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[Mine Yıldırım](#)*

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Article

Veterinary Ethics in Practice: Euthanasia Decision-Making for Companion and Street Dogs in Istanbul

Mine Yıldırım

Department of Common Courses, Kadir Has University, 34083, Cibali, Istanbul, Turkey;
mine.yildirim@khas.edu.tr; Tel.: + 90 535 441 76 48

Simple Summary

This article explores how veterinarians in Istanbul navigate the ethical, emotional, and institutional challenges of performing euthanasia on dogs, with a focus on the contrast between companion animals and street dogs. Drawing on 29 qualitative interviews with small animal practitioners, the study reveals that while euthanasia of companion dogs often involves shared decision-making, emotional preparation, and mutual acknowledgment with owners, euthanasia of street dogs typically unfolds in the absence of legal guardianship, institutional support, or shared responsibility. These conditions intensify moral distress, emotional labor, and ethical strain among veterinarians, who are left to carry the full burden of life-ending decisions alone. Using reflexive thematic analysis, six key themes are identified, including professional isolation, resistance to routinized killing, and the pursuit of dignity in death. The study contributes to empirical veterinary ethics by situating euthanasia as a relational and context-dependent practice, shaped as much by social and institutional absences as by clinical judgment. It calls for more nuanced ethical frameworks that acknowledge the uneven burdens veterinarians face, particularly in urban settings where care infrastructures are fragile and the boundaries between medical action and moral responsibility are constantly negotiated.

Abstract

This article examines how veterinarians in Istanbul experience and navigate the ethical, emotional, and institutional complexities of performing euthanasia on dogs, with particular attention to differences between companion and street dogs. Drawing on 29 in-depth interviews with private practice veterinarians in Istanbul, the study employs qualitative analysis using NVivo 12 Plus software and reflexive thematic analysis to identify key patterns in moral reasoning, emotional labor, and clinical decision-making. Findings indicate that euthanasia of companion dogs is often framed through shared decision-making with guardians, emotional preparation, and post-procedural grief rituals. While still emotionally taxing, these cases are supported by relational presence and mutual acknowledgment. In contrast, euthanasia of street dogs frequently occurs in the absence of legal ownership, institutional accountability, or consistent caregiving, leaving veterinarians to bear the full moral and emotional weight of the decision. Participants described these cases as ethically distinct, marked by relational solitude, clinical ambiguity, and heightened moral distress. The article identifies six key themes—including emotional burden, ethical strain, and resistance to routinized killing—that reveal how euthanasia becomes a site of both care and conflict when structural support is lacking. By foregrounding the role of institutional absence and relational asymmetry in shaping end-of-life decisions, this study contributes to empirical veterinary ethics and calls for more contextually attuned ethical frameworks, particularly in urban settings with large populations of street dogs and culturally entrenched practices of collective guardianship and caregiving.

Keywords: Euthanasia; companion dogs; street dogs; veterinary ethics; end-of-life decision making

1. Introduction

Canine euthanasia is commonly referred to as one of the most emotionally and ethically problematic parts of veterinary medicine and clinical practice. Professionally defined in guidelines as a technical termination of suffering, veterinarians themselves articulate the emotional burden and ethical conflict they endure. While conducting euthanasia on dogs, veterinarians navigate an ethical, professional and emotional terrain where care and killing intersect in ways that are generally more complex than they can be described. Euthanasia is not only a medical intervention, a unique performance on the margins of medical practice, but also an ethical moment—one that stays with veterinarians, as stated in numerous qualitative studies, has far reaching impacts on their mental well-being and health (Reeve et al., 2005; Matte et al., 2019; (Quain et al., 2021). Something that has been called in the literature the “caring–killing paradox” (Reeve et al., 2005); Rollin, 2011) is something that many veterinarians do not experience as a theoretical idea, but as an ethical dilemma and generative tension that lies at the very heart of their clinical practice.

For many veterinarians, even when euthanasia is ethically and medically justified, it does not seem to be morally concluded. Decisions are generally motivated not by the animal’s status alone but by several external factors—such as financial constraints (Kondrup et al., 2016), space limitations, resource deficits, emotional needs of a sad owner or the demands of a bereaved animal lover (Bussolari et al., 2018) and the veterinarian’s inability to decide on the necessity or the timing of euthanasia (Yeats et. al, 2011; Moses et al., 2018; Kipperman et al., 2018; Christiansen et al., 2016; Persson et. al., 2020). Most vets would like to facilitate a “good death” (Kuře 2011) —painless, on time, and dignified—a death that confirms the value of the animal and the moral integrity of the vet (Bubeck, 2023; Morris, 2012; Cooney et. al., 2023). Under ideal circumstances, it might be what Quain (2021) has termed “the gift” a terminal act of kindness granted to an animal about to die. And yet, for many veterinarians, ideals of euthanasia as “good death” fail to materialize. Increased rates of moral distress, compassion fatigue (Cohen, 2007; Mitchener et. al, 2022), and emotional burnout have been linked with a chronic repetition of morally challenging situations prior, during and after the euthanasia (Moore et al., 2022; Mullan & Fawcett, 2021; Moses et al., 2018). Particularly, when euthanasia is medically unjustified, followed or delayed due to the client’s emotional needs or motivated by financial interests, ethically questionable, its emotional impact can be devastating—leaving veterinarians with residual sadness, uncertainty, or a sense of unresolved conflicts (Nett et al., 2015), as well as risk factors for occupational mental disorders such as anxiety, ethical conflicts, exhaustion, compassion fatigue (Kahler et. al, 2015), clinical depression (Witte et. al, 2019) and suicide (Bartram et.al, 2010; Tran et al., 2014; Tomasi et. al, 2019; Pohl et al., 2022).

Growing literature on euthanasia in veterinary ethics also revolves around companion animals—cases in which end-of-life decisions are typically made in consultation with caregivers after years of shared life. In such contexts, euthanasia, though emotionally painful, is often embedded in frameworks of mutual understanding, deliberative decision-making, and farewell rituals that help to alleviate the emotional burden only to a certain extent (Yeates, 2010; Christiansen et. al, 2015; Moses et al., 2018; Kahler, 2015). These processes, while difficult, create a shared moral terrain that can buffer veterinarians from the isolating effects of sole responsibility. However, such conditions are far from universal.

In Istanbul, where mass depopulation of street dogs via euthanasia is illegal under current legal frameworks, and thousands of street dogs live outside the structures of formal ownership but within loose networks of voluntary caregiving and inter-communal guardianship, the ethical landscape shifts considerably. These animals frequently arrive at clinics alone, brought in by concerned citizens or volunteers who often withdraw once the prospect of euthanasia arises. In such cases, veterinarians are left to navigate complex moral decisions in the absence of relational or institutional accountability, assuming sole responsibility for choices with significant ethical and emotional consequences (Florian et al., 2024). Beyond psychological strain, many veterinarians describe a deep sense of loneliness surrounding euthanasia. This feeling becomes especially acute when the decision must be made in isolation—without the shared responsibility of an owner, a caregiver, or even a supportive colleague.

The absence of shared responsibility significantly amplifies what has been identified in the literature as moral distress—a psychological state arising when clinicians are unable to act according to their ethical judgment (Batchelor et al., 2012; Moses et al., 2018). In the absence of the dog's owner, or the caregiver's necessary and collaborative input or definite institutional protocols, veterinarians are left to bear the full moral and emotional weight of life-ending decisions, a burden linked to burnout, compassion fatigue, and lingering emotional strain (Christiansen et al., 2016; Moses et al., 2018; Florian et al., 2023). This strain is further intensified by the lack of collaborative dialogue, ethical and professional validation—whether due to the complete absence of an owner or guardian, or due to their presence but emotionally fraught decision-making. Veterinarians often face distress when guardians withdraw from the process entirely or, conversely, when they insist on continued treatment despite poor prognosis and evident animal suffering. Financial limitations can prompt premature euthanasia, while emotional attachments may lead to prolonging treatment against clinical advice (Kondrup et al., 2016; Kipperman et al., 2017). While some scholars argue that strong human-animal bonds and the presence of human owner/guardian in the process has negative consequences, a US study highlights that many veterinarians feel more professionally successful when they give due consideration to the bonding between animals and their humans (Martin et al., 2006; Springer et al., 2019). Veterinarians' expectations and decisions to perform or resist performing so-called "convenience euthanasia" (Morgan, 2009; Robertson, 2012) creates further ethical dilemma (Rathwell-Deault et al., 2017), while designation of certain dogs as treatable, adoptable or non-treatable (McVety, 2017) adds another layer of ethical complexity. These dilemmas underscore how profoundly the relational context—whether defined by shared deliberation, emotional conflict, or professional isolation—all factor in veterinarians' experience of euthanasia of companion dogs and street dogs (Morgan et al., 2007; Magalhães-Sant' Ana et al., 2016; Kogan et al., 2023).

The work of euthanasia, however, is not only emotionally taxing, but also indicative of highly structural dynamics. Veterinarians providing medical treatment and care services for street dogs in Istanbul are often confronted with a fragmented system defined by unclear legal frameworks, restricted municipal budgets, and as highlighted by Morgan (2007) changing beliefs, cultural attitudes and public perceptions. Decisions about euthanasia in such situations are hardly ever a simple matter of medical prognosis and professional decision. Rather, euthanasia decisions about terminally ill, injured or elderly street dogs often emerge from the intersecting forces—lack of available space, financial resources, absence of long-term care availability, and socially and legally marginalized status of street dogs themselves. These situations redefine the role of the veterinarian: from caregiver working in the interests of a bonded human-animal attachment, to medical subject navigating the deficiencies of animal care infrastructures.

This article examines the ethical significance of structural and relational distinctions in euthanasia practice. Based on in-depth interviews with 29 small animal veterinarians in Istanbul, the study explores how end-of-life decision-making is shaped by the status of the dog—as either a companion animal or a street dog—and by the presence or absence of a shared relational framework. Utilizing reflexive thematic analysis supported by NVivo 12 Plus, the findings suggest that euthanasia should not be understood as a singular or inherently benevolent clinical act. Rather, it emerges as a socially mediated and morally ambivalent practice, shaped as much by institutional absences and relational asymmetries as by medical judgment. By foregrounding the emotional, ethical, and institutional dynamics at play, the study contributes to the expanding field of empirical veterinary ethics. It underscores the relational context not only as a key determinant of how euthanasia is practiced and interpreted, but also as a defining element in how suffering is distributed, affecting both the animals whose lives are ended and the veterinarians tasked with carrying out the act.

This article builds upon recent developments in empirical veterinary ethics that foreground the practical, emotional, and institutional contexts of ethical decision-making around dog euthanasia. Christiansen et al. (2016) emphasized the importance of practical judgment and situated ethical reasoning within veterinary care. Likewise, Hartnack et al. (2016) have highlighted the role conflicts

veterinarians face when navigating euthanasia, especially under conditions of institutional constraint. Emotional regulation and the emotional costs of pre- and post-euthanasia performances have also been explored by Hannah and Robertson (2020), who underscore the need for veterinarians to emotionally detach and to stay in their comfort zone. Tannenbaum (1995) further advances this conversation by calling attention to ethical ambiguity and the need for imaginative and relational approaches in veterinary decision-making. This study contributes to these ongoing conversations by offering an empirically grounded analysis of how Turkish veterinarians experience and negotiate euthanasia decisions—particularly in cases involving street dogs, where relational absence and institutional gaps heighten ethical complexity.

2. Materials and Methods

This study emerged from a recognition of a significant gap in the veterinary ethics literature concerning how euthanasia decisions are made in cases involving street dogs—animals who may be socially visible and emotionally recognized within a community yet lack a singular legal guardian or proprietary claim. Unlike companion animals whose end-of-life decisions are typically made through formal owner-veterinarian relationships, street dogs exist within more ambiguous and diffuse frameworks of care and responsibility. This project was designed to examine how veterinarians working in Istanbul experience, interpret, and navigate euthanasia practices in such ethically and relationally complex contexts.

Much of the existing scholarship on veterinary euthanasia focuses on situations in which decision-making unfolds within formalized human–animal relationships—typically involving a veterinarian and a legal owner. In companion animal practice, euthanasia decisions are understood as a shared, triadic process, where the veterinarian advises the owner, who retains legal consent and responsibility, on behalf of the animal patient (Ashall, 2023; Christiansen et al., 2016). Studies emphasize this collaborative dynamic: decision-making around euthanasia is often shared but ultimately requires the explicit consent of the owner, framed by notions of animal welfare and professional authority (Yeates & Main, 2011; Christiansen et al., 2016). Regarding the issue of companion animal euthanasia, scholarly attention has largely focused on the emotional, ethical, and communicative dimensions of this shared responsibility (Quain et al., 2020; Mullan & Fawcett, 2017). The dominant narrative portrays euthanasia as an ethically bounded interaction—veterinarians provide clinical guidance and emotional support, while owners navigate grief, regret, and surrogate decision-making on behalf of a beloved pet. What remains understudied, however, are contexts in which euthanasia is enacted outside this relational dynamic—particularly in cases where no legally recognized guardian exists, and the veterinarian must act alone or within diffuse communal frameworks.

In contrast to companion dogs, street dogs in Istanbul often exist within fluid, communal networks of care: they may be intermittently fed, sheltered, or medically supported by volunteers, neighbors, or activists, yet without a clear locus of responsibility. This study asks how veterinarians make sense of their ethical obligations and professional authority in such cases, where responsibility is diffuse, and where medical decisions unfold outside the bounds of formal ownership. It also explores the emotional and moral tensions that arise in euthanasia cases—especially when actions taken by the veterinarian provoke grief, guilt, or conflict from those who feel emotionally connected to the animal, despite lacking legal standing.

To investigate these questions, the current study utilized qualitative research underpinned by interpretive and ethnographic orientations. Between December 2024 and April 2025, 29 semi-structured, in-depth interviews were carried out with Istanbul-based small animal veterinarians who all possessed experiential knowledge of conducting euthanasia on both companion dogs and street dogs. Recruitment was done through purposive and snowball sampling techniques to gain variation along gender, age, years of clinical experience, and employment status (self-employed practitioners and employed within private clinics or municipal veterinary services). As opposed to representativeness, the study aimed for richness and diversity of ethical thinking and emotional

expression in end-of-life care, especially in situations with relational uncertainty and institutional constraint.

Analysis was conducted with reflexive thematic analysis (RTA), as outlined within the method created by Braun and Clarke (2006, 2019, 2022). RTA is an adaptive and responsive method of analysis particularly tailored to examine strongly affective and ethically charged material, especially in research that prioritizes participants' meaning-making practice. The approach permitted situated and context-sensitive interaction with the data, in accordance with the way the veterinarians' decisions, doubts, and intuitions were presented, in conjunction with discrete institutional and relational arrangements (Matte et al., 2019).

NVivo 12 Plus software supported iterative coding, combined with systematic interaction with the transcripts. Although the broader strategy for the analysis was guided by the tenets of RTA, some constructivist grounded theory strategies were also invoked—specifically in the initial stages of coding as a way of being mindful of emergent themes and unexpected conceptual linkages (Charmaz, 2014). The form of hybrid methodology employed has been shown to be effective in veterinary ethics studies investigating moral ambiguity, emotional tension, and the mundane realities of clinical decision-making (Whiting et al., 2011; Montoya et. al, 2025)

This study is not claiming to generate generalizable findings. Rather, it provides a grounded, context-specific description of how veterinarians conceptualize and enact euthanasia in different structural, relational, and emotional contexts. Specific consideration is offered to street dogs—animals with no formal owners, yet their own care arrangements, abandonment habits, and mutual obligation. In recording these observations, the research contributes to the new empirical corpus of veterinary ethics by shedding light upon what are morally important institutions that have been heretofore ignored.

Interviews with veterinarians reveal that end-of-life decisions are rarely shaped by clinical factors alone. Instead, they are deeply influenced by the presence or absence of relational bonds—between veterinarian, dog, and owner or caregiver—as well as by the availability of clinical resources and institutional support. The present study seeks not to resolve these tensions, but to bring them into view, in order to better understand their moral and emotional implications. By situating euthanasia within the everyday practice of veterinary care, the research foregrounds the ethical and affective labor involved in decisions surrounding street dogs—contrasting it with the more structured and relationally anchored euthanasia of companion animals. In doing so, it underscores how the moral universe of euthanasia is differentially constituted yet remains a largely overlooked dimension in clinical and ethical debates.

2.1. Methodological Approach

Qualitative methods were selected as being particularly well-suited to investigating under-researched areas and allowing close inspection of veterinarians' emotions, ethical decision-making, and attitudes towards euthanasia (Baines & Taylor, 2014; Quain et al., 2021). Since there has been minimal research on veterinarians' experiences with street dog euthanasia, this enabled a detailed investigation of how practitioners negotiate and make sense of this ethically difficult aspect of their work. The approach enabled an understanding of the subjective, relational, and institutional contexts in which such decisions are made (Charles & Davies, 2008; Rock et al., 2007).

This research was epistemologically rooted in constructivism, with the understanding that knowledge is co-constructed between researcher and participant and that veterinarians' narratives represent their situated moral worlds (Charmaz, 2014). As a researcher situated within long-term multispecies ethnography in Istanbul, the corresponding author recognizes that my positionality—working alongside animal care and rescue professionals—influenced the questions I asked and the meanings I interpreted.

To this end, twenty-nine (29) qualitative interviews were held in an iterative process with veterinarians working in private clinics in Istanbul, chosen via purposive sampling to guarantee

participants had first-hand experience of performing euthanasia both on companion dogs and street dogs.

Interviews were semi-structured and guided by open-ended prompts. Each conversation fit the description of a “conversation with a purpose,” allowing veterinarians to reflect on and articulate their experiences in their own terms. The flexible structure of the interviews enabled a deeper exploration of participants’ perceptions, while also making room for follow-up questions that responded to emergent themes. Open-endedness encouraged interviewees to share varied accounts of what it means to perform killing work in veterinary medicine, with narratives ranging from the intensely personal to the institutionally constrained. Participants often traced their own biographical trajectories—shifting between sectors, negotiating institutional demands, or reflecting on how their ethics had been shaped over time. These conversations didn’t simply respond to pre-determined questions; they also allowed interviewees to define what mattered and what didn’t, setting their own limits on what could be shared.

The interview process and its ongoing revision were shaped by principles of constructivist grounded theory (Charmaz, 2014), which treats data collection and analysis as a reflexive, co-constructed process rather than a neutral extraction of facts. Instead of coding data against a fixed theoretical framework, I allowed patterns and categories to emerge from the accounts themselves, emphasizing meaning-making and context over categorization. The interview guide was revised iteratively as interviews unfolded, with attention to newly emerging tensions, silences, or unexpected reframing in participants’ narratives. This approach foregrounded empirical openness, participant agency, and the belief that both researcher and participant bring interpretive frames to the encounter. Constructivist grounded theory provided a flexible yet rigorous scaffold for attending to the emotional and ethical texture of euthanasia practices, especially as they unfold in settings where institutional clarity and relational certainty are often lacking.

Data collection and analysis proceeded concurrently, with arising knowledge informing later interviews—a hallmark of theoretical sampling in constructivist grounded theory method (Charmaz, 2014). This was not only flexible but also allowed for further investigation of meaningful patterns as they emerged from the stories. Researcher reflexivity was upheld throughout to be sensitive to how the researcher’s position and assumptions influenced data collection and interpretation (Lu & Hodge, 2019). Ethical approval was granted before data collection commenced, and informed consent was gained from all participants.

2.2. Sampling

This study is based on qualitative interviews with 29 licensed veterinarians based in Istanbul, Turkey. All participants were trained in small animal medicine and had substantial professional experience in clinical treatment of dogs, sterilization, surgeries, elderly care, cancer treatment, intensive care and in performing euthanasia. While several participants reported providing palliative or hospice services as part of their routine practice, only a few had completed formal in-service training, with just two holding additional certifications in End-of-Life (EoL) care for companion animals.

The participants were chosen according to the following specific criteria: each one needed to have at least six months of clinical practice and should have performed euthanasia on at least one companion dog and one street dog. These criteria were intended to guarantee that all interviewees had sufficient clinical engagement with the ethical, professional, and emotional facets of euthanasia in both companion dog and street dogs. This form of sampling, which is intended to achieve a specific purpose, is a hallmark of qualitative research. It prioritizes the intellectual depth, relevance, diversity, and richness of participants’ lived experiences, and not statistical generalizability (Palinkas et al., 2015; Patton, 2015). As is customary in empirical ethics research, the methodology was designed to target veterinarians who could provide rationale, experienced-derived reflections on the morally intricate processes underpinning, and literally, the morally intricate and literally the decisions and actions galvanized throughout the study (Ives & Draper, 2009; Ziebland & McPherson, 2006) This

also follows the empirical boundaries of veterinary ethics which recommends that participants be chosen not simply because of their professional title but because of their ability to appreciate the complex webs of relation, emotion, and institution of clinical practice and which bear ethical and moral weight (Cribb, 2010; (Quain & Whiting, 2017)

The sample consisted of 17 male and 12 female veterinarians, representing a range of professional seniority—from early-career practitioners with fewer than five years of experience to those with over 25 years in the field. Of the 29 participants, 18 were self-employed and 11 were employed in veterinary clinics or animal hospitals. All employed veterinarians had prior experience in independent veterinary practice, offering a layered view of euthanasia practices across professional settings.

To ensure access to rich experiences, varied approaches, and relevant accounts of veterinarians, a multi-pronged sampling strategy was employed. This included purposive sampling—used to select information-rich cases with direct relevance to the research question—and snowball sampling, which relied on referrals through professional networks and veterinary associations. In a few cases, participants were identified through targeted web searches of veterinary clinics and institutional affiliations. This combined approach allowed for the inclusion of veterinarians working in diverse institutional contexts and brought heterogeneity to the sample in terms of gender identity, career stage, and veterinary practice type. Such variation enriched the dataset and supported a more detailed understanding of how euthanasia practices—and the associated ethical and emotional labor—are shaped by contrasting professional trajectories (Malterud et al., 2016; Patton, 2015).

2.3. Data Collection & Confidentiality

Data were collected through face-to-face, semi-structured interviews conducted in Turkish between December 2024 and April 2025. Interviews lasted between 50 minutes and two hours and were audio-recorded with participant consent. All interviews were transcribed verbatim.

The interviews followed a semi-structured format that balanced consistency with openness, allowing each conversation to unfold organically while attending to core thematic concerns. Six open-ended questions were developed to prompt reflective, emotionally grounded accounts of euthanasia practices. In the first question, participants were asked to describe what it feels like to perform euthanasia on dogs and how this aspect of their work has influenced their emotional well-being, ethical perspective, and broader approach to veterinary practice. The second question invited narratives of particularly difficult or emotionally charged cases, and how these moments have shaped their understanding of professional responsibility and ethical complexity. The third question focused on decision-making criteria, asking what factors participants weigh most heavily—such as clinical indicators, prognosis, treatment options, or input from guardians, caregivers, or institutions—and how these elements interact in practice. The fourth question explored the perceived differences between performing euthanasia on street dogs versus companion dogs, and how these contrasting contexts affect the ethical and emotional dimensions of their role. The fifth question turned to the emotional labor involved in navigating the responses of dog owners, informal caregivers, or community members during euthanasia, particularly in moments of grief, conflict, or ambivalence. Finally, the sixth question asked about participants' visions for a more ethical, humane, or animal rights-oriented approach to end-of-life care, especially for dogs without formal guardianship. These questions were not designed to elicit fixed answers but to open space for biographical reflection, ethical reasoning, and emotional depth in recounting the layered realities of veterinary killing.

The interviews were designed to open space for veterinarians to speak candidly about what it means to perform euthanasia—not just as a medical procedure, but as an emotionally charged and ethically weighty part of their work. They were first invited to reflect on how their experience with euthanasia has shaped them over time: how it affects their emotional well-being, how it sits within their everyday practice, and what it demands of them as both clinicians and caregivers. Many spoke about specific cases that had stayed with moments of doubt, regret, or quiet conviction—and how these moments had altered their sense of professional identity.

As the conversations deepened, the questions turned toward the decisions behind euthanasia: what factors come into play, from the dog's condition and prognosis to the presence—or absence—of a guardian or caregiver. These stories revealed how practical constraints and relational dynamics often collide, making each decision more than a matter of clinical judgment. Participants were also asked to reflect on the emotional responses of those who bring dogs in for euthanasia—the tears, the silences, the second thoughts—and how they, as veterinarians, carry these emotions long after the procedure is over.

A central focus of the interviews was the difference in how euthanasia is experienced when the dog is a street animal rather than a companion with a known guardian. These accounts shed light on what it feels like to act alone in morally uncertain situations—when no one else is there to share responsibility, grieve, or witness the moment. In closing, veterinarians were asked what they believe ethical euthanasia should look like, and what kind of care—emotional, institutional, and professional—needs to be in place to support it. Their responses point to a practice shaped not only by medicine or law, but by the fragile, often invisible, emotional labor it demands.

The open-ended format enabled participants to describe their experiences in their own words, bringing out contradictions, hesitations, and affective registers that more structured instruments might have missed. Semi-structured interviews and the principle of saturation are well established in qualitative veterinary ethics research, as they allow for in-depth engagement with morally complex and emotionally charged topics such as euthanasia, animal suffering, and professional distress.

Interviews continued until no new codes or significant themes emerged from subsequent interviews. Following each interview, fieldnotes and ethnographic vignettes were written to record contextual impressions, emotional dynamics, and emergent patterns.

2.4. Data Analysis

Reflexive Thematic Analysis (RTA) constituted the principal analytic framework, complementing the interpretive orientation of this qualitative inquiry. Built to explore how individuals construct meaning within socially situated and emotionally complex contexts, RTA facilitates the examination of how veterinarians articulate moral distress, institutional constraints, and affective dimensions of care (Terry et al., 2017; Nowell et al., 2017). Its theoretical flexibility proved essential in uncovering how ethical dilemmas, personal conviction, and contextual pressures intersect in end-of-life decision-making. In light of the emotionally charged and politically contested terrain of dog euthanasia—especially involving animals without formal guardians—RTA provided a method for surface not only recurring themes but also moral ambivalence and emotional nuance. The approach avoids reductionist categorization in favor of iterative theme development through researcher reflexivity, acknowledging the active interpretative role scholars play in shaping analysis (Byrne, 2022; Terry et al., 2017).

Moreover, RTA's emphasis on reflexivity—where the researcher's positionality and interpretive choices are transparent and integral—made it particularly fitting for capturing veterinarians' lived ethical reasoning and emotional labor (Finlay, 2002; Nowell et al., 2017). Rather than imposing rigid coding schemes or seeking inter-coder reliability, RTA supported nuanced engagement with participants' accounts, recognizing contradictions, ambiguities, and emotional texture as analytically vital rather than problematic. This methodological stance enabled a rich and contextual understanding of how veterinary euthanasia is experienced not merely as a clinical act, but as a socially embedded, morally complex practice shaped by care, constraint, and compassion.

Reflexive Thematic Analysis (RTA) was utilized as the primary methodology within the present study, in accordance with the research's interpretivist and affectively responsive design (Terry et al., 2017; Nowell et al., 2017). The interviews were all transcribed verbatim and coded using NVivo 12 Plus to facilitate precise data management and rich analytic immersion. Whereas others suggest the use of multiple analysts to enhance validity, RTA is very suitable for single-researcher studies—since it focuses on the researcher's active interpretive process rather than inter-coder reliability (Byrne, 2022; Braun & Clarke, 2019).

Initial coding employed line-by-line analysis to stay close to participants' accounts, enabling descriptive (semantic) and interpretive (latent) coding. NVivo functionality—i.e., hierarchies of nodes, coding stripes, and query tools—allowed for iterative refinement, with codes potentially being combined, reassembled, or new codes added as patterns of ideas cohered (Nowell et al., 2017). Along the way, the researcher held analytic memos that were directly linked to codes and data, recording comments, interpretive choices, and building thematic concepts—hence securing transparency and positional awareness (Bazeley, 2013; Finlay, 2002). Through analysis via Braun and Clarke's model, the process went through familiarization, initial coding, iterative development of themes, and theme refinement. Themes were interpretive formulations rather than summary labels and took notice of the way veterinarians negotiate tensions of authority, emotion, and moral labor in euthanasia work. Ethical dimension, emotional resonance, and relational context were conceptual organizing ideas—most visibly seen in contrasting street dog versus companion dog euthanasia stories. The analytical focus was not just on text content but also on vocal intonation—hesitation, tonal shift, and affective lexicon—labeled as ethically and analytically relevant in veterinary settings. Reflexive, iterative, and interpretative methodology guarantees ethical nuance and emotional work are brought to the fore of euthanasia practice research—not boiled down to typologies but made visible through lived experience.

The English translation of the excerpts supplied by the participants rests solely with the author.

2.5. Ethical Considerations

Ethical approval for this study was granted by Kadir Has University Human Research Ethics Board (E-82741295-600-92377 & E-82741295-600-123260).

To protect participant anonymity, all identifying information (names, veterinary clinic details, specific dates) has been removed or altered in this article. Given the sensitivity of the topic, participants were offered the option to withdraw at any point or to refrain from answering any question that felt distressing. Recognizing the emotional vulnerability elicited in discussing euthanasia practices, interviews were conducted with care and patience, often concluding with a debrief and a verbal invitation for participants to reflect on what the conversation brought up for them. Several participants expressed that the interview itself offered an opportunity for them to process a distressing experience and a rare space for professional reflection.

3. Results

This section presents key emergent themes from in-depth interviews with veterinarians who participate in euthanasia for street dogs as well as companion dogs in Istanbul. Using reflexive thematic analysis as a base framework, findings show how participants expressed their ethical justification, emotional work, and professional behavior toward euthanasia under different relational and organizational contexts. The viewpoints expressed by veterinarians for their role duties and professional responsibilities showed considerable variety based on whether the canine was a street dog or a household pet, whether a human guardian was present, and on systemic considerations relevant to a given circumstance. Rather than taking clear stands on whether euthanasia was justified, most respondents expressed nuanced, context-specific, and often mutually incompatible thinking about care, harm, need, and moral action.

The following thematic analysis is organized to illuminate key aspects of this emotional and ethical landscape, including the tension between professional beliefs and institutional constraint, ethical considerations related to long-term exposure to death, and a collective desire for professional environments that move toward more ethically aware and psychologically sustainable directions.

The respondents expressed a varied range of opinions about how their experiences with euthanasia affected their thinking with respect to veterinary practice, emotional health, and moral dilemmas (Mullan, 2012). Within reflexive thematic analysis according to Braun and Clarke (2006, 2019, 2022), it is critical to note that themes cannot simply be seen as simple reflections or questionnaire items' labels. In fact, they represent analysis products—created via an interpretation

encounter with data, not simply a mirror of subjects or topics under research. Themes should represent patterns of meaning across a data set and grant a level of interpretation understanding about research questions, rather than simply listing replies.

3.1. Emergent Themes

The six themes presented below are characteristic of these iterative and interpretive processes and therefore constitute a cumulative structure of knowledge of veterinarians' experiences, reasoning, and affective responses to euthanasia. Instead of analyzing themes as fixed categories, the analysis operates with them as fluid constellations of meaning—a fluid interplay between clinical judgment, moral deliberation, institutional constraint, and affective response. All of the themes identify a specific, but complementary, aspect of the moral terrain encountered by veterinarians in practicing with companion and street dogs at the dying stage.

Theme 1, *Shouldering the Burden — Euthanasia as a Moral Responsibility in Veterinary Practice*, explores how veterinarians internalize euthanasia not merely as a medical procedure but as a morally weighty act that profoundly shapes their professional identity and emotional world. Theme 2, *Ethical Strain and the Emotional Costs of Adverse Euthanasia*, traces how moral distress emerges when euthanasia is mandated by systemic pressures rather than clinical judgment, highlighting the emotional exhaustion, ethical ambiguity, and quiet forms of resistance that result. Theme 3, *Relational Context and the Ethics of Euthanasia Decision-Making*, examines how the presence or absence of a responsible human counterpart—be it an owner or informal guardian—shapes ethical reasoning, decision-making processes, and the distribution of emotional responsibility. Theme 4, *The Unequal Burden of Street Dog Euthanasia*, focuses on the particular moral solitude veterinarians experience when euthanizing street dogs, underscoring how the absence of relational support transforms these decisions into ethically fraught and emotionally isolating acts. Theme 5, *Bearing Witness — Emotional Labor and Relational Strain in End-of-Life Encounters*, reveals how veterinarians engage with and absorb the grief of those who care for dogs—whether owners or street dog guardians—highlighting the empathic labor involved in mediating human–animal loss. Finally, Theme 6, *Making Time for Dignity of Death for Dogs — Veterinarians' Expectations for Euthanasia Practice*, brings forward practitioners' visions for more humane, dignified, and reflective euthanasia practices, including small rituals, pauses, and affective gestures that assert care even in the face of institutional limitations. Together, these themes offer a complex, nuanced, and relationally situated account of veterinary euthanasia as practiced and experienced in the emotionally and ethically charged landscape of Istanbul.

- Theme 1: Shouldering the Burden — Euthanasia as a Moral Responsibility in Veterinary Practice

The first theme arose out of the personal and professional investment in performing euthanasia as articulated in participants' accounts. The accounts show a glimpse of the way in which veterinarians internalize, legitimate, and emotionally appropriate the work of ending animal life—alone, and always with consequence. For most, euthanasia is not so much a medical action; it is a highly affective and morally significant action that pervades their whole relation to veterinary medicine.

For coding of these accounts, NVivo 12 Plus was employed in a two-step process to code interviews. In the initial cycle, line-by-line in vivo and descriptive coding were utilized to maintain affectively rich phrases like “it stays with me,” “the hardest part of my job,” or “I carry their death with me.” These initial codes fell around veterinarians' accounts of emotional effect, ethical duty, and building professional identity. In the second cycle, pattern coding grouped repeated themes of normalization of homicide, emotional exhaustion, and setting up moral boundaries into wider conceptual categories of “emotional imprint,” “protective ethics,” and “professional dissonance.”

Most of the respondents characterized euthanasia as an inevitable aspect of the work—but not one that they ever reconciled themselves to. Many discussed it as a sort of ethical burden that had become second nature but was still troubling on an emotional level. One veterinarian explained the additive development of emotional baggage:

“Sometimes you forget the dogs, but sometimes you don’t. It’s not just death—it’s that you made the decision. That’s what stays with me” (VET12, female, self-employed, 11 years of experience).

Other veterinarians stressed that their euthanasia threshold altered over time—frequently becoming more emotionally guarded than calloused. One interviewee said: “I thought I’d got used to it. But I haven’t. In fact, I’ve got to be more careful. I take longer, I ask more. That weight hasn’t gone away—it’s just less obvious.” (VET06, male, municipal shelter, 9 years of experience)

Most felt a strong moral obligation, particularly when euthanasia was requested for dubious reasons—convenience, behavioral issues, or cost. They would then usually decline the request and take responsibility themselves for the animal’s care. In the words of one vet:

“I am not able to put down a dog simply because the owner no longer wants it. If it is curable or the animal is just old, I take them in and complete their treatment at my clinic.” (VET12, female, employed, 11 years of experience)

These accounts reflect what has been widely recognized in the literature as moral distress—a psychological state that arises when veterinarians are compelled to act against their ethical convictions due to institutional or contextual constraints (Tran et al., 2014; Mullan et al., 2012) Some practitioners described various coping mechanisms for navigating this ethical tension, including internal rationalization, passive resistance, or subtle forms of refusal—such as delaying procedures, proposing alternative treatments, or quietly withholding immediate compliance.

For many veterinarians, in companion dog euthanasia, the process was more apt to include collaborative decision-making, with veterinarians consulting with the local caregivers or guardians of the dog, considering palliative approaches, and monitoring emotional preparedness closely. Such cases were more likely to be categorized as “relational euthanasia” and “painstaking pacing.” As one vet described: “Sometimes the dog is ready to go. But the owner is not. Then, I slow everything down—explain more, sit with them, give them time. I think that helps both the dog and the person who sees the dog as family member” (VET04, female, self-employed, 14.4 years of experience)

In contrast, the euthanasia of street dogs was consistently portrayed as a solitary decision, carried out in the absence of relational dialogue or caregiver involvement. These situations were marked by a profound sense of emotional solitude, often permeated by moral anguish, internal conflict, and lingering guilt. The distinction between euthanasia as a shared, deliberative process and as an isolated professional obligation became a central framework through which veterinarians made sense of its ethical and emotional weight. As one veterinarian articulated:

“When you’re on your own, you’re the only one who’s going to be making decisions. That sort of responsibility. It isn’t the same. It’s more... more responsibility... because there is no one else taking responsibility.” (VET10, female, working, 3.5 years of experience)

This theme also highlights the contention that euthanasia is greater than a medical endpoint, too, but a battleground of ethical nuance where care, control, bereavement, and responsibility converge. It also illustrates how vets—far from being callous—are operating this ground with tremendous sensitivity, frequently at a personal expense. Not surprisingly, a participant encapsulated thus:

“Euthanasia isn’t something you get used to. You just carry it differently... Every time, a different dog, different situation... I remember every euthanasia I had to make... All those last moments, I keep thinking...” (VET21, female, employed, 4 years of experience)

- Theme 2: Ethical Strain and the Emotional Costs of Adverse Euthanasia

This theme asks how the moral and emotional cost of euthanasia doing—especially when motivated by structural demands instead of clinical requirements—haunts veterinarians’ emerging professional identity. Instead of perceiving such difficulties as at the margins or the exception, most of the participants framed them as definitional for practicing veterinary medicine in morally difficult and institutionally bound contexts. The emotional grooves of uncertainty, guilt, remorse, and isolation that became automatic were less residues of the procedure than formative encounters that intensified practitioners’ moral awareness and marked out the boundaries of what they could—and what they could not—accept as care.

One vet recalled a particularly vivid moment that stuck with her:

“It wasn’t out of mercy. That dog did have a chance, but there was no room, there was no one to take care of him, and I was told to do it. That’s an euthanasia that I will never forget... I don’t like to do euthanasia after that dog anymore.” (VET15, male, employed, 15.8 years of experience)

They are corroborated by empirical accounts of moral distress in veterinary practice. As pointed out by Moses et al. (2018) and Kipperman et al. (2018), moral distress typically occurs when veterinarians cannot act on their ethical discernment—especially when institutional or structural mandates take over clinical thinking. This type of negative euthanasia, where animals are put down due to reasons like insufficient shelter space, limited funds, or municipal ordinances, leads to burnout and emotional exhaustion (Bartram et.al, 2010; Platt et al., 2012).

In the present study, NVivo 12 Plus was employed to code qualitative data through a two-stage coding process. Line-by-line descriptive and in vivo coding within the first cycle was conducted to maintain participants’ very words and highlight emotionally significant or ethically pertinent words, like “routine killing,” “forced to decide within minutes,” and “sacredness of the act.” Codes like “institutional pressure,” “adverse euthanasia,” “ethical regret,” and “resistance efforts” were instantiated.

The second stage of analysis employed pattern coding to aggregate these descriptive codes into higher-order conceptual categories. Bureaucratic urgency, underfunded shelters, or sluggish deliberation codes were condensed into more general concepts of “systemic acceleration,” “ethical rupture,” and “resistance and moral agency.” Query functions and memo-linking properties served to map where sites of ethical unease coincided with structural constraints or lack of human buffering, including multiple-layered interdependencies between care, control, and constraint.

Veterinarians were apt to be hasty in characterizing the time frame within which euthanasia decisions needed to be made as a necessary cause of ethical tension.

“We’re not really given the time to think long—some days, we have to know in a matter of minutes whether or not a dog is alive or dead.” (VET08, male, self-employed, 11.9 years experience)

Others labored to make ethical space within tight systems. One respondent described it this way: “I worked with the shelter manager to institute a 48-hour hold time rule before euthanasia. It’s not always followed, but it saved a couple of dogs.” (VET20, female, self-employed, 18.9 years of experience)

Interviewees also referred to acts of individual resistance—stalling procedures, paying for treatment, or networking with rescue groups—as an act of reclaiming moral agency: “Sometimes I test the limits—I hold up on the decision, call in buddy rescues, or even write out of my own pocket. I can’t always make it happen, but I don’t want to give up so easily.” (VET14, male, employed, 14.1 years of experience)

These fleeting instances of resistance capture how veterinarians fight against resisting and sometimes subverting routinization of death. They also carry a great emotional price tag. One interview participant described thus:

“No animal should be put to sleep because there is no money, no one stands for her, no animal should be killed if there is any possible cure. Euthanasia should not be chosen due to the quotas or full cages. My wish is to maintain my compassion—to never lose the mercy for the animals.” (VET04, female, self-employed, 14.4 years of experience)

Ultimately, this theme underscores that euthanasia in such contexts is not just a clinical act—it is crucible for ethical deliberation and emotional labor. It becomes a practice shaped as much by infrastructural scarcity as by individual moral resolve. As one veterinarian poignantly observed: “Euthanasia becomes less of a decision and more of the state of the world we’re living and working in. That is what scares me.” (VET25, male, self-employed, 9.2 years of experience)

- Theme 3: Relational Context and the Ethics of Euthanasia Decision-Making

The third theme explores the layered clinical, ethical, and contextual considerations that shape veterinarians’ decision-making processes regarding euthanasia. Participants emphasized that while clinical indicators—such as pain severity, prognosis, disease progression, or lack of mobility—are

foundational, these are never sufficient in themselves. Instead, each decision unfolds within a complex terrain shaped by the presence or absence of a human interlocutor, available care infrastructures, financial possibilities, and emotional implications.

To clarify usage in this article, two key terms are employed. The term owner refers to individuals who are legally and financially responsible for a dog, often maintaining a long-standing, emotionally intimate relationship. Guardian, in contrast, refers to individuals—such as street dog feeders, volunteers, or neighbors—who care voluntarily for street dogs. Although many guardians exhibit deep emotional bonds with animals, their relationships lack legal standing, institutional authority, or often the financial capacity to make end-of-life decisions.

When an owner is present, many veterinarians report that the emotional and ethical burden of the decision becomes more manageable. The shared nature of the process—discussing the dog's condition, deliberating over options, and making the final choice—offers both practical support and moral reassurance. "When the owner is there, even if it is a hard conversation, it helps to share the heavy feeling..." one vet noted. "Those dogs are lucky if they have someone.... If there's someone to witness ... and say goodbye" (VET09, male, self-employed, 6.6 years of experience).

By contrast, street dogs often arrive with no clearly accountable or stable human companion. Sometimes, guardians provide transport, temporary shelter, or food—but are unable or unwilling to take long-term responsibility. This leaves veterinarians in an ethically precarious position. "Sometimes it's a volunteer, sometimes a neighbor who feeds the dog," one vet explained. "They bring the dog... I know they do their best to help an injured or sick street dog... ask for our help but disappear after that. People leave you with the final decision... After that, it is our responsibility... The entire burden is ours..." (VET16, female, self-employed, 15.6 years of experience).

Another vet elaborated: "I had a case where the dog had chances to live... it was not entirely impossible... but he would have to stay and maybe take years of treatment... but the guardian made it very clear that she could not afford the treatment. I continued the dog's treatment for six more months... the dog was depressed, closed himself... then I had to do what the system, bigger institutions or local caregivers could not do... The dog needed relief... So I had to euthanize the dog... It was terrible. To this day, I still think about it..." (VET14, male, employed, 14.1 years of experience).

In these cases, euthanasia often becomes an ethically fraught and emotionally isolating decision, not buffered by shared deliberation or institutional support. The absence of a responsible party or viable care alternatives leaves practitioners alone with decisions that feel less like clinical interventions and more like moral reckonings. "It's lonelier," said one municipal shelter veterinarian. "You hold the syringe, and there's no one to ask—no one who will carry this with you" (VET12, female, employed, 7.9 years of experience).

To capture and to analyze these layered accounts, an iterative, multi-cycle coding process was used. In the first cycle, descriptive and NVivo 12 Plus coding were employed to trace veterinarians' exact wording and preserve emotionally significant expressions such as "stuck between options" or "left alone with the decision." These codes were grouped around themes like clinical uncertainty, caregiver absence, economic limitations, and compassion fatigue. In the second cycle, pattern and focused coding were applied to refine and synthesize these clusters. Codes referencing financial hardship, lack of referral options, or institutional absence were subsumed under thematic categories such as "systemic constraints," "ethical improvisation," and "relational solitude." Meanwhile, codes around co-decision-making with owners were grouped under "shared responsibility," while accounts of unassisted decision-making were labeled "ethical isolation." NVivo's matrix coding, queries, and memo-linking features facilitated cross-referencing of prognosis, dog status (owned vs. unowned), and decision burden. This allowed for analysis of how different relational configurations shaped ethical deliberation.

Empirical evidence gathered under this theme challenges any assumption that euthanasia is a neutral clinical endpoint. Instead, participants described it as a profoundly context-dependent and relational act—especially shaped by the presence or absence of a human guardian in the decision. When owners were involved, the process felt shared, even if painful. When guardians were absent

or only temporarily engaged, not taking responsibility for the entire process of medical treatment, veterinarians were left to navigate the emotional and ethical weight alone. This was particularly salient in Istanbul's urban landscape, where municipal services for street dogs are fragmented, medical infrastructure and services are only limited, and veterinary clinics, especially private ones—are often left to cover for the institutional failures.

Ultimately, this theme demonstrates that ethical decision-making in euthanasia is not a matter of predetermined protocol, but of situated judgment—formed through tripartite relationships (dog-guardian/owner-veterinarian), constrained by institutional and financial challenges, and often guided by the veterinarian's ethical compass in conditions of uncertainty, stress and emotional isolation.

- Theme 4: The Unequal Burden of Street Dog Euthanasia

Veterinarians consistently described euthanizing street dogs—dogs without legal owners or stable guardians—as deeply different from companion animal cases. In these cases, ethical and emotional burdens are magnified due to the absence of relational support or the human owner taking responsibility. The act of euthanasia becomes a solitary moral space in which veterinarians feel they bear full responsibility.

“When there's no guardian, it's like I become the only moral presence in the room. That loneliness is heavy.” (VET13, male, self-employed, 17.4 years of experience)

During the first NVivo coding cycle, emotionally intense phrases—such as “alone in the decision”, “nobody to ask”, and “no one to speak for them”—were tagged frequently. These in vivo codes formed the basis of nodes like “relational absence” and “ethical ambiguity.” In the second cycle, pattern and focused coding linked these with broader themes including “systemic constraints” and “asymmetrical responsibility.” NVivo's query tools revealed that trees of loneliness, grief, and isolation were significantly more prevalent in transcripts about street dog cases than when guardians were present.

Veterinarians expressed acute discomfort over ending lives without shared emotional acknowledgment: “The hardest part is not knowing their story. You end a life that had no one to speak for it.” (VET24, female, employed, 20.3 years of experience)

With no owner present, vets described acting as judge, witness, and executor in one: “I become judge, witness and executioner all at once. It's not a role anyone should bear alone.” (VET06, female, employed, 14.2 years of experience)

Participants noted that these decisions don't just weigh on them momentarily—they accumulate over time, leaving emotional residue. In contrast, when a legal owner is involved, euthanasia becomes a shared decision. The presence of an owner not only distributes grief and responsibility, but also offers a relational framework in which death is contextualized, justified, and emotionally contained.

There were, however, some attempts at resisting the imposed isolation. One veterinarian introduced a 48-hours pause rule before euthanizing street-dog cases, providing time for reflection. Though inconsistently applied, it was described as a potential model of more humane decision-making (VET20, female, self-employed, 18.9 years of experience). Another recounted delaying euthanasia by taking a paralyzed dog home, sharing the story online—and ultimately facilitating its adoption (VET07, male, self-employed, 19.1 years of experience).

The experiences shared by veterinarians in this study echo what much of the veterinary ethics literature has already begun to uncover: that euthanasia, especially when performed without the presence of a guardian or owner, can be one of the most morally and emotionally taxing parts of clinical practice. When a dog has no one to speak for them—no legal owner or even an informal caregiver—veterinarians often find themselves alone in making life-ending decisions. These moments, as many participants described, carry a particular weight.

Research supports these lived realities. In a North American survey, Moses et al. (2018) found that when veterinarians feel they cannot act in line with what they believe is ethically right—often due to financial limits or lack of institutional support—they experience deep moral tension. The burden becomes even heavier when there's no one to share the responsibility of the decision, no one

to confirm that it's time, no one to grieve alongside. In such moments, the veterinarian isn't just performing a procedure—they're carrying the full emotional and ethical weight of the decision.

Several participants pointed to this feeling of ethical solitude, especially when treating street dogs who arrive at the clinic through volunteers or are brought in by municipal officers. As one veterinarian put it, "They bring the dog in, and then they're gone. You're left with the dog, the prognosis, and no clear next step. And then it's on you—just you." (VET08, male, self-employed, 11.9 years of experience). In the absence of a shared decision-making process, many vets described feeling like they were being asked to act as both doctor and moral guardian. Christiansen et al. (2016) have noted how important collaboration is in end-of-life decisions—not only for honoring the animal's life and history but for helping the veterinarian bear the emotional burden of that decision. When the relational structure is absent, the decision becomes harder, lonelier, and in many cases, more ethically troubling.

Ultimately, what this theme reveals is that euthanasia in these cases is not just a clinical procedure—it is a deeply human moment shaped by uncertainty, loss, and systemic failure. In a city like Istanbul, where formal infrastructures for the end-of-life care of street dogs are weak or absent, private practitioners often find themselves making the best decisions they can with what little support they have. And while they may act with compassion and skill, they do so within systems that rarely acknowledge the emotional cost of this work.

- Theme 5: Bearing Witness — Emotional Labor and Relational Strain in End-of-Life Encounters

Veterinarians in this study emphasized that euthanasia is never just a clinical act. It's an encounter steeped in emotion, shaped not only by the dog's condition but also by the reactions of those who cared for it—owners, guardians, or informal caregivers. Managing these reactions emerged as one of the most emotionally demanding parts of the process. Grief, they explained, is contagious. It seeps into the room and often lingers long after the procedure is over.

The way veterinarians responded to that grief varied depending on who was present and how the relationship between the human and the animal was understood. With pet owners—those with long-standing, legal, and emotional bonds to the dog—veterinarians described slipping into what felt like a familiar, if difficult, role. They knew how to speak gently, when to pause, when to give space. One vet put it plainly: "I always speak calmly to pet owners. They're not just clients; they're family to that dog. Even when I'm exhausted, I try to meet them where they are" (VET18, female, employed, 4.4 years of experience).

But the emotional stakes shifted when it came to street dogs. Informal caregivers—volunteers, neighbors, or concerned passersby—often arrived at the clinic in visible distress, sometimes having been the only person who had cared for the dog. Their mourning, as veterinarians noted, was quieter, often overlooked, and occasionally laced with guilt or helplessness. "Pet owners are consoled by family and rituals," said one vet. "Street dog caregivers usually mourn alone. And I feel that. I try to hold space for their grief in a different way.... They get bitter as well..." (VET09, male, employed, 6.6 years of experience).

Another vet reflected, "When it's a street dog and the caregiver breaks down, I try to stay composed, but sometimes their pain becomes mine too. They were that dog's only chance" (VET21, male, employed, 6.5 years of experience). Many participants expressed a particular tenderness toward these moments, recognizing the emotional courage it takes to care for a street dog and then to witness its death.

In the first cycle, descriptive coding helped capture participants' exact words and emotionally loaded expressions—phrases like "held back my tears," "mirrored their sadness," or "slowed my tone." These were grouped under initial codes such as "emotional containment," "mourning response," and "relational empathy." In the second cycle, pattern coding drew connections between types of caregivers and the emotional labor involved. Codes related to tone modulation, pacing, bodily posture, and perceived grief intensity were brought together under broader themes like "affective attunement," "shared sorrow," and "compassion strain."

What stood out in many of these accounts was how deeply veterinarians felt drawn into the emotions of others—not because they were unprofessional, but because being emotionally present felt like part of the job. It wasn't always something they were trained for, nor was it explicitly valued within institutional frameworks, but it mattered. One veterinarian described it this way: “When someone is crying for a street dog, I lower my voice, I move slower, I give them time. That’s the least I can do for them—and for the dog” (VET11, male, self-employed, 1.9 years of experience).

This kind of emotional labor—meeting another’s grief while managing your own—has been recognized in the veterinary literature as a source of both meaning and vulnerability. Studies have shown that veterinarians who perform euthanasia regularly, particularly when emotional support systems are lacking, are at increased risk for compassion fatigue and moral stress (Moses et al., 2018; Whiting, 2016; Kipperman et al., 2018). And as this theme suggests, that risk is intensified in moments when veterinarians become the sole witness to both the dog’s passing and the caregiver’s mourning.

In the quiet after the procedure—once the client has left or the street dog’s caregiver walks away—veterinarians are often left alone with what one called “the emotional residue.” It’s not just about ending a life; it’s about holding the emotional weight of that ending, for someone else, while also carrying your own.

- Theme 6: Making Time for Dignity of Death for Dogs — Veterinarians’ Expectations for Euthanasia Practice

This theme is about how veterinarians envision an alternative type of end-of-life care—one that makes room for empathy, reflection, and dignity, even in clinical systems that don’t always make such things possible. Many spoke about not just what euthanasia is, but what it might be, if time and support permitted.

Veterinarians also commonly expressed their professional aspirations in muted, individualized terms. One stated, “I want every euthanasia to be one that I could explain to the dog, if they could hear” (VET16, female, self-employed, 12 years of experience). In another brief silence, she stated “It doesn’t have to be some big thing—a blanket, a look in the eye, a minute to breathe before the injection. It should not be rushed. That matters.” (VET15, male, self-employed, 15.8 years of experience)

These small details—soft blankets, a sympathetic tone of voice, somewhere to sit afterwards—were ways of respecting the solemnity of the moment. One vet remembered setting up a “grief corner” in their clinic, a small area with tissues and dim lighting where people could sit with their grief (VET01, male, self-employed, 4.5 years of experience). These were not decisions of protocol, but of a personal ethic—acts of care that made euthanasia feel like more than a procedure.

Others discussed what was yet to be had. A number of veterinarians discussed the necessity of hospice care, particularly for street dogs with no one to sit with them. “We need somewhere they can go when it’s not quite time yet... They shouldn’t need to be euthanized simply because there isn’t space to lie down,” one veterinarian commented (VET19, male, self-employed, 18.2 years of experience). Another remarked, “I have a dream about a hospice place, just a week or two, where they can be seen, and known, and maybe even recover. Or at least, get out on their own terms.” (VET06, female, employed, 14.2 years of experience)

These wishes were made clear through the NVivo 12 Plus analysis. Under the initial coding cycle, the phrases “blanket for goodbye,” “moment of silence,” and “this should mean something” emerged. These in vivo codes were sorted into themes of ritual care, slowness, and respect in death. Under the second cycle, more general categories of end-of-life ethics and future care imaginaries assisted in linking these minor acts to a general moral position of undoing emotional detachment.

What these stories disclosed was not naïve idealism but something less manifest—a determination not to break the emotional continuity of their work, despite fatigue or pressure. “I’ve had bad days,” one vet explained, “but I’ll stop. Just thirty seconds. A breath. A hand on their head. That’s what I’d want if it were me.” (VET26, female, employed, 15.4 years of experience)

This theme reveals that for most veterinarians, euthanasia is not merely a pain ending—it is the way that ending is significant. It is about making space for what is important, particularly when there

is little remaining to offer. These modest acts—whether a touch, a hesitation, or a refusal to hurry—convey the seriousness of care. And they are reminders that even at life's end, dignity is something that can still be offered.

4. Discussion

Euthanasia was not portrayed by veterinarians in this research as an ordinary clinical practice. They discussed it as something that shapes, haunts, and quietly reshapes them throughout the years. Their evidence surfaces a practice shrouded in layers of emotional, ethical, and institutional richness—where even mundane procedures are infused with meaning and meaningfulness. By listening to these testimonies, one may observe how euthanasia, especially when defined within the fragile animal welfare frameworks of Istanbul, cannot be reduced to the terminal point of treatment. Rather, it is much more intricate and multifaceted: a space where ethical principles, relational presence, and the boundaries of care are constantly negotiated.

Several of the participants stressed that they never got “used” to euthanasia, regardless of how frequently they had done it. Taking a human being's life, particularly beyond obvious clinical necessity or in the midst of relational scarcities, was found to be ethically burdensome and emotionally resilient. These accounts are reported by Moses et al. (2018), who conceptualize moral distress in veterinary professionals as a circumstance that arises when clinicians cannot act in response to their ethical opinions, due to external constraints. Whereas the idea of the “caring-killing paradox” (Reeve et al., 2005) has been a common point of reference in the literature, what unfolded here was not so much the inner contradiction of killing in the name of care, but also the emotional aftermath of performing it repeatedly and frequently without the necessary emotional support, open and understanding deliberation and shared decision making, or even consultation with other colleagues and animal care professionals that would otherwise facilitate the emotional processing of the veterinarians.

Responsibility here was not an abstract construct; it was embedded in the flesh. This was how, for example, one dog departed, when, regardless of whether a long-time owner or a local volunteer, a caretaker softened the blow. There was someone to advocate for the creature, someone to mourn with, someone to acknowledge the time. In these moments, veterinarians spoke of themselves as partners in a mutual ethical endeavor, though this was not easy. But when the dog was a street dog, either single or brought on by a concerned but uninvolved stranger, that moment of mutual moral presence collapsed. Respondents kept returning to the words “being the only one” or “being alone in the room.” This ethical isolation—being both the decision-maker and the one who had to grieve—made a distinct impression, one that Arbe Montoya et al. (2019) reports as particularly challenging when relational context is absent.

Some veterinarians spoke of having to euthanize animals that would have survived if there had been space, necessary financial sources, or extended care for the dogs. These were the things that stuck with them—not that the animal was injured, but that they knew it was a collapse of structure and not a clinic decision. These recalls align with Kipperman et al. (2018), who define adverse euthanasia as ending life not out of compassion but because there were no other viable alternatives. For others, they were presented as betrayals of the very ethic of care that had led them into veterinary practice. Yet, even in these ethically compromised places, there were moments of quiet resistance as well. Vets talked of putting off procedures, making do with ad hoc hospice spaces, raising money for care, or simply waiting—just to give the dog a little more time, and themselves a little more moral space to breathe. These small acts of resistance resonate with Bartram and Baldwin's (2010) study of the exercise of individual conscience in the face of institutional normalization of ethically disconcerting practices.

These findings challenge the assumption that euthanasia decisions in veterinary ethics can be universally governed by normative principles such as “minimizing suffering.” While this principle remains foundational, it fails to account for the complex, uneven conditions under which veterinarians practice—particularly in cases involving street dogs, where institutional support is

lacking, relational responsibility is absent, and the veterinarian is left to carry the ethical weight alone. In such cases, moral reasoning becomes situational, contingent on context rather than abstract rule application. This supports Linder et al.'s (2023) argument that veterinary ethics requires a model of practical judgment rooted in the specifics of each case rather than rigid adherence to decontextualized principles. Similarly, Kipperman et al. (2018) document the ethical tensions that arise when clinical limitations and client expectations constrain veterinarians' actions, yet the moral challenges identified here go further by showing how ethical agency is reconfigured in the absence of any client or guardian. As Linder et al. (2023) emphasize, incorporating empirical realities into normative frameworks is essential for ethics to remain responsive and credible. This study contributes to that goal by foregrounding how everyday moral reasoning unfolds in constrained and asymmetrical contexts, particularly in street dog euthanasia, where the logic of care, responsibility, and control are radically redefined.

Emotional labor performed in end-of-life interactions was also foregrounded in participants' experiences. Whether whispering to a mourning owner or speaking to a sobbing street dog caretaker, vets put themselves not only performing the procedure but also soaking up and facilitating the other person's sorrow. One vet spoke of empathetic understanding of the caretaker's grief, another timing the conversation to permit silence. These were never necessarily formally taught in school or given a particular name in formal ethics codes, but were at the forefront of how participants thought about "good practice." As Hartnack et al. (2016) and Whiting (2016) have argued, the ethical quality of euthanasia is frequently more a matter of one's attention to the relational and emotional aspects of death than technical adherence. Even so, this attention frequently came at a personal expense. These veterinarians were emotionally exhausted, often alone in their grief, and rarely afforded institutional recognition for the emotional toll they had paid. Burnout was mentioned by a few; others described episodes of detachment or emotional depletion. These results resonate the recent discussions in broader literature on compassion fatigue (Moses et al., 2018; Kipperman et al., 2018), affirming the imperative to rethink what kinds of acknowledgment and support veterinarians need—not merely as professionals, but as human beings constantly in close proximity to loss.

Significantly, the interviews also revealed a key empirical finding: gender did not appear to be a determining factor in how veterinarians experienced or responded to the ethical challenges of euthanasia. Both male and female participants articulated similar emotional and moral struggles. However, years of experience—particularly when coupled with independent practice—did make a notable difference. Veterinarians who had transitioned into self-employment often described a greater sense of ethical autonomy and professional confidence. This accumulated experience seemed to function as an emotional and moral resource, helping them navigate both the procedural and affective dimensions of euthanasia with more clarity and less internal conflict. These veterinarians spoke of clearer boundaries, more reflective practices, and a deeper attunement to their own ethical thresholds. Experience, in this context, did not diminish the moral complexity of euthanasia, but helped practitioners carry it with greater steadiness.

These findings deepen and expand on a growing body of empirical work in veterinary ethics that highlights the emotional strain and moral complexity embedded in end-of-life decision-making. Hartnack et al. (2016) emphasize the role conflicts that veterinarians often face when their caregiving responsibilities are constrained by institutional limitations, especially in the context of euthanasia. Similarly, Hannah and Robertson (2020) underline the importance of emotional regulation—not as a peripheral skill, but as a central, often overlooked component of veterinary professionalism. Quain et al. (2020; 2021) call for a form of veterinary ethics that is sensitive to moral imagination and context, echoing the improvisational acts of care, hesitation, and resistance voiced by participants in this study. There is a growing move in the field away from frameworks based solely on abstract ethical principles, toward approaches that are responsive to relational complexity and real-world ambiguity (Rollin, 2006). Scholars like Whiting (2016) argue that moral obligations in veterinary practice arise not only from fixed duties but from specific relationships, tensions, and circumstances practitioners encounter. This study contributes to that conversation by offering a situated account of how moral

reasoning unfolds in ethically dense and relationally thin situations—such as street dog euthanasia—where institutional backing is minimal and veterinarians often carry the burden alone.

Most compelling in most of these narratives, however, is not despair, but a vision—tenuous, often whispered, but abiding—of a more ethical mode of practice. Some of the vets explained slowing it down: turning down the light, spreading out the blanket, providing a moment's hesitation before the injection. These small rituals were not administrative requirements; they were individual acts of morality, a means of preserving a sense of humanity in the face of institutional callousness. Yeates (2010) advocates for a more “reflective euthanasia,” one which permits pause, emotional processing, and moral awareness. Individual in-depth interviews conducted also helped the veterinarians to reflect once again on their own experiences that are often overlooked by other humans involved, such as the owner, the caregiver, the guardian, other employees at the clinic and other colleagues. Others saw larger spaces where sick dogs might go—not to be killed, but to be kept, to be seen, to be offered a chance, or at least a pause that did not feel quite so final. These visions were not always realizable, but they were not unrealizable either. They took form through years of being in this kind of work, seeing the gaps in the system and still being able to hold on to an ethic of care that felt whole.

What this research really reveals is that euthanasia is not one discrete action but one relational and ethical process. It happens differently based on who is there, what resources are available, and whether or not there is physical and metaphorical space available for the practitioner to move as they can according to their conscience. It also uncovers the coarse differences in the handling of death among street and companion dogs, and the ways those differences emotionally resonate throughout the lives of their caregivers.

Placing the testimony of veterinarians at center stage—without smoothing over their contradiction or abstracting away the muddiness of ethical life, this study aids in the development of a broadening topography of empirical veterinary ethics that resists abstraction and hears instead of lived experience. It is not only about the moral weights of veterinarians, but about their ethical imagination, their ability to think around, and their will to act in the right way even when the worlds around them are conspiring against it. By doing so, it shows that ethics in veterinary medicine is not about rules or consequences. Instead, it is increasingly about the unique, context-specific, social and emotional relations between the dog, the human owner or guardian or caregiver, and the veterinarians. Such relational making of pre- and post-euthanasia processes also implicate veterinarians' experience of deciding on, performing and coping with the emotional burden of euthanizing companion and street dogs, their professional identity, senses of duty, care and animal dignity.

5. Conclusions

In parallel with Springer and Grimm's call (2022) for examining context-specific responsibilities of veterinary professionals, this study demonstrates that euthanasia in veterinary practice is not a uniform or neutral act, but one that acquires distinct ethical and emotional contours depending on the status of the animal and the relational context in which decisions are made. When performed in the presence of an owner, euthanasia is often experienced as a shared, if painful, process—marked by dialogue, mutual acknowledgment, and a distributed sense of responsibility. In contrast, the euthanasia of street dogs was repeatedly described by participants as more ethically ambiguous and emotionally burdensome. In these cases, veterinarians frequently find themselves acting as the sole decision-makers and witnesses, with no relational counterpart to consult, deliberate with, or grieve alongside. These differences underscore the asymmetries that characterize end-of-life care for companion dogs versus street dogs, particularly in urban contexts where institutional support for street animals remains limited. The findings suggest that the emotional and moral significance of euthanasia is not determined solely by medical prognosis but by the degree to which the act is socially and ethically shared. By foregrounding these distinctions, the study contributes to a more nuanced understanding of the ethical landscape of veterinary euthanasia and calls attention to the often-

overlooked challenges faced by practitioners who must navigate care, judgment, and loss in contexts of relational absence and institutional failures.

6. Future Directions

This study opens up several avenues for further empirical research into euthanasia practices, particularly in contexts that lie outside the conventional veterinarian–client–animal triad. Future studies would benefit from expanding their analytical focus beyond veterinarians or institutional policy frameworks to consider the broader interpersonal, spatial, and affective dynamics of the clinic. Veterinary clinics are shared workplaces shaped by layered and often unequal relationships among veterinarians, technicians, caretakers, reception staff, janitors, students, and volunteers. Each of these actors engages with the euthanasia process differently—emotionally, ethically, and practically—and contributes to the atmosphere in which end-of-life decisions are made and enacted. Ethnographic research is especially well-suited to exploring how these interpersonal dynamics influence not only the distribution of emotional labor but also the moral sense-making surrounding the killing of animals in institutional care.

Further research is also needed to address the underexplored phenomenon of adverse euthanasia—cases in which the procedure fails, where suffering is prolonged, or where ethical discomfort persists long after the event. These moments, though difficult to witness and even harder to narrate, are ethically significant. They highlight the fragility of care in high-pressure or under-resourced settings and complicate dominant framings of euthanasia as a clean or merciful act. Attention to such events would allow for a more nuanced understanding of how veterinarians and other staff navigate uncertainty, error, and moral residue.

Moreover, the emotional experience of euthanasia of companion and street dogs is not uniform and is shaped by age, gender, and professional role. Younger or less experienced staff are often delegated the most emotionally and physically taxing tasks. Female veterinarians, in particular, are frequently expected to provide not only technical care but also emotional support—especially in the absence of formal owners or guardians, as is often the case with street dogs. These dynamics reflect broader gendered and hierarchical patterns within veterinary care and deserve closer attention in empirical ethics. Future studies that center these perspectives—foregrounding not only professional authority but also overlooked, informal, or background roles—can deepen our understanding of euthanasia as a socially distributed, ethically complex practice. By taking seriously the emotional texture and relational structure of the spaces in which animals are put to death, empirical veterinary ethics can move toward a more situated, inclusive, and critically engaged account of care at the end of life.

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