

Welfare and ethics part two: values, beliefs, communication

Author : Jill Macdonald

Categories : [RVNs](#)

Date : August 1, 2013

Jill Macdonald DipAVN(Surg), RVN, FHEA, MBVNA, concludes with a look at ethical decision making and factors that come into play in practice

Summary

THE topic of animal welfare and ethics is both vast and complex, encompassing and underpinning many different aspects of veterinary care. Veterinary professionals deal with a multitude of welfare and ethical situations on a daily basis, and many considerations need to be addressed in order to reach decisions and advise clients. A variety of influential factors are to be examined and that can be of assistance in thinking through a problem or dilemma that has a welfare and ethics aspect, and use a scenario as a base to explore some areas for reasoning a difficult case, and how this exploration may assist us in the decision-making process and in approaching difficult conversations with our clients. The purpose of this article is not to offer definitive solutions, but to suggest areas for deliberation when we are faced with difficult ethical situations. In part one (*VN Times*13.07; July) we outlined some considerations for the presented case, and looked at assessment of welfare and quality of life. In this part of the article we shall look at values and beliefs, human welfare factors and communication.

Key words

ethics, values, moral stress, communication, empathy, animal welfare

OUR personal feelings and perspectives regarding a case may vary quite significantly from other people's and while we may attempt to remain unbiased and objective, it is

unavoidable and completely reasonable to call our own viewpoints and experiences into play when dealing with situations and advising clients.

We may have a strong inclination towards an animal's needs or rights, and find it difficult to consider client wishes when we feel this conflicts with the patient's best interests – for example, continuing with treatment for this patient when we feel the prognosis is poor and the patient is suffering discomfort. Conversely, we may place human needs, or client wishes, high on the agenda – for example, finding it difficult to broach the topic of euthanasia when we know that this will not be what the client wishes.

Cultural and/or religious beliefs may also influence both the practice staff and our clients' decisions or wishes.

The emotional attachment between a client and an animal, or ourselves and other staff and the animal, may exert a strong influence. While this is a factor in many cases we nurse, we should attempt to not allow such emotive influences to outweigh professional judgement and, as far as we can, offer an objective view using our clinical knowledge and understanding of each case and situation.

We may rely on the principles of "virtue ethics" to reason an argument – for example, "what would someone whose opinion I respect do in this instance?" or "act as a virtuous person would act in your situation" (Athanasoulis, 2004). This application of virtue ethics is common in veterinary practice, when we have colleagues who we respect and trust, who we feel make credible judgements, and whose opinion we will call on in difficult situations.

These emotions, values, principles and beliefs may be held in combination, be competing, and vary according to the circumstances we are faced with. It is important we are aware of our possible propensities, and address them honestly when we feel they have inadvertently influenced a decision or advice.

Self-reflection is a key aspect to understanding one's own principles and appreciating why certain beliefs, values or biases are held (Morgan and McDonald, 2007).

There are further ethical theories and principles that may be used in ethical decisionmaking, such as deontology and utilitarian principles; however, discussion of all ethical principles is beyond the scope of this paper.

The website Animal Ethics Dilemmas (<http://ae.imcode.com/en/1001>) offers an interesting opportunity for basic exploration of differing ethical viewpoints, and provides an introduction to some of the differing perspectives and beliefs that humans have towards animals.

'What would you do?'

Opinion on how to respond when a client asks “what would you do?” is diverse. It could be argued that since we are not in the same position as the client (emotional, attachment, financial, knowledge level), then we should not directly answer this question, because it would be from an entirely different perspective. However, we are able to offer a more objective, clinical view, and with the benefit of medical knowledge; so the other end of the scale could be that we are in fact being evasive or irresponsible by not offering our own opinion, especially when it is asked for.

This is a complex subject for debate. When patient welfare is a major factor, we are professionally responsible for providing advice that is most likely to benefit the patient, and to be clear on the welfare implications for unfavourable options. There are many facets: arguments for and against, and other complex ethical and legal aspects surrounding the offering of advice that influences our clients (Yeates and Main, 2010).

Advice, or the direction of discussion, may also be influenced by practice policy, a colleague’s opinion, what you have been instructed to advise, and so on. In veterinary practice we are of course also in the tenuous position of balancing medical versus financial considerations, which introduces a myriad of ethical quandaries ([Figure 3](#)).

Human welfare factors

We should also consider welfare in terms of the client and other affected parties, such as family members, other practice staff and ourselves.

Respect for a client’s wishes and how she or he wishes to proceed is a significant factor, and one that we probably take into account with most of the cases we treat. As part of our professional responsibilities to our clients, we “must be open and honest with clients and respect their needs and requirements” (RCVS 2012). While we may disagree with a client’s wishes – whether from a welfare or other standpoint – it is important to try to appreciate their perspective and demonstrate empathy when discussing options. Also, be mindful that a client may have circumstances and/or beliefs unknown to us. The client, and others, may have an extremely strong emotional attachment to the patient, making the situation and decisionmaking process even more distressing, and to complicate things for us, this emotional aspect may not be overt.

Clearly, a client’s indication that he or she would like to take Boris home must be addressed. While it is generally inadvisable to remove a patient that requires intensive nursing/ veterinary care from the practice environment (and this must be expressed to the client), it is important to appreciate and empathise that he or she may not understand the level of care required. The owner may wish to spend a last few hours with the animal in its own environment or may have financial concerns, and the request is from a perspective entirely different from our own. The welfare implications for the patient, the client, and any other key aspects, would need to be assessed before making a decision on whether this request is viable.

Moral stress

We must not forget about ourselves and our colleagues, as only by protecting ourselves can we continue to be healthy and contribute to the profession by continuing our work. Rollin (2005) talks about “moral stress” and defines it as “the tension between what one is doing and what one believes one ought to be doing” and that this “ultimately erodes both personal health and job satisfaction”. It is important for us to feel we explored and explained all options, and facilitated a decision that gave the best outcome for the right reasons, even if that outcome was euthanasia and a devastated client. It is common in this demanding profession to retrospectively worry and deliberate over decisions that we weren’t entirely comfortable with, and keeping this to a reasonable level is vital in maintaining mental health. Sharing and discussing distressing cases with our colleagues is also very useful in supporting one another.

Communication and empathy

The power of effective communication with our clients should never be underestimated. In human medicine it has been shown through extensive research that effective communication results in improved clinical outcome, and “effective communication can significantly improve medical outcomes, including patient health and satisfaction, adherence to medical recommendations, and physician satisfaction” (Shaw and Boynton, 2006). While a decision on euthanasia may be the outcome for this patient, it could be argued that an agreed euthanasia of an animal for welfare reasons still constitutes an improved clinical outcome, that is, versus prolonged suffering of the animal with little hope of recovery.

Communication with the client in the [Figure 1](#) scenario will be fundamental in aiding appreciation of the prognosis, the nursing care required (and the effects of this on the patient), the financial implications, and the timeliness of any decision on treatment or euthanasia. Empathy is a key aspect in such a situation. Empathy can be defined as: “A complex form of psychological inference in which observation, memory, knowledge, and reasoning are combined to yield insights into the thoughts and feelings of others” (Ickes, 2003). It can be put more simply as: “Put ourselves in another’s shoes.” The client will be distressed, sad, guilty – just as we would feel if our animal was in pain, and facing a poor outcome, and we were required to make a decision on continuing treatment or euthanasia.

Demonstration of empathy is so important in helping clients in so many ways. Showing you appreciate how difficult it is for them, and that you are there to help them come to their decision, may help to make the situation more bearable, is more likely to gain you their trust, and is imperative in any joint decision-making process.

Summary

In the first part of this two-part article (*VN Times* 13.07; July), we examined animal welfare and the application of the Five Freedoms to assess and address animal welfare for a presented case scenario.

In this second part, we looked at personal beliefs and values, human welfare factors, and the use of effective communication. Use of empathy has been a strong influence throughout, in terms of welfare assessment, appreciation of a client's wishes, and communication.

From our exploration of this scenario, it becomes clear there is rarely a simple solution to a welfare and ethics dilemma or situation. There are many factors to consider, many theories and principles that may be applied, and the influence of human emotions and viewpoints further complicates this process.

The key point is that we allow ourselves to explore and discuss such dilemmas and share this exploration with our clients, prior to making difficult decisions. When situations have been difficult, it is helpful to share these dilemmas with your colleagues, and encourage this to be mutual, so that we can help to support each other rather than becoming (or continuing to feel) isolated in troublesome situations.

When considering a difficult case, it may be useful to draw on a previously devised "plan of approach". When in an unpressurised situation, an outline of the most important factors to be addressed can be constructed and used as reference when under pressure and struggling to follow the process to reach a conclusion.

In performing this mechanism, we are better equipped to think a situation through and advise clients appropriately, resulting in them being able to make more informed decisions. This is advantageous for the client, ourselves, colleagues, the practice, and, most importantly, the patient.

References and further reading

- Athanassoulis N (2004). Virtue Ethics: Internet Encyclopedia of Philosophy [online] (updated July 2010), available at: <http://www.iep.utm.edu/virtue/> [accessed 16/3/12].
- Companion Animal Welfare Council website, available at: <http://www.cawc.org.uk/welcome> [accessed 31/05/2012].
- Hanlon A et al (ND) Animal Ethics Dilemma: An Interactive Learning Tool for University and Professional Training, [online] available at: <http://ae.imcode.com/en/1001> [accessed 12/3/12].
- Ickes W (1997). *Empathic Accuracy*, New York: The Guildford Press.
- Morgan C and McDonald M (2007). Ethical Dilemmas in Veterinary Medicine, *Veterinary Clinics of North America: Small Animal Practice* **37**(1): 165-179.
- Northwest Association for Biomedical Research (ND). Exploring Ethical Viewpoints – Lesson 4 [online pdf], available at:

- http://nwabr.org/sites/default/files/learn/animalresearch/LESSON_4AnimalResearch-NWABR-4.pdf [accessed 13/3/12].
- Rollin B E (2005). Ethics of critical care, *Journal of Veterinary Emergency and Critical Care* **15**(4): 233-239.
 - Rollin B E (1986). Euthanasia and moral stress. In DeBellis R (ed), *Loss, Grief and Care*. Haworth Press, Binghamton, NY: 115-126.
 - Royal College of Veterinary Surgeons (2012). *Code of Professional Conduct for Veterinary Nurses*[online document], available at: <http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-nurses/supporting-guidance/> [accessed 12/02/2013].
 - Shaw J and Boynton B (2006). *Communicating with the client: enhancing compliance*, Hill's Symposium on Dermatology [online], available at: www.ivis.org/proceedings/hills/dermatology/shaw1.pdf [accessed 11/06/2012].
 - Various authors/contributors (ongoing). Everyday Ethics, *In Practice* [available at: <http://inpractice.bmj.com/content/current>].
 - Wikipedia (2012). Religious views on euthanasia [webpage] (updated 18/01/2012), available at: http://en.wikipedia.org/wiki/Religious_views_on_euthanasia [accessed 13/06/2012].
 - Yeates J W and Main D C J (2010). The ethics of influencing clients, *Journal of the American Veterinary Medical Association* **237**(3): 263-267.

Reviewed by James Yeates BSc, BVSc, DWEL, DipECVS (AWBM), PhD, MRCVS

Figure 1. Scenario outline

ONE of your inpatients is a two-year-old male neutered cat, Boris, who is presumed to have been involved in a road traffic accident. Boris has a fractured pelvis with no hindlimb, bladder or bowel function, and has been hospitalised for four days, undergoing all the required treatment and interventions for a cat in his condition. While he was initially quite bright, today he is inappetent and becoming withdrawn and depressed.

The client wishes to continue with treatment, but is distressed on visits, and are asking your opinion. The owner is very attached to Boris, is not willing to consider euthanasia at this stage, and have asked if they can take him home to continue nursing care.

The vet in charge of the case is in consults and has asked you to talk it through with the client.



Figure 2. How much should we take our own values into account when making decisions?

Photo: CAN STOCK PHOTO INC.

Figure 3 What are ethics?

“Ethics are represented by the head. Ethics rely on reasoned judgement, and provide a systematic, rational way to determine the best course of action in the face of conflicting choices.”

(Northwest Association for Biomedical Research)



Figure 4. Moral stress is an important factor to consider with respect to promotion of emotional health.

Photo: CAN STOCK PHOTO INC.