think, feel and behave towards the end of life when they are allowed to live and love in the moment and as nature intended. Do ask if you would like to see more!!!

An in-home euthanasia story:

The euthanasia issue is, for both Richard and I - simply huge. Along our road we have in years past euthanized many animals - that was - before we learned better from various sources - those mostly being the animals themselves, as well as many and varied communicators and practitioners. In years gone by I grew up in a conventional household as did Richard and for the most part of our lives, accepted euthanasia as the normal thing to do - to put them out of their misery - to do the kindest thing etc. We have seen animals die in great agony during euthanasia - we have seen others fight to stay alive during euthanasia. We have in fact learned that taking a life of any sort from any being is absolutely and irrevocably NOT the right thing to do - **for us of course**. We simply do not believe that we were given the right to take life.

We have seen many animals presumed hours away from death, and who have been recommended for euthanasia - recover, and live on for months and sometimes years. The thought that we almost killed them.....I can hardly bear to think about it. I have been taught now that I should honor the circle of life and death and have come to respect the process of transition as completely natural - as that of birth itself: the circle of life thus becoming complete.

We have learned that, unlike humans, who suffer fear and recall - animals live entirely in the moment and also die in the moment too. They do not suffer in the sense of the word as they have no fear of

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death. We also know that humans, when confronted by immense pain have the ability to faint, in other words – to depart from the body until the climate therein is improved for their return. We have also observed that animals, as well as humans, can leave their bodies temporarily and quite often should they need to, during transition. The spirit merely waits.

Alfie's euthanasia

So - for some weeks we wrestled with how best to help dear old man Alfie, as he struggled to be free of his physical self.



Alfie had become quite demented over a period of time as he gradually lost control of his body and could only stagger in circles and barely maintain any balance at all. He became unable to communicate in normal ways and would howl, bark and cry for hours on end. Cuddling and walking with him often helped not, and we lost many nights of sleep trying to care for and console him. Classical veterinary homeopathy, our mainstay for medical care helped not and neither did all the other forms of medicine that we tried - both conventional and holistic. Nothing seemed to touch him. Awful – and yes, deserving of a gentle end.....but Alfie also had good periods of being present and loving. He ate well and inhaled his food heartily, although his ability and intake amount gradually decreased until it became clear to us that he was winding down to leave.

For the last week of his life we kept him on light sedation to lesson any discomfort he might have been having – it was hard to know for sure. We felt he showed no death wish, but he had stopped eating for at least a week, although he accepted water by syringe. Again, it was hard to know whether he was actually hungry and unable to take the food or whether he literally did not want it. He was in the grip of a body mostly controlled by neurological spasms. We tended to him both by day and night - he was never alone. It soon became clear to us that there was pressure from friends, volunteers and BrightHaven staff also, and for some days this became an almost intolerable burden. We felt pain and guilt and only wanted to do the very best thing for little Alfie - for his highest good.

Finally we all met and talked - and talked - and agreed that Alfie should and would be euthanized. The deed was done that day - as quickly as possible. It was done with love and kindness by a close vet friend who came to our home.

It was over, and our lives stopped in that moment.

For each of us it became a moment we will never forget as Alfie was taken and in that moment looked directly into our eyes.....

He is now in a better place - Yes - I have no doubt of that.

Did he wish to go? Communicators have told us over and over again that he was not ready but would not mind should we feel we should intervene for him.

Did we do the right thing? We will never know.

In retrospect, are we happy with our decision? Definitely not.

Richard and I have the distinct feeling that we followed a course which seemed the right thing at the time. Upon much reflection we feel that maybe - just maybe - we should have remained courageous and strong in our convictions - FOR Alfie.

May he rest in peace.

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2. From your perspective as a veterinarian or professional animal caregiver, how would you articulate the role of the caregiver (the role of your human clients) in an end-of-life context? (E.g., duties, obligations, qualities of character, etc).

End of life caregivers provide physical care, emotional care and practical care. Care giving is extremely rewarding, but also very demanding. Hospice is patient and family-centered, in that it is designed to look after the needs of the patient as well the needs of the caregiver. It is important for caregivers to maintain their own self-care or they will not be able to care for their loved one at the most crucial time. One must also not forget other close family members whether human or animal beings.

The experience always brings a great sense of joy and satisfaction in having helped to make a beloved animal's last days happier, loving and more peaceful. As a caregiver who has helped that loved one live with any long term chronic disease, one sees how life slowly and subtly changes as the process unfolds through the physical and emotional ups and downs of the disease. The pet parent has been there to listen and help their loved one in every conceivable way and as such is vitally important to the one they love.

Caregiver duties

Generally there will not be any additional tasks added in end of life situations as the daily routine will have already been well established during the earlier time of hospice.

Duties will include such things as:

Ensuring comfort care: turning often if needed, offering water by bowl or syringe, offering small amounts of food as acceptable, changing bedding, doing laundry, administering medications – if any.

Being observant: in order to best communicate with the veterinarian, or other hospice provider to determine if current symptoms require any form of care or treatment.

Liaising with family or friends: for shopping requirements for food or household or other supplies, incontinence necessities and prescription refills.

Administration: of meds and tasks related to the animal's illness or disability.

Family care: Oftentimes, caregivers have a deep relationship with other family animals and must take care to ensure they are well cared for and do not feel left out during intense hospice care.

Organization: Caregivers keep track of many types of information. Setting up and maintaining an organizational system that works will make life as a caregiver much easier. This can be achieved by the simple method of using a traditional manila file with pages either side. One side should be reserved for emergency information and contact telephone numbers for vets and others – as well as pertinent and current prescriptions and dosages where applicable. The other side can be used to record daily events or symptoms that may be important for a veterinarian to know about. If one is working with a homeopathic veterinarian, every little detail can be of the utmost importance and should be recorded.

Personal preferences of the animal: In the absence of verbal communication the caregiver must remain open and alert to any changes of mood and atmosphere. It is good to think of such things as lights (brighter or dimmer) music (softer, spiritual) fountains, Feng Shui and more.

The final phase of the dying one's journey may be easy, slow and beautiful or it may prove to be a very intense experience. Caregivers provide a very loving gift by ensuring that the animals they love die with peace and dignity. Many caregivers say that caring for a loved one nearing death was an important time of personal growth and I have to agree wholeheartedly with them. Here at BrightHaven we use the special term anam cara, meaning soul friend, or midwife to the dying.

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The grieving process:

Providing care for loved ones in this way definitely helps with the grieving process after death. Richard and I have found a new way to grieve as animals have shared their last months with us so lovingly and we realize now that we have learned to grieve with them day by day before their death. We believe this process considerably changes the traditional grieving process. During the hospice journey many memories are created and these can often be preserved in the creation of a simple story or obituary, along with photographs, to be treasured in the future.

3. Do you think that human caregivers (your clients) interpret the animal's interests and preferences right, more often than not? Have you ever disagreed with your human client's decision, or interpretation of their animal's preferences and interests?

This is indeed a very difficult question as I am not able to actually be there to interpret for myself. Based upon feedback from my clients I would say that this could well be a 50/50 answer for me. Anyone who is really bonded to their loved one will instinctively "know" their needs and preferences, although they may well still misinterpret them! Animals communicate very well at all levels and, although we humans are such novices in this area I would say that they are pretty adept at sharing their thoughts and feelings if we remain open.

When one enters the realms of pain and suffering and quality of life, then I do believe there is a huge issue and a place where people follow their fear of what "might be", rather than "what is". Very often in discussions about end of life and decisions to be made I ask simple questions to try to determine the stage of life that has been reached – for example:

Does s/he have interest in food or water?

Does s/he cry out at times?

Is s/he restless?

Can s/he walk or move in any way?

Why do you think s/he is painful?

Are you seeing any discharges?

Are they urinating or defecating on their own?

And on and on.....

If the answers tell me that veterinary help should be sought, then that is clear. If the answers tell me that this is an animal in the dying process and actually following the course intended by Mother Nature, then I will talk with them about the individual issues to determine the root of their fear to see if I may be able to help.

The death of Mariah. June 1995.

A major event in our history was the death of Mariah – a long legged, gorgeous jet black 25 year old stick insect of a cat who had come to us a year or so prior...at the end of her life.... hmmm... well maybe it was not quite to be the end for her as she blossomed under our care.....

Upon arrival Mariah refused to eat anything but raw ground beef heart and to the day she died almost two years later, her diet remained that along with the occasional meaty bone she could drag away from an unsuspecting dog!

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Mariah walked slowly and looked unbelievably frail but lived on and on and was adored by everyone. Sadly we watched as her energy declined and her gait wobbled and then came the day she was clearly at the end of her life with us. I was again unable to get to Doug's to euthanize her and was at home distraught as to what to do.....

Right on queue again, Vicki called and I plead with her to drive over to come to my aid. She asked me lots of stupid questions I thought..like was Mariah in obvious pain, was she able to eat, swallow, urinate etc. Could she stand, was she collapsed, could she focus – the questions were endless and at the end Vicki gave a harrumph and said – well dear Mariah seems to be doing a pretty good job to me of dying just as Mother nature intended!! I was horrified but she talked me down – told me to get a grip on myself and go sit with Mariah in the garden under the big old oak tree and just “be” with her in nature and compose myself.

I did – and gradually calmed down with Mariah lying peacefully in the grass beside me. Eventually she became a little restless again and I carried her indoors. I held her over her litter box and she urinated and then I helped her climb back into my lap. She lay down very slowly and lifted her head to gaze deeply into my eyes – and then she gave a deep sigh.....and was gone. I was truly horrified at the time and could not stop crying because of what I had done – or not done.....I was only later to begin to realize the beauty of her natural death.....!

4. Have you ever disagreed with your human client's decision, or interpretation of their animal's preferences and interests?

I have to say that I do sometimes have a personal feeling of disagreement with a decision that has been made, but I very firmly counsel my client that I truly believe that if their decision has been made only for, in and with love and no fear, then it is right for them and that is all that matters. Of course I also have to realize that their decisions have to be made in the context of their own lives and experience – and not mine.

I am also very firm in the belief that people must talk things through with their animal and not exclude them from these kinds of conversations. Animals listen and hear and understand and should be included in any discussions about their health, well-being or future on this earth. In human hospice the same applies for children in hospice care who are very often excluded from talks about dying as so many people just cannot face the discussion, but the exclusion is painful.

Follow up Question: Do you think that, in a hospice context, the human client has their animal patient's best interest in mind when making the decision to euthanize? Is this answer different at all in a non-hospice context?

Yes, I do. When one commits to hospice care with a true understanding of what that means and that euthanasia is not the expected outcome, then one will go much further to ensure comfort care than if they have already decided to euthanize “when the time comes”. Conversely, yes, the answer is different in non-hospice situations as most have already decided that they will euthanize when the going gets too tough.....both for them or for their animal.

5. What is the best tool to interpret animal interests? E.g., quality of life scales? Are any other tools that would be useful to your human clients?

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I believe the only tools readily available at this time would be articles and books written by people who are experienced in the entire process of dying. These articles and books can be about animals or humans and there are many. Please check our resource guide for names. Consultations with experienced animal hospice providers provide another great tool. I am going to attach a BrightHaven article regarding quality of life and our interpretation of same. Here is part of that piece regarding QOL scales:

Much has been penned on this controversial subject and a scale for better understanding of how to measure the quality of life has been developed by Dr. Alice Villalobos. The scale comprises a list, called "HHHHMM", which stands for: hurt, hunger, hydration, hygiene, happiness, mobility and more good days than bad days. A score above 5 on most of these issues is acceptable in maintaining an end-of-life program. Dr. Alice very rightly says, too, that each pet's situation needs an individual, kind and supportive approach.

*While following a scale can be tremendously helpful in the early days of hospice care, it cannot apply to an end-of-life situation and so you are urged to add the other "H" to that list: that of "heart" – following your own! Many humans or animals might not qualify for a "5" or higher, but may be absolutely NOT ready to die. It may well be time to consider euthanasia, but it may also be a time to become proactive. Many veterinarians are not educated in the options for animal hospice care, as well as how to support the dying process with regard to pain management and quality of life. You are urged to pause to explore the possibilities for an alternative route. BrightHaven did, and found many! **Poor quality of life does not necessarily translate to "I want to die."** We cared for my own mother here at home at BrightHaven for seven months in 2011, and this proved a true education in this aspect. My mother had always wished to be allowed to die at home and to have no intervention to try to save her life. She felt a long time ago that she would prefer to escape her daily pain or acute incident if, and when, that time came. When that time did come, several times over, she became desperate to live at any price. Life is precious and we all try to keep it for ourselves as long as possible. The will for survival is enormous.*

I would also like to add that the natural dying process does not necessarily require the being to eat, drink and be mobile. It also can include some controllable pain and perceived suffering. It is again, a process which was designed by Mother Nature and which, in most cases works well. Please read our attachment on suffering and also remember that most often pain can be controlled.

6. Based off of your experience as a veterinarian or animal expert, do you think that (some) animals have a concept of dignity, shame, pride, and embarrassment?

Dignity – Without doubt.

Shame – There is nothing more shameful than a dog caught in the act of chewing up a cushion.....!

Pride – Similarly there is huge pride in a dog who may have thoroughly enjoyed chewing up a cushion and seems to have no early sense of wrong doing! Pride will always been seen in a cat who has caught a mouse!

Embarrassment – I can think of occasions when I have caught Johnnie or Pepito in the act of stealing another cat's food and the look of complete embarrassment on their faces in being caught in the act is comical and, to me, undeniable.

7. In addition, do you think that (some) animals have a concept of illness, aging, death, and dying? Could you give any examples to illustrate your answer?

This is a tough question and I think it has multiple answers. Please read some of my obituaries and see how animals care for other animals during their dying processes and then you can truly see that they do have these concepts. Older animals are treated very much more courteously than younger ones and the ill or dying are also treated with the utmost respect.

appendix K, 6

Having said that, I also know that animals live in the moment completely. They look neither back nor forward. Yesterday is of no concern and they do not plan for tomorrow, and so in that respect I suspect they are far less invested in illness, aging, death and dying than we humans. They accept life as it is, and death as it is. They have compassion for others and live for love.

8. Do you have any suggestions as to further reading or resources that would help with my project?

Peace, Hope and Hospice. I will attach the e-book.

Michael Holmes: <http://crossingthecreek.com/>

Check out the books in my resource guide – attached.

All Elizabeth Kubler Ross's books

The Tibetan Book of Living and Dying

Near Death Experiences are also very valid to read as they help one understand or believe more in life after death: There are many links – here is just one:

<http://www.near-death.com/experiences/evidence01.html>

Demographic Questions:

1. How long (in years) have you been a veterinarian or professional animal caregiver?
25 years
2. Are you a small or large animal practice? Circle one.
Mainly cats, some dogs, horses, chickens, ducks, geese, goats.
3. If you are an expert/have a specialization in any field of animal medicine, please indicate the title or specialization here:
President and Founder of BrightHaven Animal Sanctuary, Rescue, Hospice and Education Center.
Specialty: The holistic care and well-being of senior and special needs animals through life and transition.
4. Do you provide (or help to provide) in-home euthanasia or hospice care: Yes or No? Circle one.
Yes – provide hospice and end of life care support via consultation.

Thank you for your time and contribution!

Attachments:

Obituaries/stories: Frazier, Ollie, Lucy, Charlie, Furbee, Eric, Gary and Panther – the entire story,

Trevor and Dafne Ann

BrightHaven Resource Guide

Peace, Hope and Hospice

The BrightHaven Hospice Handout:

About AH and its history

An introduction to hospice and end of life care at BrightHaven

The BH philosophy of animal hospice care

The BH perspective on pain and palliative care

The BH perception of suffering

Appendix K, 7

The BH perspective on quality of life
The BH perspective on euthanasia and natural dying
The grieving process at BH
Alternative healthcare therapies for healing in hospice care
Your hospice team

Appendix K,⁸

1. Would you be willing to share a story of a hospice situation or in-home euthanasia situation that stood out or is meaningful to you?

I have many such stories I can share, and would need some guidance in what angles of each story and what degree of detail would be most valuable for your research. I could also ask some of my clients for permission for you to contact them directly for some form of interview to elicit their perspective of their experience providing their animals hospice care and in-home Euthanasia.

The most recent example is a cat who was euthanized 1 month ago after 1-2 months of hospice care. Last Sunday, 3/24, I attended a memorial ceremony for the cat in the client's home, in which she articulately beautifully shared several aspects of what she gained from providing hospice care.

2. From your perspective as a veterinarian or professional animal caregiver, how would you articulate the role of the caregiver (the role of your human clients) in an end-of-life context? (E.g., duties, obligations, qualities of character, etc).

My answer to this question was emailed to the email address above on 3/28/2013. (in Appendix L, p.4)

Appendix L, 1

decision, or interpretation of their animal's preferences and interests:

Follow up Question: Do you think that, in a hospice context, the human client has their animal patient's best interest in mind when making the decision to euthanize? Is this answer different at all in a non-hospice context?

My clients interpret their animals' interests and preferences more often than not. I do not know to what extent ~~with~~ my clients are representative of the general animal caregiver population in this regard.

I have on some occasions disagreed with my clients' decisions and interpretations.

In my opinion the vast majority of companion animal caregivers, in hospice and otherwise, have their animal's best interest in mind. When it comes to making euthanasia decisions, the intention to protect the animal's best interests sometimes conflicts with the caregiver's need to protect their own interests. I am not aware of research providing statistics on how such conflicts get resolved in the many different caregiver and animal populations in the US or elsewhere.

4. What is the best tool to interpret animal interests? E.g., quality of life scales? Are any other tools that would be useful to your human clients?

In my opinion, QoL scales are of limited value. QoL is defined by the individual patient (animal) "from the inside" - the animal's view of his or her life-as-a-whole.

Tools that are useful for my clients are journaling and tracking aspects of QoL they believe to be most significant to their individual animal view of life-as-a-whole.

Appendix L, 2

think that (some) animals have a concept of illness, aging, death, and dying? Could you give any examples to illustrate your answer?

There's no doubt in my mind that some animals have a concept of dignity, shame, pride and embarrassment. I believe there is basis in my experience for considering the possibility that some animals have a concept of illness and aging. There is very little basis in my experience ~~to~~ to support the possibility that animals have a concept of death and dying, and I consider that question wide open for future discoveries.

6. Do you have any suggestions as to further reading or resources that would help with my project?

"Mental Health and Well-being in Animals", 2005, Edited by Frank McMillan.

I'm not aware of any authoritative, broad-based research to illuminate the human caregiver issues addressed in this questionnaire.

Demographic Questions:

1. How long (in years) have you been a veterinarian or professional animal caregiver? 28
2. Are you a small or large animal practice? Circle one.
3. If you are an expert/have a specialization in any field of animal medicine, please indicate the title or specialization here: specializing in animal hospice and palliative care
4. Do you provide (or help to provide) in-home euthanasia or hospice care? Yes or No? Circle one.

Thank you for your time and contribution!

Appendix L, 3

Re: hospice questionnaire

Amir Shanan [ashanan1g@gmail.com]

Sent: Thursday, March 28, 2013 10:35 AM

To: Dunleavy, Casie

Hi Casie,

I just completed the questionnaire. Below is my answer to Question #2. I'll mail the questionnaire tomorrow, but I'm not sure it'll get to you by the Tuesday deadline. If you prefer that I fax [or scan and email] the questionnaire instead or in addition to mailing, I'll be happy to do so. Please let me know!

Amir

My answer to Question #2:

Caregiver [veterinary client] role in animal EOL care - duties, obligations, qualities of character

Obligation is to focus on animal's physical and emotional needs, including:

1. allocating the resources needed to ensure the animal is adequately observed for any changes in behavior and demeanor that may reflect changes in the animal's QOL
2. regularly assessing the animal's QOL for any changes, fluctuations and/or trends
3. maintaining a clear vision of the distinction between the animal's needs and the caregiver's needs, and addressing each independently

Duty is to take action to improve the animal's QOL in any way possible, based on the on-going assessment of the animal's QOL. Such actions include:

1. administering medications as directed by the attending veterinarian
2. performing non-pharmaceutical therapies as needed
3. providing nutrition and hydration as directed by the attending veterinarian
4. modifying the animal's environment to maximize comfort and safety
5. providing assistive devices that improve the animal's QOL
6. considering euthanasia if the animal's suffering is persistent and/or excruciating, and refractory to any other means of alleviation.

Qualities of character -

1. ability to feel empathy with and compassion for the animal
2. ability to understand what the animal's needs are
3. ability to understand what the caregiver's duties and obligations are
4. integrity to meet those obligations and perform duties to the best of the caregiver's ability

On Mon, Mar 25, 2013 at 10:55 AM, Dunleavy, Casie <casie.dunleavy@umconnect.umt.edu> wrote:

Hello Dr. Shanan,

I am just offering a friendly reminder that the deadline for completing the hospice questionnaire and sending it back is April 2nd, 2013. I've been getting some pretty awesome insights from a few animal professionals so far and I find the feedback very valuable.

Appendix L, 4

Interview Questionnaire for Veterinarians and Professional Animal Caregivers:

(If you have questions at any time, please contact Casie Dunleavy at (425) 343-6890 or via email at casie.dunleavy@umontana.edu)

1. Would you be willing to share a story of a hospice situation or in-home euthanasia situation that stood out or is meaningful to you?

My first experience with euthanasia took place in 2003. We decided to choose this route as with our dog Trigger. He was around 12-13 years old and rather than go through expensive testing as his health was rapidly declining we thought this was our best option.

My partner and I had a good experience. We have a personal friend who is a vet and she was able to meet us at her place of employment on a Sunday. We must have been there after hours as ~~it was just her~~ the business was closed. We got to say our goodbyes to him and it was very peaceful and quick once she administered the drugs. I was very fortunate to have a good experience as I have learned this is not always the case.

2. From your perspective as a veterinarian or professional animal caregiver, how would you articulate the role of the caregiver (the role of your human clients) in an end-of-life context? (E.g., duties, obligations, qualities of character, etc.)

I believe it is important to listen to your intuition. If you know your animal companion they will give you signs. If ~~the~~ the ~~acts~~ euthanasia is done out of love it is just another choice we have. I wish humans had more choice in this realm. I think as a caregiver it is important to be brave and strong and do the very best you can with the knowledge you have. Looking back I may have done things differently now but at the time I did the best I could with the knowledge I had. The grieving can come later. Everything I did grew out of my class and it ^{was} from a place of love.

3. Do you think that human caregivers (your clients) interpret the animal's interests and preferences right, more often than not? Have you ever disagreed with your human client's decision, or interpretation of their animal's preferences and interests?

Follow up Question: Do you think that, in a hospice context, the human client has their animal patient's best interest in mind when making the decision to euthanize? Is this answer different at all in a non-hospice context?

a. I can't speak of anyone else's decisions. I don't think it is my place to judge. I feel if it comes from a place of love it is in the best place to come from. People come from different belief systems and different places of knowledge. b. From my friends experience and family's experiences no. c. Yes I do, I think death is a journey just like birth and it can be a beautiful process unfortunately in our culture death is something to be feared in the context of a human death or animal death. d. The answer may be different in a hospice context as I believe hospice is ahead of the times and our culture hasn't caught up yet but I think we are doing a better job than in the last 20 years.

a. What is the best tool to interpret animal interests? E.g., quality of life scales? Are any other tools that would be useful to your human clients? b.

For myself and for my animal companions I want quality of life versus quantity of life. I bring my animal companion once a month to visit nursing home and I see the quality of life with some of the residents and I feel sad. There are the standard tests you have available at your vet and then there are those you can't measure by a test. I can read much in my companion eyes and I have to trust myself to do right by them when the time comes however that might look. No test can measure that.

5. Based off of your experience as a veterinarian or animal expert, do you think that (some) animals have a concept of dignity, shame, pride, and embarrassment? In addition, do you think that (some) animals have a concept of illness, aging, death, and dying? Could you give any examples to illustrate your answer?

a) Yes I do. I think all animals have this they just have a different way of communicating than we do. ~~We don't use~~ Many people can't see this if our primary way of communication is not used which is through language. b) I can't give an example but I believe that all animals have a concept of illness death and dying but it is ~~different~~ is not feared ~~as we~~ I believe they approach death with dignity and if supported can be beautiful as in human death. I believe animals are in many ways more

6. Do you have any suggestions as to further reading or resources that would help with my project?

Yes if you can I would read ^{evolved} Lawrence Anthony's books. Start with ^{than} the Elephant Whisperer. He was someone ^{universally} that understood animals and the human/animal ^{I learn} bond. He understood how to communicate with ^{so much} animals without spoken language. ^{from} ^{animals.}

Demographic Questions:

1. How long (in years) have you been a veterinarian or professional animal caregiver?
2. Are you a small or large animal practice? Circle one.
2005 - Volunteering, animal activist.
3. If you are an expert/have a specialization in any field of animal medicine, please indicate the title or specialization here: horse dress & companions
4. Do you provide (or help to provide) in-home euthanasia or hospice care? Yes or No?
Circle one.

Thank you for your time and contribution!