0:00:17.7 Katie Berlin: Hi, welcome back to Central Line. I'm your host, Katie Berlin, and Dr. Kathleen Cooney is my guest today. You may have heard Kathy on our podcast back at Connexity, Dr. Cooney did an amazing workshop, actually a set of workshops at Connexity in the fall of 2022 that were just so well-received and such a beautiful addition to the conference, and so I've heard nothing but great things about them, and I had a great time talking to you last fall, so I'm so excited that you're back. Dr. Kathleen Cooney, welcome back to Central Line.

0:00:53.7 Kathy Cooney: Thank you, it's an absolute pleasure.

0:00:54.3 KB: And would you just give our listeners a little background on yourself, let us know what you're doing now and how you came to be here.

0:01:02.7 KC: Sure, some of you might be familiar with my work already. I am founder and Director of Education, CEO as well for the Companion Animal Euthanasia Training Academy, and that's what AAHA brought in for those workshops last fall in 2022, what's wonderful, and we'll actually be back for AAHA Con fall 2023, so that'll be great. But my background in general is that I'm a DBM now for almost 20 years, graduated Colorado State University back in 2004, and really found my passion and calling with end-of-life, and did not expect that. You know what Katie, I went through vet school and thought I would be an equine doctor, and then I fell in love with oncology work and surgery and everything, but it wasn't until private practice that I found myself gravitating towards euthanasia appointments of all things, or having these really delicate conversations with clients unsure about if it was the right time for euthanasia, what were options around hospice or palliative care, and just really loved that space. I found it really meaningful.

0:02:11.9 KC: So I ended up leaving private practice after a couple of years to devote full-time to in-home hospice and euthanasia services. So that was back in 2006, here in Colorado. This is my home base. And then that was with a company called Home to Heaven, and I managed that company for about 10 years, we got up to nine doctors, five support staff and even layered on a pet crematory with that end-of-life service, and that was a water-based crematory that we eventually renamed the Guardian Pet Aquamation.

0:02:46.8 KC: So my journey, and as a big, big answer to a simple question of what am I up to these days is the journey is all about just exploring what's possible in end-of-life, so hospice, euthanasia services, after care, bereavement support, all of that. And because I love this space so much I also started out the Companion Animal Euthanasia Training Academy to teach others about those best practices, and then I have recently left a wonderful company called Caring Pathways where I was their Chief Medical Officer and... Yeah, so I dabble in all kinds of things, and my hope though is to create a bit of a mountain of resources out there for other veterinarians and technicians and practice managers, all those to follow to get themselves to that summit and that pinnacle of perfect death experiences.

0:03:41.5 KB: Well, you certainly... There's no board certification for an end-of-life specialist, but I feel like there should be at this point. You have been a real leader in this area of Vet Med and there are so many other people who also are finding themselves really pulled to end-of-life care and hospice, and palliative care. And we've talked to a few of them on this podcast, and I love that it's not weird anymore. I think even when I got out of school in '09, it still wasn't something that people really talked about that much, at least not that I heard that it was really like an area of veterinary medicine that you could aspire to be an expert in because you found yourself really pulled to those

conversations. It felt when I got into practice, it was almost kind of like the dirty secret of veterinary medicine is like, we are here to save the animals and then sometimes they die and we don't talk about that all that much. That's how it felt, and maybe that's practice dependent, I'm sure it is.

0:04:44.3 KB: But I never felt like it was something where it was even sort of encouraged to be good at it, because nobody really wanted to talk about it. And it encompasses end-of-life care and experience, encompasses so many things that I love on a personal level that I never really associated veterinary medicine, like communication and psych... Human psychology, and that connection that we have with pet parents when they come in, and I just I really find it beautiful and fascinating, and thank you for all of the work that you've done in that area and all the work that you're doing. It's really amazing.

0:05:29.3 KC: It fits, it fits with a lot of our personality traits of what made us move into veterinary medicine, which is compassion, loving animals, loving humans, hopefully, and caring for them, and of course, getting a chance to care for them at a very emotional sensitive time where those veterinarians and technicians and professionals that love this type of work where they can really shine, where they get a chance to be at their best, their most compassionate, their most understanding and patient and loving, kind. And what I love about end-of-life appointments, in particular, euthanasia, is the fact that we get to down. We get to slow down in the course of a really busy day and see, although sad, the beauty of the human animal bond in front of us.

0:06:26.8 KC: And granted that's not always the case, and we know that our clients have different moral values with their animals, but a lot of the time, if a family is choosing euthanasia, it's because they wanna do right by their pet and they want to relieve that suffering. So, now we as veterinary professionals get to step into that role and do what's right for the client and do what's right for the pet. And that is just kinda checking all those boxes for us again, it really fits. And I've had a lot of attendees to my conferences, to my events, to my CAETA classes, come in and say, "Thank you, thank you for giving me the permission to fall in love with this kind of work and not have to shy away from it, where I can really be me and even devote my entire career to it." And we're at a really interesting time in Vet Med where those who are getting into the profession can focus and devote their entire career to end-of-life. That really wasn't gonna be the case 10, 15 years ago, but it is now, and so for the first time ever, perspective or future veterinarians may get into the profession because they want to dedicate to end-of-life. That's pretty cool.

0:07:45.2 KB: That is cool and everybody benefits from that for sure.

0:07:48.5 KC: Everybody benefits, We're always looking for the win-win, and when it comes to death, it feels like a lose, lose, lose, but ultimately when we're approaching hospice euthanasia for the right reasons everyone wins.

0:08:03.2 KB: So you were at... Caring Pathways was the first practice to the AAHA accredited in end-of-life care, is that right?

0:08:13.8 KC: That's correct. Let's see, that was in the summer of 2021, because this summer of '23 they are going through their two-year re-up.

0:08:23.6 KB: That's really exciting. And you were involved in the creation of those standards,

right?

0:08:30.6 KC: Yeah, yeah. I was blessed to be asked by AAHA to create a nice task force of other professionals that we can put forth not only the mandatory standards for end-of-life but all those other standards that add the points in to get a hospital or a service to where they need to be, to be accredited, it was wonderful. What a great experience to talk with other like-minded professionals about the gold standard, what's gonna be the best of the best for any hospital, mobile service that wants to really elevate their care for these clients and their patients, their pets, our patients. And the process was putting it all together was, of course, labor-intensive, took a good year and a half to do that, but for all the right reasons and good to put our energy to good outcomes.

0:09:21.3 KC: And then the accreditation process for a group like Caring Pathways, because they had already been doing a lot of those standards, it was relatively straightforward for them. Yes, we had to add in a couple of other layers of this modification and that with regards to management or to the way we're handling our vehicles, whatever it was, but it was definitely a labor of love and got us to that point where now we could say that we're end-of-life accredited. And I know myself and the owners and the management of Caring Pathways, we have seen tremendous improvement in the way that we're able to deliver our care. And absolutely, our staff are much happier too. They've dotted their I's and crossed their t's. They know that when they're going out to help those families that they're doing the best of the best.

0:10:09.6 KB: Yeah. I'll put a link in the show notes to more information about the end-of-life care accreditation because I think that a lot of people still don't know that we... That AAHA offers that now and that it's something that you can actually be accredited in, and it's not right for every practice yet. But my hope is that people will review that accreditation page on our website and look and see, "Okay, how could I get to be a practice that could pursue AAHA accreditation in end-of-life care?" Because it does require you to have a dedicated service. If you're not a mobile end-of-life care practice, it requires you to have a dedicated area and team who really are focused on end-of-life care, doesn't mean that has to be all they do, but it has to be a dedicated service at your hospital, if it's a brick and mortar practice. And this is something that is a lot more achievable, I think, than people probably think when they first hear that, and I think that should be something we strive for, is that we have people at each practice who really understand and love this challenge and this process and being really, really good at helping people say goodbye. That seems like something is worth striving for, 'cause it's not like we're gonna get away with not doing it, you know.

0:11:39.8 KC: Absolutely, and you brought up before the fact that there's not necessarily a specialty yet in end-of-life, so the accreditation standards are a blueprint for anybody to follow. But we do also have advanced education out there. So what AAHA has created is from lot of us who have put together some certification programs that exist, and yes, in a hospital or a mobile service they need a dedicated team to be able to deliver this type of care. Because while some have said that hospice and end-of-life is not necessarily magical, what we are doing is extremely important, because if we don't do it right, then we risk patients suffering when they're at their most vulnerable, when they have a lot of co-morbidities, when they're dying and the body is really starting to decline. So, it's not about watching an animal die, it's about helping them to live their best life with the remaining time that they have.

0:12:40.4 KC: The group, the International Association for Animal Hospice and Palliative Care, they have put together the world's first certification program for veterinarians and technicians, and

that came about, I'm gonna say around 2016, 2017, somewhere in there, when we had our first graduating class. So the International Association for Animal Hospice and Palliative Care, also known as the IAAHPC is a multi-disciplinary group. So they have veterinarians and they have technicians, they've got practice managers, grief counselors, all a part of that association, that the veterinarians and technicians then are able to take a certification program which is an even deeper blueprint on how to provide this medicine and that's been absolutely wonderful. And then what CAETA did, again, the Companion Animal Euthanasia Training Academy, we said, the IAAHPC doing such good work with the certification program for end-of-life as a broad topic or field, we honed it down to just euthanasia. And so we have a certificate program in euthanasia that AAHA has been very receptive to and leveraging that for a lot that wanna go through that end-of-life accreditation program.

0:14:01.7 KB: Yeah, and I've heard great things about that too, and again, you're naming a lot of places people can look for more resources and more education and I will make sure to capture as many of those as possible and put them in the show notes, but people can always email me if they miss something or I miss something, and you wanna know more because there is so much good stuff out there. And we had Dr. Lynn Hendrix on the podcast and she was a joy to talk to and I know she had talked about a lot of the same resources. And it's just wonderful to hear how you talk about euthanasia and the most beautiful end-of-life experience for the clients and their pets.

0:14:49.5 KB: And that struck me when you and I talked back in September when we talked about how to make death beautiful and how to see it as sort of a... I think you called it a bomb in a busy day, is this moment of pause where everybody can just slow down and try to make the most of this experience. But we've all been in euthanasias that didn't go like that. Either something went wrong or the client was not in a place where they could see it that way, but I'm thinking specifically about the cases where the team really didn't wanna euthanize their pet. So, it might have been a behavioral euthanasia or a convenience euthanasia and those debates about when and which ones is a whole other conversation. But in those cases, can we still make those beautiful? And does your team, knowing how you feel and how hard you work to make these experiences as perfect as they can be, do they still experience those times when they feel like it just... This is something that shouldn't have happened or there's no way that we can make that beautiful?

0:16:08.2 KC: It's a good question. My short answer is, there's always an opportunity to make it beautiful, especially for our patient, because there may be strife, emotional turmoil between the veterinary team and the client, but who's ultimately at the end of that needle is our patient, and we have to do right by them. And one of the ways that we do that is to keep a calm setting and the animals pick up on the negative energy in the room, so even if the client again is in turmoil, there's negative emotions, whatever might be there, I always call upon the veterinary team to relax themselves, to be in a state of self-regulation when they're in good control, and I wouldn't be surprised if many of our listeners have had the experience where their patient gravitates more towards them and kind of away from their family members, even though they're very bonded to them, because of that emotion. So there's always an opportunity for the vet team to be calm, in control, good emotional intelligence, carry through with a technically sound strong euthanasia appointment, even though they're upset about things. It can still be done. So it's a matter of how do we practice veterinary medicine to get us over some of these challenges of a disconnect when we're just not in harmony with what our clients are asking for.

0:17:42.9 KC: Once a veterinary team, anyone, the professional, whether or not it's the veterinarian

or the technicians are performing the procedure, once they've made the decision to move forward, then they need to practice with principle-based medicine, not outcome-based medicine, meaning that they are focused in on what they can control, and that is their kindness, their principles, their principles and their values and their virtues. Their kindness, their patience, their tolerance, their... Just a loving nature. Just act the way that you wanna act knowing that the outcome being euthanasia of a patient that you would have waited, you would have done something else, whatever it might be, especially in the face of economic euthanasia, which we know is always a big issue or convenience euthanasia. If you've made the decision to euthanize, you can't necessarily control that outcome, you make the best of it.

0:18:35.0 KC: Now that said, it's really important for veterinary teams to have euthanasia manuals, standard operating procedures, procedures, clinical practice guidelines, whatever you wanna call them, that the team agrees to. So, how do you define a convenience euthanasia and what situations for euthanasia will we actually feel comfortable proceeding with? And get everybody on the same page, 'cause there's nothing... Very few things more stressful to a team that will build the toxicity is when one veterinarian will use euthanize a patient because they think it's right and another veterinarian thinks it's wrong, or same with the technician. So how do you try to get everybody on the same page to begin with so that you can be a bit of a united front when a client is asking for something that you deem inappropriate? So you let the manual kind of be those... The answer there versus the staff.

0:19:35.3 KC: So when you can collectively come together as a team and say, "This is appropriate, this is inappropriate," or "Here's a client with a patient that really needs euthanasia but they can't afford it or something like that," how can we support them and get everybody what's needed? So coming back around to this idea of principle-based medicine, not always outcome-based, because there are certain things we just cannot control.

0:20:00.3 KB: That's so important and so hard to remember sometimes when emotions are high. And so I love your idea about an SOP, and it's not that every case is gonna be the same and follow the same rules. It's that you have to have guidelines and principles for how you as a team handle it and that's such an important distinction that not saying, "We will say yes to every convenience euthanasia, so don't have to argue." It's saying, "This is how we handle it. These are the questions that we ask. This is how we speak to each other and the client." And once that judgment enters the conversation, it's so hard to get it out of the room. I feel like in my experience, once we start to question and there's the buzz and everybody's talking, even when they're not involved in the case, that's when I feel like things really... It's a crossroads and as a team, it's a time to come together and not talk about each other behind backs and say, "Well, I can't believe he would say yes to that, or I can't believe she's not pushing this owner to do X." But I've definitely been right in the middle of those conversations and I'm sure a lot of people can relate.

0:21:13.0 KC: Absolutely. What I find is probably the hardest thing is when the client feels that it's the right time for euthanasia, but the veterinarian is unsure. We're not able maybe to do a lot of diagnostics or we really wanna try this pain medication or change the diet, do something. It can be really mild, it can be very significant depending on the patient's condition. And the fact that the client ultimately is the one who makes those decisions, puts the veterinarian in a challenging spot, so it's a matter of following what you think is best ethically and making sure, again, that we're paying attention to the patient in front of us, 'cause a lot of times we get so wrapped up into what's going on with the client that we fail a bit to advocate what's best for our patient. Especially when it's

a dog, for example, that's kind of bouncing around the exam room or in the home setting, whatever it is, and you're like, "Oh, if I could just provide some good pain medicine and modify a few things, we might have months of good quality of life left."

0:22:25.1 KC: So it's about being bold enough to go there and say, if there was care or was treatment that was available to really improve quality of life and extend things for a period of time, how do you feel about that, going there with the client. Also knowing that when you open up the floor like that and all the client gives you is a negative, negative, negative, negative, then more than likely they're not gonna be able to go down that path. And then the veterinarian has to decide, well, is euthanasia then going to be the best course of action? Because we know that suffering is coming, it may not be there today to the extent where euthanasia is really warranted today, but it is coming. And so then is it worthwhile to make that decision sooner than later? But it is always a leap of faith. That's why I look at it that way, is to say, for choosing euthanasia today based on these reasons, we just don't know truly how much more time this animal would have with or without palliative care sometimes, so it's about making a leap of faith in the patient's best interest, knowing that oftentimes it's going to be in the client's best interest as well.

0:23:42.8 KB: Yeah. I saw a post on VIN way back when, where I think somebody was struggling with this question, and one of the veterinarians who responded said something like, "There are worse... There are many worse things for a pet than a good death." And I think about that a lot. I think as I've gotten older and more experienced as a veterinarian, it's become easier to see things that way. At the beginning, you're very like... I feel like we're all a little more judgy when we're new vets, we're like, "This is the best care. This is how we treat this problem." And like, "No, I can fix it." And we feel like just because we can means that we should. And as we have seen so many more experiences and variations of the same themes, it becomes very clear, at least to me, that in many cases, it's not the best thing for the pet to go home with an owner who is determined that that pet be euthanized today, whether or not they've agreed to it at the end. If they take the pet home, those are a lot of complicated emotions to send a person home with, and then here's this animal that depends on them completely, and they have to rethink all of the feelings that they just came into the vet clinic with, and I just think that's gotta be really hard. If I'd make the decision to take my pet in for euthanasia, I've decided. It's taken a lot of soul searching to get there and I'm not in a great position to rethink that and have somebody tell me I might be wrong, so.

0:25:20.8 KC: That's what makes veterinarians so empathetic is because many veterinarians, I forget what the status, but at least I think 70% of us have pets if not hired and so we can wear both hats in that room. We're veterinarian but we also know what it's like to be the client or the pet owner in potentially a similar situation. And what would I want if it were me with my pet at the end of that leash and you're so right. When a client's made up their mind that they want euthanasia, for a veterinarian to change gears, to change direction in that moment is asking a lot. It's extremely challenging. And that's where I often just need to focus in on my patient there and say, "Yep, I know everything that the client's saying. I know that they had a goodbye farewell party last night. They've been posting pictures all over social media. Today is the day." However, you might have a patient in front of you that says, "But what if I don't want today to be the last day?" I don't know many things that are more challenging than that situation. So that's where I at least like to open up the floor to even just a statement like it sounds like, Lilly, we'll just name the dog Lilly. It sounds like Lilly's been going through a lot of changes lately and just give the family to unload, time to unload for five to 10 minutes and tell me everything that I really need to hear to make sure that moving forward with euthanasia for fully makes sense.

0:26:57.4 KC: I will never forget, Katie, many years ago, I was called to home euthanasia on an old pug. And when they called to schedule the appointment and I was still handling my own phone calls, so I was talking to the owner directly, scheduling that appointment, he said the dog had diabetes and a broken jaw, and he's 13 years of age. I thought, sounds like a reasonable choice for euthanasia, so I'm gonna go to the home, but because I'm going there I'm still gonna be able to lay my eyes on the animal, do that physical exam and establish that VCPR. And one of the first questions I asked that his family was, "Who's your regular vet because I'm going to wanna be notifying them?" And they said, "Well, the dog hasn't been seen by anyone in a couple of years." And I said, "Oh, well, then how do we know he's got diabetes?" And they said, "Well, he drinks a lot of water in the summer time." And it was the summer time, so he's drinking a lot of water. I was like, "Oh, he's a pug, hot days could just be he's thirsty." And I said, "How do you know he's got a broken jaw?" And they said, "Well, he chatters with his mouth all the time." So I start to lay my hands on them a bit more.

0:28:01.0 KC: One of the things I haven't really clarified yet is that whenever I go and start an appointment, whether or not it's a quality of life assessment or euthanasia, I tend to establish rapport with my clients for a good five to 15 minutes, so I can get more back story, because a lot of these clients I've never met before. This is the first time that I'm meeting their pet, and I need to know more of that back story besides what they just told me on the phone or my intake form. So I went ahead and did that physical exam and the dog's got horrible teeth. And so just kind of going through this motion with the owners, talking about what I'm seeing, that owner gave me a green light and he said, "Boy, doc, if there's something that we can do to keep him more comfortable for a period of time we're open to that." And I was like, "Great." 'Cause now I can start to approach this with a bit of the spectrum of care idea where I can layer on everything and say, "Okay, let's send you in to the doctor and here's everything that you're gonna need to do, to the hospital, or we can...

0:29:03.1 KC: Because cost is an issue, they shared that with me, we can go ahead and just layer things on a bit. Let's just go ahead and do some pulse therapy, antibiotics to clean up that mouth, and let's get on some pain medication. Let's make sure that we've got some good access to water and let's talk about the diet a little bit. We carried this darling little pug through for another year or so, so we didn't have to make the choice. Now that... The reason I share this story is because that client gave me an open door, but it doesn't always happen. But I went there, I went there and I advocated for the patient, and that is again, that principle-based medicine where I can at least advocate for my patient, say what needs to be said, and if it's still an outcome for euthanasia, I can feel okay with that at the end of the day.

0:29:53.2 KC: And I myself, like so many others out there have dedicated my entire career now to end-of-life and euthanasia in particular, and I can help... I've helped nine families a day. One of those appointments in the nine that day was a double euthanasia, so there was 10 pets in one day, where I can then get up the next day and be able to do it again because every single appointment I approached in the right manner, I let go of control as much as I could, even though we always say to practice the three Cs, which is compassion, confidence and control. I can only control so much. Control of the environment, control of myself more than anything, but there are certain things I can't. So at the end of the day, I did my best everywhere I could, and then I'm ready to do it again the next day and be sustained and resilient in this work.

0:30:46.5 KB: Yeah. I love that. And certainly, it's not for everybody, but I can think of a lot of

days of just seeing appointments where I didn't euthanize a single pet that were probably harder than days when I've had three or four euthanasias which is a fair amount, and a GP clinic setting in one day and because it's case by case. The case is trying, not necessarily always the outcome, but I love that idea that you can go to sleep knowing that no one could have done better for that pet than you and for that pet-person pair or family. That's a good feeling. And we had Mary Gardner on the podcast too and she had talked about that, how she doesn't get compassion fatigue in the way that we talk about it a lot, which I feel like we sort of would assume if you don't know, at least if you haven't talked to a lot of people who've done end-of-life care exclusively, you would kind of think that compassion fatigue would be a big career risk for people in that line of work, but I think it's a matter of how you approach each case, for sure. And for somebody who really is doing the work for themselves and letting principles guide them, it seems like that could be a very, very satisfying day to say, I did the best that could be done in those situation.

0:32:21.1 KC: Absolutely. AAHA is working through their veterinary visionaries initiative. And one of the ideas that I threw out there in the beginning was this concept of EU HARMONY, E-U, like EU HARMONY, and this idea that euthanasia could potentially be the best appointment of the day, as long as the stars are aligning that, it's for the right reasons at the right time, and you've got a pleasant family to be with, and you're feeling ready to slow down in your day and be present. And one of my favorite tips is for hospitals to place an image of the human-animal bond outside of the euthanasia room, whether or not it's a traditional comfort room or an actual euthanasia room. I'm sorry, just an exam room or a euthanasia comfort room where it's just a picture of the human-animal bond right there. And the purpose of it is to take pause, to stop to look at it and then just take a deep breath and relax your body before you walk into that room. And it gets you in the right head space to be fully present.

0:33:29.7 KC: And sometimes you gotta take two or three breaths, deep breaths to relax 'cause you're running all around and you got your mind in a zillion different things. But you relax that body and you get ready to walk through the door and be fully present for what's on the other side. And to be again with your right principles and your values and to be kind and gentle, and just to be, again, very present. And what I love about that is it's actually a self-regulation exercise, which will calm you so that you are more... You have a better barrier against what's called Secondary Traumatic Stress and therefore then a decreased risk of compassion fatigue. And compassion fatigue really is two things, it's burnout and secondary traumatic stress, also known as vicarious traumatization. So it's really hard to manage burnout, let's face it, we've got a zillion things going on, and I think many of us would be burned out just with family life, personal life, all those things independent of vet med, so we have a lot of demands on ourselves.

0:34:36.2 KC: But the secondary traumatic stress part of it, that is something that we can be in control of to relax our bodies so that if we are witnessing the primary traumatic stress of the client or potentially our patient, we know what these animals can come into euthanasia with, struggling to breathe, hit by cars, severe pain, whatever that it is, seizures, that whatever is in front of us, whatever trauma we're witnessing, we are calm physically. And again, that's the barrier for internalizing secondary traumatic stress.

0:35:09.4 KC: So you'll read out there, and I do a lot of research, I do a lot of writing, so I'm constantly diving into other people's research and reading what they wrote, and euthanasia does often get a bad rap for being a contributor to compassion fatigue. However, when you dive in and read a lot of recent compassion fatigue articles, euthanasia isn't always listed in there as a catalyst,

which I loved. I was actually kind of surprised about that when I was doing that research a couple of weeks ago. I was pleased, very pleased to see that it wasn't always getting the blame. And my mission, very much so with the CAETA program, is to teach everyone how to do good, to deliver good euthanasia techniques, but then also be in physical control of themselves when they're delivering euthanasia, performing it and having good communication skills, able to establish rapport, just to again, when you're walking into that room, that you're very much in control and you are calm. That's a lovely way to have a barrier against compassion fatigue.

0:36:14.5 KC: And I also just wanna state that what I worry about with compassion fatigue, those who are experiencing it when they're going into a euthanasia, is that what's conveyed is apathy. Apathy where they're like, "Oh, it feels like the euthanasia show." It's one more here to do and they just have lost that true compassion 'cause they're tired of it. So compassionate fatigue, what I appreciate about it is that it's not the end all, be all of everything. You can pull out of that, and a lot of it comes from just letting go of some of the burnout and also making sure that we're controlling our body.

0:36:53.2 KB: So when you said that you worry about what will come out is apathy or the appearance of apathy, anyway, that brings me to a question that I was gonna ask you already, which is, at least at the hospitals where I've worked, there's been a technician or two who have prided themselves on being the one who's tough. And if somebody else is having a bad day, they're gonna go in and take care of the euthanasia, or they're gonna go in and take care of the sobbing client with the walk-in emergency or nothing can get to them. And I did worry a little bit sometimes that they would go in and it would feel callous because they were so adamant that nothing could reach them that they didn't allow themselves to feel with the client and to put themselves in the client's shoes and treat the client with the delicacy that most of us need in those situations. But I also worry about them. I worry that that was not true, that they actually had a lot of feelings that were not getting acknowledged. And I don't think I'm alone in knowing team members like that. And so how do you take care of team members who don't kind of seem to want to let themselves need to be taken care of?

0:38:17.6 KC: Sure, I'm going to say first that one of the things I think is a really smart move for management to ask personnel their feelings about euthanasia, their feelings when they first hire on about the volume of euthanasia that they think that they can handle, because some are already self-aware enough to know that one euthanasia a day is about all that they can manage or they... Somebody might say, I can handle as much euthanasia as you want to come my way, and that's then somebody that you need to track regularly because more likely they are taking on those euthanasia appointments. In fact, part of what brought me into end-of-life as my career choice was the private practice that I was working at in Michigan right after graduation. Great, great group, good mentorship. I found that they were aligning me with a lot of the euthanasia appointments throughout the day, and so I was realizing that I was actually performing more euthanasia than some of my colleagues or my associates. And I said, what's this all about? And they said, "Well, you seem to do pretty well when you come out of those appointments. You seem pretty balanced, like You're better than when you went into the appointment." So I must have been doing something right and then that's eventually what led me to leave GP and focus in on euthanasian hospice.

0:39:36.7 KC: So that said, management needs to be keeping an eye on their staff asking the right questions from the beginning of what kind of appointments do you like to do and what's the volume of euthanasia that may be appropriate. With regards to the techs and anybody, even the

veterinarians for that matter, if they inherently want to go into those rooms because they want to have the story time and they wanna see the connection, I think it's important to let them do that, but making sure that they've got the right skills in place to protect them from that either primary traumatic stress or secondary traumatic stress, because they can be resilient to do that all day long. And if they're the type of person that will feed on that bond and feed on the beauty of euthanasia the right way, that may sustain them in vet med. So I never want anybody to gravitate away from it or to have it be a... Like you can only do one euthanasia a day or two euthanasia today because it really might be their soulful work.

0:40:40.8 KC: That said, if there is somebody who's saying, "Yes, I wanna take all the euthanasias to protect everybody else," I think it's a matter of really looking at that person and making sure that they're not already exhibiting signs of compassion fatigue, right? Are they sarcastic? Are they snarky? Are they talking about escape fantasies and talking about going off and doing drinks and whatever, where you can just really tell that this is somebody who's already giving some of those symptoms out as a red flag, they shouldn't be the ones who are going in there because it could actually make them worse. So anybody who's got the skills in place emotionally, physically to be present for euthanasia, I am all for it, but it's up to management. And things like the pro-qual test, the Professional Quality of Life test. I believe AVMA as well being one, AAHA may have one too, where we can really analyze and be tracking our staff is important, but again, if somebody wants to be in that room for the right reasons, I would encourage that.

0:41:40.5 KB: Yeah, that's a great point, because I definitely remember situations where we've said, "No, you've already had three today, like somebody else should take this one," and we thought we were being protective, but it's possible that that person really loved those appointments and...

0:41:54.4 KC: They needed it.

0:41:55.3 KB: Didn't really know how to say so, because as I said at the beginning, in some places it's not seen as something that you should want to do.

0:42:04.5 KC: Exactly.

0:42:05.2 KB: It's like, "What's wrong with you that you wanna go in another one?" But talking to you, it seems so normal that these appointments could be a little oasis in a chaotic day where you're allowed to slow down and have the relationship. That's how I felt about my acupuncture appointments. I felt like euthanasia appointments seemed so much more natural when I started to do acupuncture and actually at the clinic where I was last the technicians did most of the euthanasia appointments. It was a very unique structure, and so it depended on the pet and the case and whether we'd seen the pet recently or we had a good relations, like a tight relationship between the veterinarian and the client, but the technicians performed a lot of the euthanasia and that was very unique, and I worried about them. I felt guilty, I think, sometimes when they would go in the room and not me. But this puts it in a whole new light. It's like they got to do this thing that in a lot of clinics technicians aren't allowed to do. And if they enjoy it, and those conversations and that feeling in the room then that's a gift to them, and that's a really beautiful way to think about it.

0:43:20.1 KC: Yeah. And it could make them healthier that... When I was in private practice, I think the reason that I was gravitating towards those rooms is because I do love stories, first of all, and I just like to really soak in and be present, but I was a new grad running all over the place. For

one of the years in private practice I was pregnant with my second child, and I just loved that pace of euthanasia, and that's back when I wasn't necessarily the most skilled at it. I had learned what I learned in vet school, and I was following protocols...

0:43:55.5 KB: Which is almost nothing. It feels just like my school. [chuckle]

0:43:57.9 KC: Yeah. And here I was then just following the protocols for the hospital, and I also remember that a client asked if I could do a home euthanasia, and the hospital said, "We're not really set up for that, to move the drugs out into the field and insurance purposes and those things." So we just may do in the hospital but it was still reasonable enough for me to be calm during the day and use that as that bomb and that reset. That's really what it is, is that where it's a time to reset from that amped up sympathetic running around, toned down to that relaxed parasympathetic. So when I ended up switching gears and became a home euthanasia specialist, oh my gosh, I just absolutely rocked and rolled. I loved it, absolutely loved it, and it was 24/7. With little kids and husband and new career, starting up a new business and all that, but it was very doable.

0:44:53.7 KC: So I love this idea that you've just mentioned, first of all, that technicians can perform euthanasia. I think it's the right direction for vet med to leverage anybody on the team who can skillfully end life and be gentle and compassionate with the client and techs are great for that. So there's still only a handful of states in the US that allow that, we're hoping to see that grow and evolve, especially as the whole end-of-life field grows and evolved, and we'll see that it's really even an access to care issue where if the veterinarians are busy, there's just not enough appointments in the day, and the technicians are able to perform that procedure and be properly trained ahead of time through groups like CAETA, that there is no reason that they wouldn't be able to successfully complete euthanasia.

0:45:42.1 KB: Yeah, it was a real eye-opener for me, for sure. And it definitely grew out of that, at our hospital is just, there were enough doctor appointments and the technicians could spend a little bit more time in the room to do it right. And I'm really grateful for that and also glad that they got that experience because these technicians were really empowered, I thought. Not having been a tech there I can't speak for them, but seeing them work, I felt like they ran the place. Shoutout to the technicians at Shaver Veterinary Hospital because you guys rock.

[laughter]

0:46:20.1 KB: But what about... So I wanna go back before we close out, 'cause we've covered a lot of ground, and I wanna make sure I have one more question to ask you at the end, but I wanna go back to those situations where maybe the euthanasia was tough, and you go in and you... Whatever your role on the team, like we had a veterinary receptionist, Kelly Johnson, who was on and she's a chaplain, and so she and her role as a receptionist will go in and talk to the client and who's dealing with all of this grief, this anticipatory grief and then grief in the moment, and talk to them about what they're going through. And so no matter what your role on the team, you can be involved in these appointments, if that calls to you. But then... And you do everything in your power to make it go beautifully, and it goes beautifully, even if it wasn't euthanasia that you didn't necessarily want to be witness to.

0:47:15.0 KB: And then the client leaves and all these feelings might come up because you have been a constant professional in that time, and no matter how connected we are, it can be really hard

to let those feelings out in that appointment and still maintain that professional control 'cause you know it's just really hard, really sad for us and a hard situation. So, how would you recommend in kind of your average general practice where life goes on outside the euthanasia room? Those feelings come up, like how as a team can you help each other deal with those feelings that linger after the appointment's over?

0:47:54.1 KC: I'll acknowledge first and say that it's normal, it's normal to feel a variety of emotions, and sometimes it's conflict, sometimes it's regret, it's all over the board. What my approach has been, and I wish that I would have learned more of this early on in my career compared to the last five years in particular, is how to leverage emotional intelligence in general. So if I can put a plug out there for every single listener to open up a book on emotional intelligence or to take a course on it, I took a course through the International Association for Trauma Professionals, a certificate course like six hours long, seven hours long on how to become a certified compassion fatigue professional, that's really where I learned my emotional intelligence. But knowing what your triggers are, knowing your motivations, why you feel the way that you feel, even simple, really simple self-awareness of, "What am I feeling right now?" You know, I'm happy, I'm sad, I'm angry, I'm frustrated, whatever that it is, just acknowledging what that emotion is and then giving yourself a chance to unpack it and decide, "Well, how am I feeling? Do I wanna feel this way? What do I wanna feel and then how do I get there?" So that's a big part of emotional intelligence.

0:49:23.4 KC: But part of the exercise of standing in front of that picture outside of the euthanasia room is to not only decompress your body and relax, but reflect on what's on the other side of that door. And... Or who am I greeting out in the parking lot? Better yet, who am I bringing into that space and who am I interacting with? Is this a dog that looks just like a dog that I lost two months ago, or is it a little girl that looks just like my daughter? Whatever that it is to recognize what those triggers are to get yourself in the right headspace before you go in and then also during. And one of my tips is always to take a lot of sighs and deep breaths during euthanasia to continue to relax yourself during that interaction, so that when you walk out you are in theory more balanced and in a better headspace potentially than you would have been had you not gone through those emotional intelligence kind of exercises.

0:50:21.8 KC: But at the end of the day, we all are gonna still have those appointments that stick with us a little more, so it's about just thinking about it, reflecting on it briefly enough to understand, Why am I feeling this way? Why are these thoughts still in my head? Create a bit of a legacy from it, but also say, ask yourself, "Do I need to keep thinking about this? What is the goal of me putting this energy into it?" And if it was because it was mildly traumatic, if it was mildly stressful, again, how am I gonna go into the next euthanasia and be more in control so that I can be, again, more resilient in this work?"

0:51:03.3 KC: But myself, I like to listen to comedy radio. I love music. I love just being able to compartmentalize to the best of my ability so that I can... I walk into the room with my euthanasia hat and my doctor hat on, and then I can take that off and be kind of my normal Kathy self. When I ride along with veterinary students from Colorado State University, or I should say they ride along with me that they say Dr. Cooney you are two different people. [laughter] You got your game face on when you were in there with the family and you are calm and you are compassionate. You are so full there in the moment. And as soon as that client departs and I've got my patient who's now deceased respectfully contained, ready for after care or whatever that it is, I am a completely

different person. My voice changes, my attitude changes and I'm my jovial self. So that is a very active approach, just say, I'm not gonna let this sit with me all day, and just feeling good about that helper's high in the work that I just do.

0:52:10.3 KB: That is the first time I've ever heard anybody talk about that. The time when you come out of the euthanasia room and everybody expects you to be really serious and sad, and it's like... It almost feels like if you're not feeling it really hard for a while afterwards, then you are being callous or you didn't care, but if you're actually processing the feelings in that moment and like you said, doing the work to make sure you're in the right place when you go into that room and being present for every moment that you're in that room, then you don't necessarily have all of that weight when you come out. And like you said, you almost... You have a helper's high, because you said, I just did my job really well.

0:52:57.0 KC: Yeah, I just did awesome work.

0:53:00.0 KB: Yeah. And that is an important job and I just did it really well. And to be able to be proud that you could provide that experience for that pet and that person. I love that point of view. I really do love it. Okay, so last question, because I usually ask this at the beginning, but it kinda unfolded differently, and I feel like there's so many things you've talked about that are sort of like guiding lights for you. But ultimately at the end of the day, you go to sleep and you wake up in the morning and you're like, I'm gonna do this again and I might have nine pets euthanized today. What guides you? What keeps you on that path every day and saying like, "This is what I'm supposed to do."

0:53:42.7 KC: Well, I'm a life learner for sure, and I take an opportunity from every single appointment to hone my skills and get better or to be reminded of something that maybe I learned early on in my career that, oh, I haven't seen that in a long time. So I approach every single appointment with curiosity. What is his family going to teach me today? What am I gonna learn from my patient that maybe I didn't know before? And that takes away the monotony, the minutia of what some might refer to as that euthanasia show, like it's just a performance. I'd never approach it that way. And it is partly because I try to keep myself out of burnout and compassion fatigue, but it's a fresh pair of eyes. Teach me something, make me better, and that is part of my joy, and then I get to bring that forth to veterinary students and tech students and professionals, to anybody who'll listen and say, "What is Kathy Cooney doing so well? How is she loving this work and getting better and better at it? I want some of that." And I can give that to them.

0:54:55.6 KC: Again, create that mountain of resources so that every veterinary professional out there will feel just as comfortable about euthanasia as I do. I feel like that's a job well done, and it's part of the reason that with everything that I do now which is a ton of teaching and writing and research and travel, that I still have a little euthanasia comfort center here on my farm in Colorado where families come to me, where I get to make that connection again and I hope to always be able to do that. When I'm done with everything that I'm doing now in the education space, I will most likely come back to just providing euthanasias for families which has always been my soulful work.

0:55:37.2 KB: I love that, I love it. And you're making me think of, when I think of guiding light, when I say that to people, I think of those fish, you know those fish that live very deep, dark and have a jaw goes like this and they have the little light that hangs over like this and then they just take their light with them, right? And I actually... That makes me think of a patient that I had that

actually taught me a lot about euthanasia, and as we were talking, I kept thinking of her, and she was a little peak mix that looked almost exactly like one of those fish. I think she had a big underbite and her teeth rolled different directions, and she's like all squinty. And she's probably 15 years old, and she spent a couple of days in the ICU for... I forget what. I don't remember her name. I don't remember what she was in for. I don't remember what resident I was out with at that time, but her owners didn't want to be there for the euthanasia. They said they didn't wanna be present, and there was of course a lot of buzz about this because kind of uncommon at a teaching hospital, owners didn't wanna come in and be there. And the resident was like, "Well, we're gonna go outside then." And it was... God, it was a beautiful day, so everybody wanted to be outside.

0:56:50.9 KB: And we went outside and sat on the grass outside the vet hospital and euthanized her out there, and she's all wrapped up, and this like gnarly little dog. And I just cried and cried, I think at that time. And I don't know why I've never forgotten her, it may have been because it was the first one where her owners weren't... Where the owners weren't present, and I sort of realized that that was okay, and that she was still wrapped in love when she left or maybe because I felt like I kinda took her on because her family wasn't there. I don't know. But it's funny 'cause now whenever I ask people what guides them, I'm gonna think of that fish and that little dog who probably did change my life in some way. And those experiences are exactly what you're talking about is so beautiful. It was such a beautiful moment in a really crazy clinic's experience that I took with me, that was by 2008, years ago.

0:57:53.5 KC: Yeah. All those years ago. And what an opportunity to look at any interaction as a teachable moment, and then when a story really stays with you to every once in a while reflect on it and say, "Why is that still with me and what have I learned from it, and how is it going to make me a better human?" And this is what our clients need from us is to be amazing, kind, gentle people, to what our patients need from us is to be well-trained and compassionate and have their best interest at heart, and we can always evolve to be better and better.

0:58:30.0 KB: I love it. Dr. Kathy Cooney, thank you so much for spending this time, for doing everything that you do, for changing, I'm sure more than a couple of perspectives during this conversation, including my own. And I will, like I said, drop as many links into the show notes as I can think of, but if I miss something or if you want more information about something, please do email me and I will make sure to get the answers that you need from Dr. Cooney.

0:58:57.4 KC: Thank you. And a quick big high five to AAHA for first of all focusing in on this topic, but also to do all the work that you're doing to bring end-of-life education to all of your members, all of your followers, it's so important, and I'm very proud of what AAHA has accomplished in particular in the last five, six years. It's been phenomenal.

0:59:20.9 KB: Yeah, it's great to see and I'm tangentially, only tangentially involved, and I'm really thrilled to see AAHA working on that so hard and hope to be more involved in the future, but in the meantime, I'm just really grateful to get to have conversations like this with people like you so...

0:59:36.8 KC: Me too. Thank you.

0:59:37.8 KB: Thanks again. And thanks to all of you for listening. We'll catch you next time on Central Line.