

0:00:00.0 Katie Berlin: Dr. Kathy Cooney, thank you so much for coming by.

0:00:02.7 Kathy Cooney: Thank you, what a joy. I love Connexity every year.

0:00:05.9 Katie Berlin: This is my first Connexity and it is the best time. I love these people.

0:00:11.9 Kathy Cooney: I meet new people and I get to have great conversations, and I'm always energized.

0:00:16.9 Katie Berlin: Yeah, there's really good energy here. I don't know where I've been for the last few years, because I definitely love it here. Now, I work for AAHA, sorry but I don't have to say that. [chuckle] I do really love it, and I'm so glad that you're here and you love it too. You actually did a whole day of workshops yesterday.

0:00:40.1 Kathy Cooney: Yeah. Five hours on the end of life, we started the day with our Memorialization workshop, first time I'd ever done that before, brought in products from different companies around the world actually, and we got to color, we got to make paw prints, we got to just create beauty in a time of sadness, that was our theme for it.

0:00:58.5 Katie Berlin: I love that.

0:01:00.0 Kathy Cooney: And then the second hour, we did emotionally intelligent euthanasia, which is one of my favorite topics right now in end of life, just building awareness around best practices with euthanasia and being very mindful of what we're feeling during the appointment. And then in the afternoon, we did a three-hour workshop on end-of-life communication. We had mostly veterinarians and technicians in the room, but the Companion Animal Euthanasia Training Academy is also working on building this particular workshop for support staff, 'cause they don't get a lot of training on how to have these difficult conversations, how to greet somebody when they're sad, walking into the building, and we think that's a really vital new aspect of training for the support staff, is on end of life.

0:01:40.2 Katie Berlin: Yeah, that's absolutely... That's so true. And I think that's a really, really valuable space that you're creating there for them.

0:01:47.0 Kathy Cooney: Thank you.

0:01:48.9 Katie Berlin: And I hear rave reviews from your workshops yesterday.

0:01:53.1 Kathy Cooney: It was a good group, and we had a lot of people all five hours...

0:01:55.7 Katie Berlin: Oh wow.

0:01:58.1 Kathy Cooney: To devote that day on Thursdays, so kudos to all of them. And they were very curious, they wanted to know better ways to communicate, they wanted to create that safety so that clients could open up about what they were feeling and what they're going through, so I appreciated that curious spirit, that very generous spirit with the story sharing that they gave. And it was just a great day.

0:02:19.0 Katie Berlin: I love that. Well, we already talked a little bit, I think people are getting an idea, but would you mind for people who aren't familiar with you, introducing yourself and just letting everyone know what it is you do and what brought you to Connexity?

0:02:32.1 Kathy Cooney: Yeah. Absolutely. So I'm a veterinarian now, 18 years, found my love and my passion in the end of life space. And so I've been... Started out really as private practice, moved into mobile practice and then specialized in end of life in euthanasia in particular. Grew into hospice, started a pet crematoria, which was aquamation, the water-based cremation, and about six years ago now, started the Companion Animal Euthanasia Training Academy, and this group provides outstanding education and companion animal euthanasia to improve the overall experience for the pet, first and foremost, for the caregiver or pet owner, and then for the veterinary team. When we know better, we do better. So, the CAETA program as it's also called trains veterinary professionals from all over the world, and we've got a 10-hour master program. We have over 30 hours of online content for the entire veterinary team, and likely in 2023, we're gonna grow that education to include the pet owner as well, to empower them to make better decisions around euthanasia, increase pre-planning and everything that just builds for a better experience as far as they're concerned.

0:03:45.3 Kathy Cooney: The other thing that CAETA does besides our master program and our online content, we have a huge CAETA community with our Facebook group, with what we call our EuBoosters where we meet every single month and just brainstorm, talk ideas, good Q&A. Within that community, we also do a lot of research and we figure that at this day and age, with the growth of the human animal bond and advancing medicine that's out there, we need to start to do better research about what defines a good death, what are those techniques that take away pain and anxiety guaranteed every time, and just really protect the appointment, protect this procedure through and through from all aspects.

0:04:28.0 Kathy Cooney: So that, I guess, in a nutshell, is what CAETA is. And I guess I should also probably say that we're a small group, we're a small pebble in a big beach trying to make change and hope that everybody that's listening, if you feel like you can do better with euthanasia, come find us. We'll help.

0:04:48.0 Katie Berlin: Love it. Listening to you talk about that just, it reminds me of something that another guest on the podcast said, Dr. Lynn Hendrix, she had said that euthanasia is something that every veterinarian can perform, and veterinarians and veterinary technicians perform euthanasias all the time, and it seems like it's a new philosophy that there's a good way to do it, that it's not just like another thing that you do in the course of your day, and that devoting time and brainstorming sessions and training programs and certifications and developing guidelines for doing it better, is it necessary in the sense of, is it a medical necessity? No, 'cause you could get the euthanasia done without that, but I love the focus now that's on all of the other aspects of euthanasia. The communication that you had three hours to talk about yesterday, making memorials for people to take home, understanding that the entire veterinary team needs to be part of that experience and it's not just a matter of ushering clients into the room and then hiding them in there so that no one sees them crying. And it really just takes the experience itself and makes it in and of itself something really beautiful, and I do think that euthanasias have been some of the most beautiful appointments and interactions that I've ever had as a vet, but to some people outside the profession especially, that sounds weird. And your group obviously doesn't think it's weird at all, and I just love that.

0:06:28.4 Kathy Cooney: We're willing to go there, we're willing to talk about it. And euthanasia is so private, to your point, that it seems a little taboo to talk about it, to bring it out, but that's changing. And to your point about what's so important to the family? That's... It's the difference between euthanasia and companion animal euthanasia. Who is the other one at the end of that leash, and how is this death gonna impact them? So, CAETA recently completed a pet owner survey asking, "What do you think is a good death?" And of the top four, only really a couple of them, two of them, I guess, 50%, were method or technique-related. The rest was help with them wanting to be there. So I guess I'll just roll through the top four, if that's okay.

0:07:17.3 Katie Berlin: Sure.

0:07:19.6 Kathy Cooney: So number one was that they wanted to be with their pet all the way through, and never be separated. Traditionally in Vet Med, it's common to bring the pet back to the treatment area to place a catheter. And I really appreciate that. In fact, the AVMA said many, many years ago that it's good practice to place an IV catheter, that's really safe. So I appreciate that part of it. But what the owners want is if that IV catheter is gonna be placed, it should be done in the room with them. And believe me, that's kind of scary because now we're doing a bit more of this medical procedure with them, including those preparations. So, they want to be together. They don't wanna be separated. That was really number one, they don't want the pain and anxiety for their pet, that's really important. And the third one was that they appreciate pre-euthanasia sedation that helps to reduce down that pain and anxiety, so they want their pet sleeping in those final moments. And then the fourth one was assistance with pre-planning. They want to know what you euthanasia is going to be like.

0:08:20.7 Kathy Cooney: They want to know how they can honor that bond and create a bit of a pseudo-funeral, which again is the difference between euthanasia and companion animal euthanasia. So the reason that CAETA did this survey was to help to define a good death from the pet owner perspective as well as then the veterinary perspective. So we're doing a second survey right now, asking veterinarians, "How do you define a good death?" that will actually close in September of 2022 here, and then we're gonna compare the two together and come up with those best practices now that nobody can ignore, to say, "We know this is what the owners want, this is what they expect."

0:09:01.1 Kathy Cooney: And now, veterinarians, it's our job to align with that. And hopefully, the takeaway is that euthanasia can be a beautiful part of the day. We're doing it right, we're doing it for the right reasons, first and foremost, we always wanna make sure that euthanasia is warranted, but that euthanasia doesn't have to be something that we navigate away from, shy away from to say, "Wow, we've got an opportunity here to make a big difference for this family. We can create a gentle death for this pet, which is first and foremost so important, and use euthanasia as a bomb in a maybe busy day and to slow down and to connect at such a deep level. That, to me, is one of the biggest takeaways of everything that we do right now in Vet Med, in trying to create a better world, is to say, "Euthanasia is not going anywhere, so let's make it the best it possibly can be."

0:10:00.5 Kathy Cooney: So yeah, I was gonna ask you what a better world looks like in Vet Med to you in end. It's one obviously where euthanasia doesn't have to be an experience that people are scared of talking about or that they're scared of performing, that it doesn't have to be a failure of any sort. It's not necessarily a traditional treatment option, as we say, but it is an option that we have to

have these conversations with families, and we can come to a good decision together, a good resolution that this is in everyone's best interest, and then embrace it, and create meaning from it. And things like the way that we memorialize and pay tribute, where we get to sit and share stories, and see that beauty right in front of us. Which for a lot of veterinarians when they're performing euthanasia, they might not have a lot of that back story. It might not be that womb-to-tomb, cradle-to-grave, birth-to-earth relationship. It might be a non-client that we're just meeting for the first time, where we get to sit down, establish that rapport, build that connection, and then be in that world together for 30 minutes, for an hour, hour and a half, whatever that euthanasia is gonna be, and just, again, find the beauty in that, find the joy. It, for me, is what's kept me very sustained in Vet Med.

0:11:26.3 Kathy Cooney: It hasn't been a drain, it's been quite the opposite. So fortunately, through groups like CAETA and the other organizations that I'm a part of, we're definitely spreading that message.

0:11:37.6 Katie Berlin: Yeah, I'm just thinking about... While you were talking, I was thinking about euthanasias that I've been in on, and patients that I've known a long time, or owners that I knew well, and things that I knew about that relationship that made them special, and I remember all of those, because I knew those stories and because those stories were running through my head while I was performing this euthanasia, while we were talking before and after. And I absolutely love the idea of sitting for an hour and talking, but obviously in a busy clinic setting, that's not built into the schedule. Do you see as we have more and more of these conversations and people realize that euthanasia can be done better and differently, do you see us moving to more of a system where most euthanasias that we can plan for are not done in a busy clinic setting, or that they have a separate service for that so that those staff members can spare that time?

0:12:40.7 Kathy Cooney: What a great question. First of all, veterinarians who love a good story can only be there for so much of the time, unless they're a specialist like myself back in the day, and certainly even now at my comfort center in Colorado where I'm the end-all, be-all, it's just me. And so there are a lot of veterinarians that are listening that might be mobile, that might have an end-of-life service completely, and that's the way that they design their euthanasia experience. In a traditional hospital, especially for those that are AAHA accredited and have gone through extra training too, they may have heard about this concept of a euthanasia attendant. It is somebody on the team who can walk the journey with the family from beginning to end, to be that point person, that light in the dark, that light in the grief that a family is going through, that can very much be a shepherd and a guide where other people in the team can come in and out of that euthanasia experience but not be there for the whole time. The reality is that the veterinarian may only be in the room with the family for five to 10 minutes, just depending.

0:13:47.4 Kathy Cooney: So it might be a CSR or other support staff, certainly the veterinary. A nursing team, they're the ones who are often present for euthanasia, and that's just fine. As long as compassion is that common thread, which is so important for the family, and that the family feels that reassurance and that bond and that connection that everybody agrees that this is the right choice, then that's gonna be that takeaway message that that family needs. So it doesn't have to be disjointed, having lots of people moving in and throughout, but the euthanasia attendant can be somebody that can ground the whole thing together. And Vet Med in general has an opportunity to re-ignite a passion for our profession, if you will, by delivering that really, really good death. We have a good life with our patients, that's our goal, and then to then deliver that good death puts that

perfect little cap on that experience. And that's our remembering self. I'm kind of getting off on a tangent here, but that's our remembering self, is we can do everything perfect throughout the life of this patient, and then mess up euthanasia. The family will remember that. They will forget about all the other wonderful stuff that happened, so we have an opportunity to get it right, we should take that opportunity and leverage the team completely. It doesn't have to be an all or nothing for one person.

0:15:13.6 Katie Berlin: Yeah. Okay, I have one more question for you. So, well, I actually have two more questions. [chuckle] I have lots of questions, but I have two more right now, one is, with increased involvement of the veterinary team, 'cause I've definitely been in practices where it was almost all me. Veterinarian goes in and the technician might help place a catheter, but at the end, it's you and the client and the pet, and the veterinarian really bore that burden on their own. With more team members involved, it's more team members seeing what they might feel very affected by. Do you see that as being something where if you're introducing more team members into the equation, you also need to provide more support for them as far as their emotional well-being for processing after, not having to compartmentalize so quickly and go right into the next room with a new puppy. These things are learned skills, I think.

0:16:09.5 Kathy Cooney: That's a great question.

0:16:10.5 Katie Berlin: And how do you see that working in your average veterinary team where this might not be the norm yet?

0:16:18.1 Kathy Cooney: Yeah, the average veterinary team is gonna have touch points with death throughout their day, regularly. Yeah, I remember going to a hospital recently, and I saw that the deceased pet was brought back to the treatment area, and that's where it was placed in its designated branded, beautiful cadaver bag and tagged and identified and placed in the cooler, ready for the crematory. And I got to thinking, that is a death touch point. What an opportunity to maybe shift that to the comfort room. Wherever the pet was in its final passing, let's go ahead and kinda contain that in that space. So, to your point, yeah, if we're gonna be bringing other people in for that euthanasia experience, that is a potential for a little grief burst in the day, which can be hard on the staff. My takeaway, or I guess recommendation for that is if we're approaching euthanasia the right way, it's an increased opportunity and chance for, again, recognizing the beauty of the human-animal bond and seeing death in a positive light, that again, it's not a failure.

0:17:27.5 Kathy Cooney: So I think it's more about the culture of the team as a whole and saying, "What a beautiful soul, how can we pay tribute, what can we do to talk a little bit about this animal that has touched our lives and put that positive spin?" That is me through and through, what's this positive spin? How can we create a legacy off this little darling. But the risk is there if we don't have a culture that views it in that way. So with that in mind, every team should have a euthanasia team training manual. That's something that the CAETA program does a lot of, where we discuss what our culture is gonna be around death, how are we going to view it, how are we going to approach it, how we're gonna train in it. That is job one for a hospital manager, I think, to say, "We need to shift the narrative on death." And with that in mind, also leveraging the experts that are out there. So it does feel like a lot for either the whole team or some on the team, asking them, "How comfortable are you with death?" Let's go there.

0:18:31.3 Kathy Cooney: Let's ask that question, even in the onboarding process, is, "Tell me

what's important to you, tell me what some of your concern's on when they're hiring?" and get to that space where they're putting people in the right seats, not forcing them to be in situations that are uncomfortable. If it's an uncomfortable situation, again, let's shift the narrative to try to make it more comfortable. With that in mind as well as leveraging other experts that are out there, so specialists with home euthanasia, with hospice, to say that we don't have to be everything to all families. Let's draw upon those experts and have them do more end-of-life work and also with after care as well. Let's leverage these after-care facilities that are so good at grief support, and to find out what's important for the family for cremation needs, for memorialization, for all of that. We have really good pet crematories around the world that are ready to serve.

0:19:24.1 Katie Berlin: Yeah, you had mentioned aquamation too, which is really interesting. We had a Trends article recently on that and other aftercare options. And I think that's just so fascinating, because to me, the thing... I worked as a vet assistant before while I was in school, on the summers, and the thing that I hated doing the most was putting the body in a bag afterwards. I could get through the euthanasia, even as a vet, I could get through the euthanasia, but if I saw that pet afterwards lying there, somebody had left it alone for too long without taking care of it, or got called away to do something and it was in a room alone. Or we had a technician one time who wanted to practice procedures after euthanasia, and we had a whole discussion about why that was not okay. And for me, it was seeing the pet afterwards that was the hardest. And so the aftercare conversation, I think, has always been the hardest for me because I didn't wanna think about that. I didn't wanna think about the after. I could get through the during and the before and see the beauty in that, but the after was very hard for me. And I have to think I'm not the only one. [chuckle]

0:20:36.5 Kathy Cooney: I was just gonna say, you're not the only one. And you know, it's part of the reason that these pet owners want more help with pre-planning, is because we as a veterinary culture don't often want to talk about it. So we encourage teams to have more information on their website about end-of-life care, to have links to the local crematoria so pet owners can do their own research and find out what's important to them. But I'm really proud of one of our colleagues, Dr. Céline Leheurteux out of Canada, who actually created Euthabag which is a designated, branded cadaver bag for that exact purpose. Because when we know better, we do better. And to find beauty in a time of sadness, what a great example that is, that if we are gonna be working with these pets, let's take care of them with the most respect possible. And if we, in our veterinary hospital, find that we don't have the time to devote to it like we want to, again, let's leverage the aftercare teams to come in and shine and do what they do so well. But I think our takeaway from all of this is certainly that there's ample opportunity to learn more about euthanasia best practices, about ethical pet aftercare in a way that we can elevate this experience from beginning to end. And we don't have to shy away from that. Let's embrace it.

0:21:51.2 Katie Berlin: Absolutely. That's a beautiful sentiment, and I think AAHA obviously agrees, because you've been instrumental in helping us develop the End-of life Care Accreditation program, and the End-of-life Care Guidelines, which you joined the task force, correct?

0:22:09.7 Kathy Cooney: So, with AAHA's End-of-life Accreditation program, yes. That was a big role, absolutely loved it, good group of people, fun from beginning to end. And we built something great. So I encourage listeners to explore that, and I'm a part of Caring Pathways, I'm their chief medical officer and we're the flagship end-of-life accredited practice.

0:22:29.8 Katie Berlin: That's right.

0:22:30.8 Kathy Cooney: So I'm really proud of that. And then I was also involved with End-of-life Standards as a whole, and that came out I think about 2016, so that's been a really good document that has changed a lot of lives. And yeah, so just very happy with this partnership with AAHA and excited to see that they were eager to get into this industry, into this particular field, even though it's small. End-of-life care is growing for sure.

0:22:55.5 Katie Berlin: Absolutely. Dr. Cooney, thank you so much for coming by. It's been wonderful to meet you face-to-face.

0:23:01.7 Kathy Cooney: Thank you.

0:23:02.1 Katie Berlin: We see each other on Teams calls a lot, so this has been really nice, and hopefully we'll talk again soon 'cause I know there's so much more to talk about here, and we have new Senior Care Guidelines coming out early next year, and this is a topic I think we definitely need to work into how we talk about senior pets, how we serve them and their families.

0:23:19.9 Kathy Cooney: Thank you, thank you to AAHA. You're absolutely the best.

0:23:22.6 Katie Berlin: Thank you.