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## Care as an alternative to killing? Reconceptualising veterinary end of life care for animals

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**Abstract:**

Palliative care is routinely offered to humans in the UK, while euthanasia remains illegal. The converse is true for nonhuman animals (henceforth animals). Indeed, euthanasia is widely accepted as the appropriate course of action for “suffering” animals, and for those whose behaviours or suspected ill health are thought to pose a threat to others. This article details examples of nonhuman death at a multi-faith ashram whose members vehemently oppose all forms of killing on religious grounds. Through exploring their efforts in palliative care for animals, and their emphasis on natural death as a means of respecting the sanctity of life, the practical, emotional and theoretical viability of caring for, instead of killing, other animals at the ends of their lives is considered. In the process, normative distinctions between different categories of animals, (including humans), and different approaches to end of life care (palliative care, euthanasia, natural death) are called into question. Indeed, paying mindful attention to the diverse ways in which individual animals are cared for as they die reveals the potential violence inherent in both palliative care leading to natural death, and euthanasia, blurring perceptions of good and bad death in both veterinary and human medicine.

**Keywords:** euthanasia, veterinary palliative care, natural death, animal death, violent care

## Introduction

In 2007, Shambo, a resident bull at the Skanda Vale Community of the Many Names of God, a multi-faith ashram in West Wales, UK, tested positive for bovine tuberculosis (bTB). In the ensuing months the Community unsuccessfully fought the Welsh Assembly Government's decision to kill him. Bovine tb is a life-threatening condition (in terms of the effects of the disease on the infected individual's body) which can be treated by aggressive administration of antibiotics to tackle the infection and other drugs to alleviate secondary symptoms. It is also, as the case of Shambo demonstrates, a life-threatening illness because of legislation in place to control the spread of zoonotic disease. Shambo was an otherwise fit and healthy individual whose status as both a bovine and a potential carrier of bTB made him killable.

Whereas physically healthy animals are frequently killed if they are classified as livestock, or if they are perceived to pose a risk to others (Palmer 2005; Regan 1984), the owners or guardians of nonhuman companions are only expected to authorize euthanasia so as to end the suffering of elderly or infirm animals. In such cases, moreover, failure to do so can lead to criminal prosecution and to the animal being seized and killed without the owner's consent. Under the UK's 2006 Animal Welfare Act (section 18, sub-section 3), for example, welfare inspectors or police officers can "destroy" any animal deemed to be suffering, following assessment by a veterinary surgeon. Under section 18, sub-section 4, welfare inspectors or police officers are also authorized to "destroy" any animal deemed to be suffering if it appears to them "(a) that the condition of the animal is such that there is no reasonable alternative to destroying it, and (b) that the need for action is such that it is not reasonably practicable to wait for a veterinary surgeon."

For the Community at Skanda Vale, killing animals, even if they are old, terminally ill, suffering or infected with a notifiable zoonotic disease, is unacceptable because it violates the Community's foundational principles of "ahimsa" (non-violence), "sanatana dharma" (defined by

1 the Community as the timeless consciousness of god, manifest in practice through the recognition  
2 and preservation of the sanctity of life of all living beings), and limits an individual's ability to  
3 reincarnate. Secondly, and as will be discussed in detail below, for the Community, killing animals  
4 represents a gross betrayal of trust between the nonhuman and their human carer, where the former  
5 trusts the latter to act in their best interests and ultimately respect them as a divine being in their  
6 own right (Author A 2017).  
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14 Such objections to killing animals might appear exclusive to those who share the  
15 community's religious beliefs. Moreover, the death of Shambo may seem unconnected to the  
16 provision of palliative care and natural death for companion animals. However, we argue here that  
17 the Community's position raises important considerations often overlooked in contemporary secular  
18 societies, but which might inform debates about dying and care in medical anthropology more  
19 broadly. Indeed, as Whitmarsh and Roberts (2015) demonstrate, secular medicine is reliant upon  
20 religious traditions and ostensibly secular medical practices are frequently imbued with religious  
21 logic (e.g. Langford 2015).  
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31 For the community, grounding their beliefs and practices in a syncretic fusion of Hinduism  
32 and Buddhism (religious traditions with a strong ethic of care towards other animals and 'life' more  
33 generally (Dave 2014; Harris 2006; Laidlaw 2010, Kremmer 2009, 2011a, 2011b)), with the  
34 teachings and vows of St Francis (Jones 2009; Linzey 2016; Pope John Paul II 1990), allows them  
35 to consider the spiritual as well as physical welfare of the animals in their care. This holistic  
36 approach causes them to cast doubt on the morality of secular treatments of animals, including those  
37 advocated by the veterinary profession.  
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49 This article takes inspiration from the work of scholars concerned with the ethics of good  
50 care for humans (e.g. Mol 2008; Mol, Moser and Pols 2010) by exploring what the ethics of good  
51 care—and in particular good end of life care—for other animals might look like. These scholars  
52 have recognized the importance of understanding the lived experiences of those providing and  
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1 receiving care, of 'doing' illness, as an embodied phenomenon for patient and carer. We argue that  
2 animal death is also an important area of concern for medical anthropologists and others concerned  
3 with human and nonhuman health and wellbeing. It is here, in the face of end of life care for  
4 animals, that the boundaries of care are brought sharply into focus. Whilst in life, human and  
5 nonhuman medicine frequently intersect in productive ways, the prominence of euthanasia in  
6 veterinary medicine, and the Community's emphasis on palliative care and natural death, reveals a  
7 chasm which calls into question the very nature of caring itself. It is for this reason that the Skanda  
8 Vale ashram provides such a compelling example, as here the Community members are daily  
9 exposed to, and reflect deeply upon, the realities of caring within a belief system which sees all  
10 living beings as inherently spiritual and worthy of ethical consideration (Author A 2017). In the  
11 'outside world' beyond the ashram however, options which are standard practice for human animals  
12 (e.g. palliative care), are routinely regarded as inappropriate for our nonhuman counterparts and  
13 vice versa (e.g. euthanasia).

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32 Through an analysis of the community's theology, in dialogue with a detailed discussion of the  
33 experiences of its human and nonhuman community members, we are brought to question the  
34 division between care and killing. Discussions in defense of human euthanasia will often use  
35 nonhuman euthanasia as a point of reference; we afford our animals the respect of offering them a  
36 swift and stress-free death, an escape from pain; but we do not offer this to (implicitly much more  
37 important) humans. Skanda Vale's dedication to pan-species care, and their rejection of killing in  
38 any guise offers an apposite critique of this inconsistency, one which eschews the merits of killing  
39 for the far more onerous and complex virtues of messy palliative care (involving assisted urination  
40 and defecation, physical manipulation of ailing bodies, and encouraged, assisted or sometimes  
41 forced feeding of nutrients, as well as administration of medication), natural death and the  
42 recognition of the intrinsic value of nonhuman lives.

## Care

Van Dooren (2014) following Puig de la Bellacasa (2012) defines care as a tripartite entity.

He states that:

caring is an embodied phenomenon, the product of intellectual and emotional competencies: to care is to be affected by another, to be emotionally at stake in them in some way. As an ethical obligation, to care is to become subject to another, to recognise an obligation to look after another. Finally, as a practical labour, caring requires more from us than abstract well wishing, it requires that we get involved in some concrete way, that we do something (wherever possible) to take care of another (2014: 291 – 292).

This vision of care, as a complex and constantly evolving tangle of affect, emotion, obligation, embodied learning, and physical involvement in the often mundane and unpleasant realities of being responsible for other beings resonates with the experiences of human members of the Skanda Vale Community (and our own). However, as will be revealed through the narratives relayed below, whereas the realities of day-to-day care are important in terms of understanding how humans live and become with other animals, caring takes on additional and often unforeseen dimensions when the object of care is dying (cf. Lawton 2002). It is here that Van Dooren's writing on care becomes especially relevant, in particular through his concept of "violent care". Van Dooren (2015) focuses on the violence of killing on which contemporary conservation practices rest. This violent care is justified via what he terms a 'conservation ontology' which places animals into different categories – those deserving of protective care (and on whose behalf violence is enacted) and those whose lives are sacrificed to achieve conservation aims.

The normative values on which conservation ontology rests, "prioritises the needs of the *rare* and the *native*, and above all else the *rare native*" (2015: 7). Likewise, secular ontology prioritises the needs of humans above other animals, while dominant 'veterinary ontology' holds that killing is the ultimate kindness when it is enacted to end (or prevent) suffering. However, as with conservation

ontology, which is concerned with a utilitarian calculation of collective good, the ethical imperative of veterinary ontology to alleviate suffering, and of legislation designed to contain zoonotic pathogens, leaves little room for considering the needs or preferences of individual patients or rather for considering patients as individuals. Unless, that is, the nonhuman patient's human guardian intervenes and advocates on their behalf. Yet advocacy in this context is contingent on a whole host of variables: the relationship between the patient and guardian; the guardian's ability to adequately understand and accurately translate the needs and preferences of the patient; the availability of alternative treatment options; and the availability of necessary resources (time, money, skill) to provide those alternative treatment options.

The Community's alternative approach to care recognizes and responds to the complex intersubjective relationships which develop between individual human carers and individual nonhuman friends, family members and patients. This, the community suggests, can enable "better" deaths than the euphemistically "good death" provided by veterinary euthanasia. Drawing on empathetic understandings of quality of life, formed over many years of shared co-existence, and informed by a belief in the inherent spirituality of nonhuman beings (Author A 2017), the community collective often feels more qualified than veterinary professionals when it comes to knowing what is in the best interests of their nonhuman co-residents.

### **Skanda Vale**

At the time of writing, the community at Skanda Vale comprises 28 human individuals (novices, monks, nuns, and swamis including three lay members), and an unquantifiable number of animals including cows, water buffalo, dogs, cats, deer, goats, horses, rabbits, various birds, fish and reptiles, and Valli, an Asian elephant (*Elephas maximus maximus*) who is also a physical manifestation of the Hindu god Ganesh. The community was founded by Guru Sri Subramanium, a Sri Lankan Tamil, in 1973. The community places particular emphasis on "bhakti yoga" (expression of love for the divine through focused worship) which takes the form of a strict

1 schedule of six daily “pujas” (temple services), and “seva” or “karma yoga” (the expression of love  
2 for the divine) expressed through devoted and selfless service to others. “Karma yoga” is practically  
3 manifest in the hospitality extended by the community to over 90,000 pilgrims who visit Skanda  
4 Vale each year, as well as in the daily care of animals at the ashram and terminally ill humans at the  
5 Skanda Vale hospice.

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12 The Skanda Vale hospice was set up after Guru suffered a heart attack in 1987. While in  
13 hospital he saw fellow patients dying alone and afraid. Following his recovery and discharge, Guru  
14 began fundraising to establish a day-care hospice as an offshoot of the ashram to provide respite and  
15 palliative care, including alternative therapies and counseling (both spiritual and secular), for  
16 terminally ill individuals and their family members, irrespective of their religious affiliations, as  
17 well as in-patient palliative care for elderly members of the monastic community. Guru himself died  
18 at the hospice in 2007. In 2014, the community was awarded a National Lottery grant to build an in-  
19 patient unit, enabling them to provide 24-hour palliative care and support for up to six individuals  
20 and their families at a time. It is important to note that this facility, whilst representing a significant  
21 part of the community's “karma yoga”, is ethically and spiritually contiguous with the care which is  
22 offered to the nonhuman animals at the ashram. Indeed, it is precisely this contiguity which stands  
23 as a revealing contrast to the disjunction between human and veterinary palliative and end of life  
24 care which is commonly found elsewhere. For example, in addition to Shambo, the community  
25 have lost other bovine members to the Government’s bTB control programme. One in particular,  
26 Bhakti, who was killed following inconclusive tests for bTB at the same time as Shambo provides  
27 insight into how the community elides and speaks about the appropriate treatment of dying  
28 individuals, regardless of species. The following quote is taken from the community’s website:

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49 "Bhakti was an elderly jersey bullock. He had arthritis and difficulty walking. We cared for  
50 him for many years working with our veterinary surgeon to ensure that he had the necessary  
51 medication to manage his condition and that his quality of life was maintained to the highest  
52 standards. We would no more consider it acceptable to kill an elderly frail bullock than it  
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1 would be to kill an elderly frail gentlemen [sic]. Society's normal way of dealing with those  
2 who are vulnerable and sick is to protect them and do everything possible to help them.  
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6 (Skanda Vale 2007).  
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10 The human Community members believe that all living things are placed on an evolutionary  
11 continuum of life, death and re-birth. In each phase of life, individuals have to improve the karma  
12 (conceived of by the community as ethical credit or debt which carries or hinders an individual's  
13 progress through a causal chain of birth, death and rebirth) which ties them to a particular stage of  
14 their evolution. Through their actions in life, individuals either accrue or repay karma. So, for  
15 example, by devoting themselves to the service of others through "seva" or "karma yoga", or  
16 devoting themselves to worship through "bhakti yoga", individuals are able to repay their own  
17 karmic debts, thereby facilitating progression to a higher level of existence in their subsequent  
18 incarnation. It is important to note that "seva", as selfless devotion, requires that this service of  
19 another is performed for the sake of that other and not with the primary purpose of personal gain.  
20 Whilst personal spiritual evolution is hoped for, this is not the motivation. Indeed, all living beings  
21 can come to know God, or come closer to recognising their inner divinity, at any stage of their  
22 evolutionary journey. So, by caring for animals towards the end of their lives, the community  
23 members are also able to assist those nonhuman individuals to work through their karma. Time  
24 alive gives opportunities for growing closer to God, and it is the spiritual growth of those cared for,  
25 as opposed to the carers themselves, which is the primary purpose of this care. As one of the  
26 community members explained during an interview:  
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46 If you express love here and now, then you'll feel love and divinity. Seva is not really an  
47 intellectual activity. It's an inner compulsion. [...]. Strength, peace and purpose come from  
48 harmonizing your external activities with your inner conscience. You're inwardly compelled  
49 to help, and then to base all your external activities around that [...]. So wanting to help; to  
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1 share and experience love, is an outward expression of the ongoing unveiling of the divine  
2 spark within. [...].  
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5 Exposure to the orchestrated deaths of others, e.g. through euthanasia, not only impacts negatively  
6 on the deceased's ability to move closer to the divine, but also on witnesses who, rather than being  
7 exposed to what they regard as the beauty of God's grace via natural death, are instead tarnished  
8 with the "negative vibrations" of traumatic (i.e. unnatural) death.  
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### 17 **Reconceptualising suffering**

18 One of the primary ways in which this ethos of spiritual growth, and its injunction to care  
19 rather than kill, contrasts with veterinary approaches to euthanasia, is in its view of suffering.  
20 Whilst veterinary approaches to nonhuman suffering treat all suffering as negative and to be  
21 avoided, the community's understanding of spiritual growth is strikingly different. Suffering, which  
22 is an inevitable aspect of living and dying, presents additional opportunity for individuals to know  
23 themselves and to know God. This is not to say, of course, that the human members of the  
24 community relish all and every opportunity for themselves and their nonhuman members to suffer.  
25 In common with the allopathic medicinal and veterinary professions, they understand that suffering  
26 can and often should be mitigated or tempered, for example, through the administration of pain  
27 relief medication and through attendance to the bodily, psychological and spiritual needs of the  
28 suffering individual. However, whereas the normative approach to veterinary decision making, with  
29 its focus on ending suffering, appears to give little or no room to the positive things which an  
30 animal might experience in spite of or in conjunction with a state of suffering (see, for example  
31 Balcombe 2006, 2009), the community does not understand suffering or nonhuman life in this way.  
32 The mere condition of being alive, of leading a life to the end of its natural course, is singularly  
33 important. It is this which gives an individual opportunities to open themselves up to God's grace.  
34 These opportunities transcend corporeal experiences of pleasure or pain. To cut a life short on the  
35 grounds that an individual is suffering therefore has significant implications for that individual's  
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1 spiritual development, particularly because in the final throes of life, individuals can gain spiritual  
2 clarity, overcome attachments which tie them to their physical bodies, or face and resolve issues  
3 which have plagued them and held them back in previous incarnations. Indeed, the community sees  
4 coming to terms with, and fully engaging with the process of dying as essential for spiritual  
5 evolution.  
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### 14 **To “die well”**

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17 There has been some recent movement towards veterinary palliative care for animals,  
18 particularly in North America (Goldberg 2016), however, the UK veterinary profession arguably  
19 maintains a “culture of euthanasia,” in the sense that ending a life before the patient endures  
20 “unacceptable suffering” is seen as not only morally laudable but also a legal imperative. In a  
21 survey of 41 practicing veterinary surgeons (18), veterinary nurses (20) and technicians (3) Sykes  
22 (2012) found 86% of veterinary surgeons felt euthanasia was a necessary and important aspect of  
23 their role, and the section on euthanasia in the (2017) Royal College of Veterinary Surgeons’ Code  
24 of Conduct states that vets have the “privilege of being able to relieve an animal's suffering in this  
25 way.” Further, a 2015 poll found that 56% of vets were against the inclusion of palliative and  
26 hospice care as standard within general practice (Vet Futures 2015). This result has been  
27 corroborated in the course of our combined fieldwork to date in a range of contexts where humans  
28 take responsibility for the lives and deaths of nonhuman others (see, for example, Author B 2013;  
29 2016; Author A 2013; 2016; 2017; forthcoming). Veterinary professionals have repeatedly  
30 expressed concern over the ability of their human clients to provide “good care” for their animals at  
31 the ends of their lives, and consequently they see euthanasia as a guaranteed means of ending  
32 suffering. As one veterinary nurse explained during an interview, “we find that many people aren’t  
33 able to keep on top of the routine necessities - worming, vaccination, de-fleaing - when their  
34 animals are healthy. I just wouldn’t trust some of our clients with the responsibility palliative care  
35 demands.” This sentiment resonates with Law’s (2010) recognition that veterinary professionals  
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1 often feel responsible for the wider care practices required to ensure the wellbeing (including the  
2 economic wellbeing) of both their human and nonhuman clients. For Law (2010), vets must balance  
3 the complex and often contradictory needs of their clients, the ‘bigger picture’ (i.e. ensuring  
4 biosecurity), and, lastly and frequently overlooked, themselves.  
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10 Etymologically, euthanasia means to die well or have a “good death” (deriving from Greek  
11 “eu” meaning well or good, and “thanatos” meaning death). More recently, the term has become  
12 popularly synonymous with the notion of “mercy killing” to alleviate pain and suffering. In the  
13 treatment of animals, euthanasia is reserved for what is regarded as “humane” or “painless” killing,  
14 as a merciful intervention, irrespective of the circumstances or the motivation for taking that  
15 individual life. Moreover, Palmer observes, “guided by pain minimisation alone, practices involving  
16 painless killing with a view to promoting total welfare would seem (at first sight, at least) morally  
17 laudable” (2006: 176).  
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27 However, Palmer argues that euthanasia frequently occurs not to alleviate pain or suffering,  
28 but rather when an animal or animals are perceived as a threat to human health or safety, and is  
29 “underpinned by a judgement about the importance of comparative welfares: the actual or potential  
30 harm to human welfare ... is regarded as being of more significance than the life of the animal”  
31 (2006: 175). This example resonates with culls implemented to mitigate the spread of zoonotic  
32 epidemics such as foot and mouth, as described by Law (2010) and the bTB policy which accounted  
33 for the lives of Shambo and many other of the Community’s bovine residents, mirroring the  
34 “violent care” of “conservation ontology” discussed by van Dooren (2015). In such circumstances  
35 the individual animals concerned may not be in any direct physical pain, but if their continued  
36 existence poses a threat to others, “humane killing” is seen as the appropriate option. To return to  
37 Shambo, DEFRA (the UK governmental Department for the Environment, Food, and Rural Affairs)  
38 policy takes the form of violent care when it comes to the management of zoonotic disease. Even  
39 though Shambo and other animals identified as potential “TB reactors” pose no direct threat to  
40 others (since despite being carriers there is no guarantee they will pass on the disease), they are still  
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1 seen as a risk, in this case to the farmers whose livelihoods would be compromised due to a  
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3 perceived threat amongst consumers of infected meat entering the food chain, and are sacrificed as a  
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5 result. Moreover, even though bTB is treatable, the government's policy is based on culling because  
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7 the financial implications of treating infected cattle are huge, causing economic pain to the  
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9 agricultural sector (see also Keck this volume).  
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12 When it comes to real physical suffering experienced by individual animals (as opposed to  
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14 the as yet unrealized potential of animals to cause suffering of varying kinds to others), normative  
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16 approaches to euthanasia in the UK dictate that human carers and veterinary professionals have not  
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18 only a moral but also a legal obligation (under the 2006 Animal Health Act) to kill individuals so as  
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20 to end terminal suffering. However, what constitutes suffering is a matter of some debate, even  
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22 within the veterinary community. A sociological study of veterinary attitudes to euthanasia, for  
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24 example, found that veterinarians encounter difficulties in deciding when quality of life is  
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26 sufficiently compromised to enable them to feel comfortable with the decision to "euthanize":  
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29 most participants agreed that it is right to euthanize an animal whose quality of life is so  
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31 impaired by disease or injury that it is inhumane to keep it alive, but they often disagreed on  
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33 when this point is reached. [...] the patient's quality of life is nearly universally considered  
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35 the most legitimate rationale for euthanasia, but there are no universally defined criteria to  
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37 determine when an animal has a poor enough quality of life to justify euthanasia (Morris  
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39 2012: 21).  
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42 Moreover, according to Morris, "the goal of euthanasia is a gentle slipping into death, which looks  
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44 like an animal is quietly and painlessly falling asleep; however, despite the veterinarian's best  
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46 efforts, this goal is not always accomplished" (2012: 17). Indeed, Morris' research, like other  
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48 qualitative studies of veterinary euthanasia (e.g. Sanders 1995, 2010; Swabe 2005), notes that  
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50 deaths classed as euthanasia are frequently painful and stressful for nonhuman patients. Palmer  
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52 observes that euthanasia often results in what is termed an "aesthetically objectionable terminable  
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54 gasp" (2006: 172). The qualitative literature (which corresponds with our own personal and  
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1 fieldwork experiences) is full of accounts of vets missing veins, or injecting directly into the heart  
2 or abdomen, of patients falling off the treatment table, being muzzled and restrained, not being  
3 given enough barbiturate and coming round at later inopportune moments or requiring enormous  
4 doses and fighting the process; all of which suggest that euthanasia does not always equal a “good  
5 death”, even for those animals who are suffering with the pain of terminal illness or irreparable  
6 injury. Therefore, rather than the etymological “good death”, euthanasia might be better recognized  
7 in many veterinary contexts as a form of violent care, which does not automatically mean a death  
8 without suffering, but rather that through death, suffering will, inevitably, end.

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19 Human clients who express a desire for their companions to be allowed a “natural” death are  
20 often dissuaded and, at times, over-ruled. This was something we experienced towards the end of  
21 our fieldwork in Wales when our own dear dog Max was diagnosed with an aggressive form of  
22 canine cancer. His veterinarian was reluctant to operate or treat his condition and repeatedly  
23 advocated euthanasia “before he started to suffer”. However, as a result of our close relationship  
24 with Max, his individual preferences and personality, our past experiences of animal death as a  
25 result of euthanasia, and the influence of extensively discussing death and dying with the  
26 Community at Skanda Vale, we did not feel comfortable with such an intervention. After much  
27 debate with several members of the veterinary practice, who all advocated euthanasia, we  
28 eventually successfully negotiated a palliative care plan, including extensive surgery to remove  
29 tumors, followed by pain management medication, on the grounds that Max, who was extremely  
30 closely bonded to us (and vice versa), would “prefer” to experience some degree of suffering (the  
31 operation and recovery) if as a result he was able to once again experience some of the things which  
32 gave him considerable pleasure in life (walks, swimming in the sea, playing with friends, and  
33 continued physical proximity to the members of his family. See Balcombe 2006, 2009). The  
34 operation bought him two months of mostly very good quality life. Although he did suffer  
35 intermittently from his deteriorating condition, in the sense of pain, occasional collapse, loss of  
36 appetite, and difficulty walking and defecating unaided, this suffering was mediated to some extent  
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1 by the unwavering and mindful care we were able to give him. He experienced a great deal of love  
2 and died “naturally” in our arms in the comfort of his home. The importance and implications of  
3 this will be revisited below.  
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### 10 **Natural death as good death**

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12 The human Community members at Skanda Vale have considerable experience of natural or  
13 unassisted deaths in humans and a wide range of nonhuman species. Through caring for life,  
14 especially through the provision of long-term palliative care both at the hospice and at the ashram,  
15 community members have been witness to countless passings. The following section contains  
16 excerpts from interviews Author A conducted with Elliot, who has been a lay-member of the  
17 community since 2008. These transcripts have been included in detail to allow Elliot to describe, in  
18 his own words, how his experiences of caring for dying animals have informed his perceptions of  
19 care, responsibility and the notion of a “good death”. Elliot’s narrative is particularly instructive  
20 because he initially voices what are arguably normative attitudes towards the need for responsible,  
21 compassionate humans to take action to end life when an individual nonhuman is dying:  
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36 “When I came to Skanda Vale I was aware they had very strong views on euthanasia but at that  
37 stage I didn’t have any real knowledge or strong opinions about care for animals, or care for people,  
38 or euthanasia. [...] When we moved in, one of my jobs was looking after the cows [...]As soon as I  
39 started we had a very, very sick cow, Kalindi, who was very arthritic and struggled to stand. As  
40 time went on she went down - she couldn’t stand anymore and then developed pressure sores which  
41 had got quite nasty. She was very old and very frail. I remember [...] I got really stirred up by the  
42 amount of pain and discomfort she was in, and so at a community meeting I just came out with it  
43 [...] I couldn’t live with the idea that we would allow suffering on the basis of a religious belief or  
44 dogma. They were glad I asked, but they were very clear. About five or six of the community  
45 members shared their experiences of caring for life. There were some thought-provoking stories of  
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1 how animals that had been ‘prescribed’ euthanasia, had gone on to enjoy good quality of life for  
2 months and, in some cases, even years. [...] So I took it on board to an extent [...]. I understood  
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4 intellectually what they were saying, but I think when push came to shove I still [...] didn’t accept  
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6 what they were saying personally.  
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10 After Kalindi, Elliot experienced the deaths of some of the other cows and through the  
11 process came to regard death and dying differently:  
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16 I was with one cow when she died and that was very beautiful. She was a big character, she  
17 loved eating bananas, and we’d become quite close, I enjoyed spending time with her.  
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19 Somehow I had a very strong sense that I was going to be with her when she died. Sure  
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21 enough there was some coincidence and I ended being right there with her as she died. It  
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23 was amazing. I remember looking very closely into her eyes as she died. And there is, if you  
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25 look at someone’s eyes there’s this sparkle of light, like a reflection, a brightness. So she  
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27 took her last breath and stopped moving, and I thought “OK, is she dead?” because that light  
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29 was still there in her eyes. It was absolutely obvious that although she hadn’t taken a breath  
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31 for over 2 minutes, that she wasn’t dead yet - because this sparkle was still there in her eyes.  
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33 [...] I remember then after several minutes, very clearly that light just gently faded away  
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35 [...] That part of her which I loved, that I had the connection to had gone, and all that was  
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37 left was a very unpleasant big lump of flesh. For me it was very clear that somehow the  
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39 consciousness or the life force energy was still associated with the body, even after she’d  
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41 taken her last breath. I spoke to one of the vets about it later and he said yeah he’s seen it  
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43 too, so I’m not claiming some great spiritual insight, it’s a very real physical thing you see.  
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49 During interviews with other members of the community, the importance of allowing this  
50 natural process to take its course regardless of species, and even if the individual (e.g. Kalindi)  
51 appeared to be suffering despite extensive efforts to mitigate pain through the administration of  
52 drugs, was also emphasized. For example, Swami Suryananda described his experience of his own  
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1 father's death. This was when he "saw for the first time what it would have meant to prematurely  
2 end life". Swami described how he "saw a spider's web of light materialize" over his father's dying  
3 body. The swami was then "overwhelmed by an immense surge of energy entering the room", and  
4 an accompanying feeling of "sheer bliss and love which remained as the threads broke and then  
5 dissipated" as his father breathed his last. Swami interpreted this energy as divine presence, come to  
6 usher his father's spirit on its journey. This was in stark contrast to a premature death, such as that  
7 induced by lethal injection; "In a traumatic death there is no opportunity for the grace of God as that  
8 thread gets severed too quickly. The intensity of the vibration makes it difficult for the spirit to  
9 leave the body and move on after the trauma."

20 He went on to explain,

21 In animals we have seen many different illnesses and dying is not easy for them either- they  
22 are in pain and discomfort, but always when they are allowed to die naturally they have died  
23 peacefully. It is imperceptible – you have to check the body closely to see if they are still  
24 alive, but five minutes later it is just a body – the spirit has left them. With euthanasia the  
25 eyes glaze and they are gone immediately – it takes away their dignity. It is a traumatic  
26 event. That animal trusts you but at the point of death they realize you have broken that  
27 bond of trust.

28 The emphasis on trust and the responsibility humans have to act in the best interests of the animals  
29 in their care also came to the fore in Elliot's experience of the death of one of the Community's  
30 dogs, Raghu, who had been hospitalized at a local veterinary surgery. Elliot was Raghu's primary  
31 caregiver, and had been called in to the surgery and asked to authorize Raghu's euthanasia.

32 At this stage Raghu really wasn't himself at all, he was very withdrawn and unresponsive.

33 He was crying a lot, he was in a lot of pain and a lot of distress. The vets had him in a cage  
34 and there were lots of other dogs in the area and they were all crying and yelping and  
35 barking. It was a really very stressful place. [...] the vet said, 'Look there's a legal position  
36 here', he said, 'normally at this stage in Raghu's condition we would put him to sleep, but I

1 understand that's not what you want. Yet legally we're obliged to euthanize him'. But he  
2 was quite diplomatic and said 'if you sign this form then effectively there won't be any fall  
3 out for us, the vets', it would be my responsibility."  
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8 Elliot took Raghu back to the ashram and spent the night providing constant care, both in the form  
9 of opiate injections and affection. He noted that when he was mindfully present with Raghu, and  
10 totally focused on Raghu's needs, the dog appeared calmer and more relaxed.  
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14 So Raghu died early in the morning. [...] What I was really grateful for from Skanda Vale  
15 was that in any other situation Raghu would have been euthanized in the vets. He would  
16 have gone straight from that cage where he was surrounded by all the other howling dogs  
17 and he was totally lifeless [...] he would have gone from that situation of withdrawal and  
18 pain to just being dead. I know that's not what he wanted because I saw him wanting to, and  
19 being able to, carry on as normal - sniffing around [the ashram]. I also know that he  
20 responded to love and care, and that [...] was a comfort to him, it made his experience  
21 bearable, it reduced his suffering. Love isn't often talked about in the euthanasia debate,  
22 maybe because it sounds unscientific. But really I saw that love is a genuine thing that can  
23 have a real effect on suffering [...]  
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### 38 **Reframing natural death as a "good death"?**

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40 In the current epoch of the Anthropocene (or in Hindu cosmology, the "Kali Yuga"), human  
41 domination, commodification and exploitation of other species has reached unprecedented levels,  
42 and through this perspective on the materialistic excess which characterizes the "Kali Yuga" we  
43 may be given an opportunity to view the most extreme manifestations of euthanasia. Shambo and  
44 Bhakti were not "suffering" from bTB, but nevertheless they were taken from the community and  
45 "humanely killed" to care for (i.e. protect the viability of) the UK's agricultural industry.  
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53 During interview, Swami Suryananda suggested that "killing is now the answer to society's  
54 problems". The community challenges this wider societal objectification of animals by viewing and  
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1 treating them as individual persons deserving of the same level of love and care as human beings.<sup>i</sup>

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4 This point is perhaps best illustrated in Swami Amba's description of the care provided for another  
5  
6 of the ashram's bovine residents:

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8 Mooki can stand up, but because of arthritis he cannot walk more than a few steps. He is  
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10 comfortable on one side only, and if he sits down in the wrong position the monks have to  
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12 turn him over to his more comfortable side. This manoeuvre takes four monks and needs to  
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14 be done five times a day. You need energy and resources to care for life, and an  
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16 understanding of what life is about; the sanctity of life.  
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23 In his (1984) *The Case for Animal Rights*, Regan argues that animals should have the right  
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25 to respect and freedom from harm. Respect, as Regan conceives of it, can be equated with the  
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27 community's belief in the sanctity of life; respecting another's right to life in and of itself rather than  
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29 because of its value to others, especially humans (1984: 243). Regan asserts that animals are  
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31 "subjects of life" on the grounds that they possess "beliefs and desires; perception, memory and a  
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33 sense of the future, including their own future; an emotional life together with feelings of pleasure  
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35 and pain; preference and welfare interests; the ability to initiate actions in pursuit of their desires  
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37 and goals; a psychophysical unity over time and an individual welfare in the sense that their  
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39 experiential life fares well or ill for them" (1984: 243). What is also particularly relevant in relation  
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41 to Skanda Vale's beliefs in "ahimsa" and "Sanatana dharma" is Regan's conceptualization of  
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43 "harm" whereby "Harms to welfare may involve deprivations, *even where the individual concerned*  
44  
45 *does not know that or of what they are being deprived.*" (1984: 243 emphasis added). Consequently,  
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47 killing animals, however humanely the process is carried out, constitutes "harm by deprivation [...]"  
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49 it is fundamental and irreversible; it forecloses all possibilities of finding future satisfaction; it is  
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51 thus 'the ultimate harm because it is the ultimate loss'." (Palmer, 2006: 177).  
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1           Regan asserts that “to bring about the untimely death of animals will not [physically] hurt  
2 them if this is done painlessly; but they will be harmed” (1984: 103). According to the Community  
3 at Skanda Vale, every moment of life enables an individual to work out their karma, to relinquish  
4 their material attachments, find spiritual enlightenment and know God. To deprive them of this  
5 opportunity is extremely harmful, as it has direct consequences for their spiritual evolution and  
6 future reincarnation. So, in this context, as for those outlined elsewhere, killing animals by lethal  
7 injection or other “humane” means is not euthanasia, as the killing is not necessarily in the best  
8 interests of the individual concerned and therefore cannot constitute a “good death”.  
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### 21 **Conclusion: Entangled empathy and the ubiquity of violent care**

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25 Palliative care, in the sense of keeping someone alive and, to some extent, free from the discomforts  
26 which frequently accompany the dying process, can be performed in a way which objectifies and  
27 even harms the dying person. The actions of care can be perfunctory (e.g. Mol, Moser and Pols  
28 2012), and the fears we have encountered in the veterinary profession, that the public cannot be  
29 trusted with palliative care, should resonate beyond mere cynicism. However, the care practiced at  
30 Skanda Vale as “seva” or “karma yoga” in conjunction with an adherence to the principles of  
31 “ahimsa”, in certain key respects, goes beyond the provision of palliative care. As Elliot observed in  
32 relation to the care he provided for Raghu, a carer can go through the motions to provide a  
33 distracted care, but true, complete care requires that the carer give something of themselves, engage  
34 in some form of intersubjectivity (Author A 2012) with the subject (not object) of their care  
35 practices – empathizing with their pain and using that empathy to guide treatment:  
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49           [...] If I was stroking him or trying to calm him down and my mind was elsewhere it didn't  
50 really have any effect [...]. But if I really quietened down my mind and was totally and fully  
51 present and really felt what was going on there in the moment with him, it had a completely  
52 different effect and he really settled and was peaceful [...].  
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1 Community members often spoke of mindfulness and love as the hidden or neglected aspects of a  
2 truly caring relationship, and Elliot's reflections upon the sterile and mechanistic processes of the  
3 veterinary clinic revealed the lessons he learned from the Community's emphasis on "bhakti yoga".  
4 Whilst the clinic spoke to Elliot of an abstract consideration of and assent to obligations of care to  
5 the nonhuman patients, together with expert abilities in performing pain alleviation, that  
6 environment did not offer love. It was when Raghu returned to Skanda Vale, a place which  
7 explicitly puts love first and foremost, that his care was most complete.  
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19 Gruen's (2015) notion of "entangled empathy" as a practical ethic of care to inform and improve  
20 relationships between humans and others, including nonhuman animals, encourages greater  
21 empathetic attention to the needs, interests, desires, vulnerabilities and so on of those others, and  
22 appears to resonate with the beliefs and practices of the Skanda Vale Community. Gruen advocates  
23 the cultivation of a caring and holistic perception of another's highly individual experiences,  
24 particularly relating to their well-being as well as our own. At the ashram, care of the religious self  
25 is entangled with the compassionate care of others. In veterinary medicine too, care of the patient is  
26 inextricably linked with the veterinary professional's self-care, which includes the need to adhere to  
27 professional codes of conduct, to legislation regarding animal welfare, as well as to their own moral  
28 code and perception of suffering.  
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43 The caring relationships enacted at Skanda Vale are grounded in a belief in the sanctity of life. Such  
44 an approach affords parity of treatment between humans and animals, and Community members go  
45 to considerable lengths to attend to the needs of their patients and facilitate their spiritual evolution,  
46 but this can be at the expense of appreciating the specific needs of the dying individual. In some  
47 cases, e.g. Raghu and Elliot, the beliefs and practices of the Community and the relationship  
48 between the individuals concerned appear to coalesce in entangled empathy to the benefit of the  
49 recipient of their particular brand of care, and the carer. However, in another case, that of  
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1 Tinkerbell, an elderly horse at the ashram who broke two legs in a fall and was euthanized by the  
2 presiding veterinary surgeon against the community's wishes, entangled empathy is more difficult  
3 to discern. As far as the Community members were concerned, even in cases such as Tinkerbell's  
4 where the individual is experiencing extreme suffering which cannot be ameliorated, a natural death  
5 is still in the individual's best interests. As Sister Francesca explained in relation to Tinkerbell; "the  
6 vet didn't need to kill her. She was so close to death [she had gone into shock and hypothermia] that  
7 just sedatives and a large amount of pain relief would have kept her comfortable until she was ready  
8 to pass on." The incident was incredibly upsetting for the community, because Tinkerbell's life was  
9 taken by force (with all that entailed). It was also incredibly upsetting and violent for the vet, and,  
10 arguably for Tinkerbell, who had a more distant relationship with her human carers than that  
11 enjoyed by Elliot and Raghu.  
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28 The veterinary profession and others outside of the confines of the Community advocate  
29 euthanasia because it abruptly ends suffering by ending life. As such, euthanasia constitutes a form  
30 of violent care which, as Regan (1984) has observed, forecloses any future opportunities. It is also  
31 physically violent, as it stops the patient's heart by force, and can be psychologically violent on  
32 those who authorize (guardians) and perpetrate it (vets). However, it is also important to note that  
33 palliative care leading to natural death involves violence. Palliative care arguably imposes or allows  
34 some measure of suffering in order to provide individuals with the opportunities (as well as  
35 potential disadvantages) denied (or afforded) those who are euthanised. At Skanda Vale, these  
36 opportunities relate to spiritual advancement. However, in secular terms too, opportunities abound  
37 which might otherwise be denied by the violence of euthanasia. For example, Elliot observed that  
38 Raghu enjoyed sniffing around at home, an opportunity which would have been denied him had he  
39 been euthanised. Although in this example, and others, the Community at Skanda Vale viewed  
40 natural death resulting from palliative care as a beautiful thing, it can also be incredibly violent,  
41 even in cases involving minimal pain and physical suffering. Max, our German Shepherd dog  
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1 mentioned above, gained two months of good quality life after we rejected veterinary advice to have  
2 him euthanized. He died naturally in our arms, free from pain, but his death was nonetheless  
3 violent, and he suffered, as did we. He woke us in the middle of the night, confused and shaking,  
4 then collapsed to the floor beside the bed, as internal bleeding from his cancerous abdomen finally  
5 overwhelmed his system and he started to shut down. He frantically looked from one to the other of  
6 us, before pushing his snout repeatedly into the palm of Author A's hand, and trying to compress  
7 his massive bulk into her lap. He lay convulsing for several minutes as we caressed his body and  
8 told him how much he was loved, tears flowing freely. But even with the benefit of hindsight, we  
9 would not have done things any differently. We recognized his needs, interests, desires and  
10 vulnerabilities which meant that for him, euthanasia would, as Swarmi Suryanander argued, have  
11 been a significant betrayal of trust. Had it not been for the work we have done at Skanda Vale, it is  
12 unlikely we would have taken this course of action, and without their example causing us to  
13 question the routine prescription of euthanasia, we would most likely have orchestrated his death  
14 before that point. But such action would have been a greater violence for all of us in the context of  
15 our entangled empathy.

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36 The examples discussed here have demonstrated that death is always violent, and seldom  
37 "good". The importance of attempting to engage empathetically with the dying individual,  
38 recognizing their individuality and responding to their specific needs, whilst simultaneously  
39 balancing the needs of their carers, is a near impossible task. Human carers of animal patients often  
40 rue the lack of verbal communication which would enable them to ask the animal how they are  
41 feeling and clearly ascertain their wishes. And it is in this regard that Skanda Vale's example might  
42 inform approaches to care in human medicine. In contemporary allopathic medicine, care is  
43 ostensibly grounded in secular beliefs and practices, which can lead to the rationalization of care,  
44 the objectification of the dying body and the loss of the individual (Whitmarsh and Roberts 2015).

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Through focusing on human and nonhuman individuals as equally deserving of care, and of love,  
the Community attempts to transcend the violence inherent in end of life care.

For Review Only



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**Notes:**

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<sup>i</sup> This is not intended to disregard the preferences of those humans who might choose euthanasia for themselves. Nor to suggest that the euthanasia of other animals necessarily lacks compassion.

For Review Only