

# FEATURED MEMBER



EMMA WHISTON

Our featured member for this issue is Emma Whiston, a Victorian vet who created Australia's first dedicated home euthanasia service for pets in Melbourne way back in 2004. Emma talks to Heather Vaile about her early life and veterinary career, how she made the decision to focus on such a sensitive area of veterinary care, and why she has no regrets about the path she's chosen.

**For the past 20 years, Dr Emma Whiston has devoted her working life to providing a compassionate, gentle and individually tailored home euthanasia service for companion animals in Melbourne who have reached the end of their life journey. The pets she sees are commonly seriously ill or suffering from an array of chronic health problems associated with old age, but occasionally Emma also steps in to euthanase dogs with intractable behavioural issues that have made them a danger to people or other pets.**

It's not easy work by any stretch of the imagination, but she is comfortable in her role and takes pride in knowing she is able to give animals a peaceful, loving and dignified transition to death in the comfort of their own bed, backyard, garden or some other favourite spot. Emma also makes sure the owners' wishes for their pet's passing and aftercare are respected, and she offers bereavement support and referrals to additional grief resources if needed.

So how did she end up providing a good death for animals for a living?

Emma says she had a wonderful childhood growing up with her four siblings in Research, a suburb about 24 clicks northeast of Melbourne's CBD. She remembers those days as being "filled with lots of animals and lots of fun."

Her father Dr Nigel Clayton, a mixed-practice vet, and his wife Kate made sure their kids had plenty of pets and exposure to other animals as they grew up.

"We rode horses and had lots of dogs and cats and creatures, and we cared for sick and injured wildlife that Dad would bring home from work," Emma says.

She recalls her dad having a very gentle and compassionate professional manner reminiscent of the book and TV character Dr James Herriot from *All Creatures Great and Small*.

Emma's dad started his veterinary career in England, but he later moved to Australia to work in small animal practice for Emma's godmother, Dr Margaret 'Peggy' Goodwin, at Ringwood Veterinary Clinic in Melbourne and he eventually ran the practice until he retired in 2004.

"Dad was known for his kindness and lovely bedside manner as well as his surgical skill particularly in orthopaedics" Emma says proudly.

She also mentions her dad created history when he established the first animal emergency centre (AEC) in Australia in 1976 to try and alleviate the pressure on vets struggling with punishing after-hours' duties on top of their normal workload. This original AEC is still operating today and now other AECs can be found all around the country.



Emma's godmother Peggy was also a veterinary pioneer in her own way. She was one of the first female vets to graduate in the 1950s and the first to open an exclusively small animal practice in Melbourne in 1954.

Despite having these very strong veterinary influences in her life, Emma's parents encouraged her to follow her own passions and she originally had planned for a career on the stage.

"My main interest growing up, apart from animals, was in drama and acting, and that's what I primarily wanted to do with my life," she explains.

It was only when Emma was in Year 10 that she realised that the option of becoming a vet was also open to her.

"My dad was my hero," she says. "I looked up to him so much but I hadn't realised that I could actually do that wonderful work as well.

"It all became very clear, everything fell into place, and I knew that I wanted to do vet science."

Emma's unexpected change of career plan necessitated changing her elective subjects at school rather quickly, and she also had to contend with an unkind comment by her school's career's adviser.

"She told me my grades weren't good enough, that I wasn't smart enough" she recalls, "so that just spurred me on to prove her wrong!"

Emma went on to be offered a place at both a drama school and the veterinary science course at the University of Melbourne. She accepted the latter and before long, she was on her way.

## UNIVERSITY DAYS AND EARLY YEARS IN PRACTICE

Emma began her veterinary studies at The University of Melbourne in 1989, and for the most part, she has very happy memories of her time there.

"In those days, there were only about 40 people in each year and we were a fabulous cohort!" she says.

"We still get together to this day. There was a very strong camaraderie between us and we formed very strong friendships. We had an awful lot of fun despite working very, very hard.

"I loved vet school. I loved it all."

In the last two years of their veterinary training, the senior students lived on campus and worked on rotation at the university's veterinary clinical centre in Werribee.

There they were able to hone their clinical skills and develop their veterinary knowledge in a first-class teaching hospital, and they loved having access to advanced veterinary equipment and lecturers who were experts in a whole range of diverse fields.

However, during their time at Werribee, Emma and her cohort were confronted with a tragic event on campus involving one of their own close-knit group.

“Unfortunately, in final year, one of our much-loved classmates suicided at Kendall Hall,” she says. “It hit us really hard.”

As we go on to discuss the thorny issue of mental health in the veterinary profession, Emma speaks frankly about her own emotional struggles over the years.

“My mental health see sawed throughout my early years after graduating as a vet in 1993,” she says. “I had bouts of black depression, but most people didn’t know this.

“I loved my job and it certainly was never boring but there was a dark side. I was struggling with the demands of the work – the unrealistic expectations that I placed upon myself, distress at seeing animals suffer, imposter syndrome and compassion fatigue.

“I was not in a good place.”

Emma became an expert at hiding her true feelings and years later, her friends were gobsmacked when they learned she had struggled so much during those first few years in practice.

“To the world, I was always so happy and outgoing, the life of the party, but I was stressed,” Emma says simply. “I enjoyed my work, but it was very demanding and I suffered with dark feelings of anguish.”

In particular, she worried about making mistakes and the constant fear that an animal might suffer as a result of something she’d done, or not done correctly.

“I soon went into overdrive mode,” she explains. “I worked very long hours, I didn’t want to make any mistakes so I pushed myself very, very hard – to the point of burn out.”

The intense pressure Emma was putting herself under was making her unwell but fortunately, life was about to take an unexpected turn for the better.

## NEW BEGINNINGS

One innocuous Monday morning in 1997 when Emma was doing routine consults at work, in walked a new face with a familiar patient. Greg Whiston’s family had been bringing their pets to the practice for years, but this was the first time he’d visited the clinic. He was with his sister’s Beagle.

Emma says meeting Greg was quite literally, love at first sight: “an amazing meeting of souls and a strong sense of ‘coming home.’

“We were very lucky to find each other.”

She stayed on working as a small animal vet for about five years, but gradually reduced her working hours to attend to her mental health, and focus on other non-veterinary interests.

“I decided that I had missed my true calling, which was acting,” she says. “So, I

auditioned for the National Drama School, was accepted, and I trained there in 2000 and 2001.”

Emma and Greg married and the pair went on to have two children.

Unfortunately, both pregnancies were hard going. Emma experienced severe hyperemesis, which effectively meant ongoing nausea and vomiting 24/7 for nine months, each time. She also suffered from post-natal depression which was debilitating.

“I was unable to continue actor training or return to work as a vet,” she says.

Instead, Emma started looking at job vacancies online, and she knew she needed to think creatively. Late one night, she came across an ad for a safari guide at Werribee Open Range Zoo which caught her eye.

Some years earlier, while recovering from the sudden loss of a close friend and family member, Emma had travelled to Africa for some ‘safari wildlife healing’. She still had very fond memories of that trip, so the zoo job sounded like it might be perfect.

But there was one catch.

“In order to get the job, I had to pass a heavy vehicle driving test so that I could drive the safari bus around the zoo,” Emma says. “Achieving this licence was great for my battered confidence, as it involved learning how to drive a truck which felt great! I got the job and just loved watching the hippos and rhinos all day. My acting skills also helped when educating and entertaining the visitors to the zoo.”

Emma worked at the zoo in 2004 and 2005 while she processed her complicated feelings about being a vet.

“I was finally able to identify that the main issue for me with being a vet was that quite simply I couldn’t stand watching animals suffer. At all.”

She knew she could not go back to working in small animal practice, but another idea had been subconsciously bubbling away in her mind for some time, until it finally surfaced.

“It was an obvious yet strange realisation that my veterinary degree allowed me the power and ability to peacefully end the pain and suffering of animals.

“And so this became my vocation.”

## MY BEST FRIEND

In 2004, Emma began Australia’s first home euthanasia service for pets called My Best Friend. She already had experience performing pet euthanasia at home, and she knew it was often a better option for both the pet and the human/s involved to do it this way.



Emma with her father and mentor Dr Nigel Clayton



However, when asked if anybody tried to talk her out of her plan for a veterinary practice focusing primarily on home euthanasia, Emma replies cheerfully: "Oh yes, my colleagues thought I was absolutely mad!"

"Mum and Dad were also sceptical. I remember discussing with them that I planned to work without a vet nurse, as I felt confident working solo, and they thought that sounded fraught with danger in terms of animal handling, being in people's homes, not having backup, etcetera.

"But it made complete sense to me, and obviously looking back now, it has created a whole new area of veterinary care available to pets and their owners."

Emma's business has continued to grow over time and this year she and her colleagues will celebrate its 20th anniversary.

These days, as well as organising a home euthanasia appointment for their pet, clients can also access related services through My Best Friend, including advice on palliative care and pre-euthanasia guidance, quality of life assessments, and help with aftercare arrangements for their best friend.

Emma says most of the pets she sees are well and truly ready for euthanasia, as some pet owners tend to put the decision off, mostly because they are conflicted over when is 'the right time', plus it is such an emotional time filled with feelings of guilt and grief.

She points out that home euthanasia is particularly helpful for animals who are difficult to carry or too sick to be moved, cats who find car rides and vet practice visits stressful and distressing, and owners with limited mobility or limited access to transport.

"Occasionally, a client asks us to euthanase two pets together and usually these are a bonded pair," Emma says. "One case I visited recently were two Jack Russells from the same litter, now 17 years old, both unwell. One was in end-stage heart failure, with pulmonary oedema so he was quite distressed.

"It was imperative that he be euthanased as soon as possible. But the owners really struggled with it, because they were very scared about how the other Jack Russell might respond."

The male dog with the heart failure had effectively been the guide dog for the female sibling who was blind, deaf, and battling both severe dementia and severe arthritis. However, the female was not dying in any immediate sense, so the owners felt very conflicted about what to do.

Emma was able to explain to her clients that euthanasing the two dogs together was a perfectly reasonable choice and they were not 'disposing' of their female pet by sending both animals off together. Rather it was the kindest thing to do, as the female would have been completely lost without

her brother. And it was clear she was also suffering with her geriatric issues.

Another case Emma mentions is one where the owner, John, had motor neurone disease and ironically, his old Labrador assistance dog had degenerative myelopathy. The old Lab was incontinent and had lost the use of his back legs, and John was about to go into a hospice in preparation for his own death.

"I gave the premed to the dog while he [the pet] was on the floor in the lounge room," Emma says. "And then once the dog was asleep, there were enough family members present to carefully lift and lay the dog onto John in his tilted-back wheelchair. Then I was able to administer the final injection into a hindlimb which meant that even although John was unable to move his arms to cuddle his pet, at least his and the dog's heads were together as his best mate peacefully passed away."

John himself died a couple of weeks later and as per his wishes, his dog's ashes were placed in his coffin with him for burial.

## TRICKY CASES

When asked if she routinely talks to pet owners before a home euthanasia visit to prepare them for what to expect on the day, Emma says it varies.

"We offer a highly personalised service, so it depends on what the client wants.

"Most of the time my practice manager, who is my husband Greg, has first contact and talks clients through the process. Most people are comfortable with that and happy to see the vet when they arrive at the home. Occasionally, an owner may wish to speak with the vet over the phone prior to the visit, particularly the ones calling about behavioural euthanasia cases.

"One of my strengths is dealing with aggressive dogs and those with entrenched behavioural issues. And so veterinary behaviourists often refer dogs that are unable to be rehabilitated to me for euthanasia.

"Sometimes the pet's behaviour may be due to an organic brain disease, such as a brain tumour, but usually, they unfortunately haven't been socialised or trained appropriately, or quite simply, they have been born with 'faulty wiring'."

Emma adds that when these very sad types of cases come up, they are often dogs that have already been in the news for hurting somebody.

So how does she handle the behaviour cases safely?

"I handle them with great respect both for the animal and the owners, and I do a lot of preparation, usually in conjunction with the veterinary behaviourist who has referred them to me," she replies evenly.

"I love to work as a team with pet owners and their regular vet as well as any specialist vet or emergency service involved.

"I strongly believe in collaboration and sticking to my lane. So that means referring back to the GP vet, just as a specialist does. I guess that the professional integrity and the notion of professional courtesy that Dad instilled in me from a young age is very strong.

"Preparation, patience, and flexibility is the key, and having a plan A, B, C and D for these dogs. It is important to create a plan that is very personalised, as these dogs may or may not be muzzle trained and each often has a unique mix of triggers which affects the extent to which they can be handled.

"I'm a Fear Free certified vet," Emma continues. "And that means that no matter what the animal has done, I will always try to achieve a good death for them."

She is clearly passionate about her work, and in addition to her many years of experience as a home euthanasia vet, Emma has also completed an international training course in palliative care and euthanasia for pets.

"There's no official postgraduate training or recognition available yet ... but it will come," she says. "The closest that you can get to it is with the International Association of Animal Hospice and Palliative Care (IAAHPC) which is based in the US.

"They run a certificate course every year, so you can apply to study with them to become a Certified Hospice and Palliative Care Veterinarian (CHPV). Vets from all around the world apply ... it's quite a lengthy online learning process, and then you need to travel to the US as well. They hold a conference each year where you register to do the practical component. You have to do

this part as well before you can graduate."

Emma says she found the IAAHPC course particularly useful in terms of developing the skills required to deal with a myriad of psychosocial and family factors that can be at play when end-of-life decisions are made for a much-loved pet.

She gives the example of a case where everyone in a particular family, except for one vocal and angry objector, believed that their pet needed to be euthanased. These sorts of situations can be emotionally charged, so Emma will often facilitate a family meeting to try and reach a consensus in terms of what is in the best interests of the animal, and she is fearless in giving frank advice when needed. Sometimes she needs to tell a client kindly yet firmly that while they might not be ready to let go, their pet is ready, and is in fact, suffering.

## HELPING MORE PEOPLE

Emma currently employs two other female vets, along with husband Greg at My Best Friend, to help manage the workload. The business now receives referrals from over 100 different vets, vet specialists and emergency hospitals in Melbourne, in addition to word-of-mouth recommendations and other new clients via their website.

Recently Emma was invited to become a member of the Australian Palliative Care & Advisory Council ([www.avpcac.com](http://www.avpcac.com)).

Established in 2017, the council aims, among other things, to develop and support best end-of-life care practices within veterinary medicine and to provide advice and resources to vets seeking to improve their clinical skills in this area of practice.

Emma also presents lectures about end-of-

life veterinary care, and in the past has been invited to speak to different groups including vet and vet nurse students, vet clinics and hospitals, as well as educational events in Melbourne including VNCA and AVA (Vic Div) conferences, The VET Expo, and the Dog Lovers' Festival.

Emma similarly enjoys connecting with others by writing articles and speaking on radio in order to educate wider audiences and promote best practices for veterinary end-of-life care in Australia.

So what about her mental health these days? How does she manage to keep that on an even keel given the sensitive nature of her work?

"First of all, I've found my calling," she says. "I've found my niche. So, I'm very comfortable with it.

"Second of all, I am 53. I have a load of experience as well as growing up with Dad who has always been a fantastic role model and mentor for me. He may be 91 years old now, but I still love discussing cases with him, and he still has plenty to teach me which is such a gift.

"Also, I have had over 20 years of psychological support. I've done decades of therapy in terms of working through mental health issues such as anxiety and depression. I've examined topics commonly affecting vets such as compassion fatigue, perfectionism, imposter syndrome, unrealistic client expectations, burnout, and I've reflected on the concept of working in a profession which embraces the idea of euthanasia. I believe that vets, like human doctors, need to debrief and seek help to stay on top of things".

Emma has certainly come a long way since those first years in veterinary practice when she was still finding her way in life.

So, what does she think are the most important things vets really need to get right in terms of pet euthanasia?

"Many things can unexpectedly go 'wrong' with providing a peaceful euthanasia," she says. "From difficulties dealing with emotional owners, to not being able to find a vein or agonal gasping. "It can be very stressful for even the most experienced and competent vet.

"The key to facilitating a positive euthanasia experience is to always remain compassionate and calm and to maintain communication with the client. You also need to be competent of course, as well as confident, comfortable and sometimes creative!"

Emma says one of the nicest things a client has said to her after a home euthanasia appointment is simply: "Thank you for helping me through the worst day of my life." 🐾



# A day in the life of ... Emma Whiston



**6.15 AM** I'm woken up abruptly by my doggy alarm clock – two bouncy Golden Retrievers, 'Evie' and 'Delilah' jump on me with no apologies given. They pin me down, so I have to wrangle with them to try and get out of bed! My Tibetan Spaniel 'Miss Tibble' laughs along. Then it's downstairs, kettle on, the dogs out for wees, and their breakfast.

**7 AM** Now it's coffee time for me with my parrot 'Benny' who nibbles on my ear, and then 'Miaow' the cat joins us demanding a feed. The dogs have settled into their gentle morning wrestle. I check everyone's schedule for the day plus any communications and make a note of priorities. My days can change quickly, so it's important to take stock before the juggling begins.

**9 AM** I begin my daily meditation to let all information sink into my brain and to achieve a calm state after the early morning fun. Time to switch gears and be mentally and emotionally ready to visit patients and their grieving families.

**11 AM** I meet with my practice manager husband Greg who has been confirming appointments with clients. He triages and juggles the day's patients so that the vet rounds are achievable, both timewise and geographically.

**12 NOON** I check and restock my vet bag and my car to make sure I have all the necessary drugs and equipment. Then I'm on my way! We can each see up to six patients per day, but it's more like an average of three for me these days as this is a better fit for my work-life balance and my energy levels.

**1 PM** After a 30-minute drive, I arrive at my first call to see 'Stavros', a six-year-old Greyhound with an osteosarcoma. He is a big boy with a beautiful nature despite being in enormous pain. His femur has fractured at the site of the large, bony tumour, so I administer a very strong premed to ease his suffering then brief the owners as the drug takes effect. Home euthanasia usually allows for more time to be spent reminiscing and hearing stories from owners. I learn that Stavros had spent most of his short life travelling around Australia. Today his owners have set up a 'throne' in the backyard for him to lay on, his favourite music is playing, and as he peacefully falls asleep, he is fed cupcakes and ice cream. Beautiful stuff.



**1.50 PM** My next job is 45 minutes away. Lucky that I love driving around my home town of Melbourne! Sometimes I listen to music or make phone calls but mostly I drive in silence and let the cogs of my brain turn. Solitude and mindfulness are very important for me.

**2.40 PM** Upon my arrival to visit 'Teddy' a 12-year-old Bulldog with a severe and acute central neurological condition, I walk into an extremely traumatised household. There are two children – a six-year-old and a nine-year-old – who are hysterical as they have witnessed the sudden onset of seizures in their beloved old 'Teddy'. The parents have elected not to pursue diagnostics given his age and the likelihood of something nasty. I assist compassionately and calmly which includes explaining the situation to the children and answering their questions about doggy heaven. After a peaceful euthanasia, I go into the garden with the now-calm children to pick flowers for 'Teddy' which gives their parents some time alone to grieve their first 'fur child'.

**4.30 PM** After another 45-minute drive, I attend a collapsed Cavalier King Charles Spaniel who is dying from end-stage heart failure. Unfortunately, his owner has been unable to let him go any sooner. She is also very inebriated and is finding it difficult to walk or talk. 'Henry' is struggling to breathe; he has generalised dependent oedema and absolutely no peripheral veins visible. This case again demonstrates the importance of vets having some knowledge of clients' psychosocial situations and how to manage them. I organise a neighbour friend to come

in as support for the owner and then quickly administer a very strong premed/anaesthetic prior to giving 'Henry' the final injection humanely into his enlarged heart. Intra-organ injections are sometimes necessary if there is no other access, but must only be given after the pet is adequately anaesthetised first.

**6.30 PM** A final call to an elderly lady with 'Bob', a 17-year-old Border Collie with various geriatric co-morbidities. When I arrive, the owner simply says: 'He's run out of puff and has told me he's ready to go'. She is sad but accepting of the situation. She tells me 'Bob's' life story and we enjoy a cup of tea together as I help him to pass. No stress, no pain, no fear.

**8 PM** I arrive home but there's still work to be done. Greg and I settle our deceased patients into the mortuary freezer, making sure they are all logged in correctly, as most are for cremation. We cross-check information for the day, discuss any problems to fix, special requests, send emails regarding deceased patients to their respective referring clinics, make crematorium bookings and submit drug orders.

**9.30 PM** Our son and daughter both arrive home from sport and work commitments, so we have a light supper together as we catch up, relax, talk, and watch Evie, Delilah, Miss Tibble, Miaow and Benny play.

**11 PM** I'm off to bed now and looking forward to a new and different day tomorrow. As I lie down, I'm jumped on by Evie and Delilah. Again. It's the perfect bookend to the day.