The Role of Social Workers Within Veterinary Grief & Bereavement: A Veterinarian’s Perspective

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Learning Objectives

• Why is grief so hard for doctors? (5 min)
• Types of grief in veterinary medicine (5 min)
• Serious Illness Conversation Guide (10 min)
Why is grief so hard for doctors?

- Nature and Impact of Grief Over Patient Loss on Oncologists' Personal and Professional Lives (JAMA 2012)

- “Not only do doctors experience grief, but the professional taboo on the emotion also has negative consequences for the doctors themselves, as well as for the quality of care they provide.”

- >50% reported feelings of failure, self-doubt, sadness and powerlessness as part of their grief experience

- Discomfort with their grief over patient loss could affect treatment decisions

Does this sound familiar?


- Veterinarians are uncomfortable, undertrained, unskilled, & unsupported surrounding issues of grief, bereavement, euthanasia, end of life, death & dying...

    Yet we deal with these issues every day.
Does this sound familiar?

- Fogle, B & Abramson, D. Pet Loss: A Survey of the Attitudes and Feelings of Practicing Veterinarians, Anthrozoos 3 (3)


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Grief in veterinary medicine

- Unexpected death of healthy patient - anesthetic
- Unexpected death of healthy pet - HBC/trauma
- Surprising death of sick patient - not responding to Tx
- Unsurprising death of sick patient - dies in hospital*
- Expected/planned death of sick patient - euthanasia
- Expected/unplanned death of sick patient - urgent euthanasia
- Financially motivated request for euthanasia - puppy femur Fx
- Questionably motivated request for euthanasia - moving
Important gaps

- Expectation v. reality
  - Welcome to the profession!
- What patients/clients want v. what they get
  - Goal-concordant care
- What clinicians know v. what they do
  - Know-do gap
Reminders of Know–Do Gap in EOL care

- Patients with serious illness have priorities besides living longer.

- To deliver the kind of care patients want, we first have to ask about their values and priorities.

- Earlier clinical conversations about values and goals can lead to improved quality of life, reduced suffering, better patient and family coping, and less non-beneficial care and costs.

- But these conversations happen too little, too late, and they’re not great!

1. Communication in Serious Illness Training, Harvard Medical School, Ariadne Labs & Dana-Farber Cancer Institute, June 2015
First things first

- Social workers can help with this!!
  - (likelihood that veterinarians will realistically be able to lead this effort...?)

- EOL care will be vastly improved if we are having GOC conversations BEFORE a crisis.
Serious Illness Conversation Guide (SICG)

- Early Goals of Care discussions associated with
  - better quality of life
  - reduced use of nonbeneficial medical care near death
  - enhanced goal-concordant care
  - positive family outcomes
  - reduced costs

- “Existing evidence does not support the commonly held belief that communication about end-of-life issues increases patient distress.”

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SICG

- Understanding
- Information preferences
- Prognosis
- Goals
- Fears/worries
- Function
- Trade offs
- Family
Serious Veterinary Illness Conversation Guide

CLINICIAN STEPS

☐ Set up
- Thinking in advance
- Is this okay?
- Hope for best, prepare for worst
- Benefit for patient/family
- No decisions necessary today

☐ Guide (right column)

☐ Act
- Affirm commitment
- Make recommendations about next steps
- Acknowledge medical realities
- Summarize key goals/priorities
- Describe treatment options that reflect both
- Document conversation

CONVERSATION GUIDE

Understanding

What is your understanding now of where _____ is with his/her illness?
What questions do you have about information your family veterinarian has already shared with you?

Information Preferences

How much information about _____’s illness would you like from me? How much additional information do you feel you need to help make decisions?

FOR EXAMPLE:
Some families like to have lots of information about what to expect, others do not. Some people are very comforted by lots of diagnostic information and some people find this stressful.

Prognosis

*Share prognosis as a range, tailored to information preferences. Understand that euthanasia as end point for most patients has tremendous impact on “prognosis”. What is acceptable for one family may not be for another.*

Goals

If _____’s situation worsens, what are your most important goals?

Fears / Worries

What are your biggest fears and worries about _____’s health?

Function

What abilities or activities are so critical to _____’s life that you can’t imagine him/her living without them?

Trade-offs

If _____ becomes sicker, how much are you willing to go through for the possibility of gaining more time together?

Aid in Dying

What are your beliefs surrounding euthanasia?

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Summary

• Grief presents itself in veterinary medicine in a myriad of ways...not just euthanasia

• Veterinarians & care teams are affected by grief/bereavement personally and professionally

• Goal-concordant care is a triple win – for families, clinicians, and institutions

• GOC conversations are an opportunity for social workers to fulfill an unmet need. Teach them, do them, make sure they are happening!
Questions?