Symbolic Interaction

Kinship Health Relationships: Reconfiguring the "Good Death" in Mixed Species Families

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Through an innovative interspecies analysis, this article explores narratives surrounding the medical treatment of humans and pet animals at the end of life among U.K. veterinary surgeons, medical practitioners, and members of the public. Contrasting the care options open to pet owners with those available to human patients, and through a thematic focus on treatments and medicines, euthanasia, and palliation, this article pays close attention to the ways that practitioners and members of the public make sense of — and express ideas about — interspecies family kinship at the end of life. We highlight the utility of interactionist approaches for understanding microsocial human-animal kinship ties and argue that health policy and practice during end-of-life care should better reflect the lived reality of the multispecies family. In so doing, we highlight the significance and complexities of interspecies conversations for the development of contemporary end-of-life care debates.

Keywords: "good death", end-of-life care, clinical responsibility, euthanasia, palliative care, animal-human relations, pets, posthumanism, kinship

INTRODUCTION

The well-being benefits of animal care and proximity are well-evidenced across the life course; from learning support in primary schools (Fynn and Runacres 2022)

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and stress relief for university students during exam periods (Charles and Wolkowitz 2019), to comforting elderly people in residential care homes (Fox and Ray 2019) and adults who live without children (Laurent-Simpson 2017). The strong correlation between quality of life and interaction with nonhuman animals has been extensively documented in the sociology of relationships and communication (Irvine 2016; Sanders 2003) because for many people, animals are one of the family (Laurent-Simpson 2021).

This positive well-being correlation is not, however, without complexities that emerge in the case of domestic violence (c.f. Taylor and Fraser 2019), or the deep traumas of bereavement following pet loss (Packman et al. 2017; Wrobel and Dye 2003) and attendant “disenfranchised grief” (Hughes and Harkin 2022) attributed to the differential social standing of animal and human family members (Lofland 1985). Living with a pet animal may, therefore, carry the potential for both positive and negative influences on mental and physical human health (Martins et al. 2023). In this article, the complex and contradictory relationships between human and animal well-being are explored through the lens of palliative care, a process in which both human and animal health practitioners aim to reduce anxiety, discomfort, and isolation, but where the value of human-animal bonds has been largely overlooked in specific treatment pathways relating to a “good death” (Selter, Persson, and Risse 2022).

We focus on the intimate familial significance of companion animals (Brandt 2016; Charles 2015; Hughes and Harkin 2022; Sanders 2003) as a starting point to stimulate discourse between human and animal end-of-life practitioners. Our aim is to expand the current conceptualization of the “good death” to take account of the mixed species family, something that our data suggest could lead to enhanced emotional and psychological benefits for dying pet owners, and perhaps the owners of dying pets. Literature on microsocial interspecies relations in domestic dwellings (Charles 2015; Fox 2006; Haraway 1990, 1994, 2003, 2008, 2016; Irvine 2016, 2017; Irvine and Cilia 2017) helps us to situate the wider cultural meanings of both discursive and material human-nonhuman interactions (Puddephatt 2021; Vannini and Vannini 2021) and supports the relational concept of multispecies kinship that we propose in the context of end-of-life care (Ashall and Hobson-West 2017; Brandt 2016; Fox 2006).

We have organized the article as follows; first, we explore literature relevant to conceptualization of the “good death,” the interspecies family, and professional readings of human-animal interaction in end-of-life healthcare contexts. Then we turn to a description of our methods and methodology. Finally, we set out our empirical findings by theme and consider their implications for readings of the good death, the interspecies family, and the important social role played by end-of-life practitioners. We conclude by arguing that increasing inter-professional discourse should inform debates surrounding the practical meaning of a good death for both humans and non-human animals; conversations that are currently impoverished by the cultural species boundaries that isolate professional perspectives from one another.

THE "GOOD DEATH" AND KINSHIP IN THE POSTHUMAN FAMILY

The term, "good death" may appear paradoxical outside the specific context of end-of-life medicine, but professional literature has long sought to define and explore its implications, a majority of which stresses that a "good" death should be "self-determined according to personal preferences and needs" (Lapid and Peisah 2021). In the United Kingdom, which is the focus of this research, there are guidelines for human medical practitioners (Smith 2000) on the reduction of symptom burden, relief of suffering, provision of comfort, and quality rest which are encapsulated in regional care plans, health policies specifically designed to support the care of the terminally ill. Care plans have been critiqued on the basis that there is "no such thing as an external criterion of a good death and that it is more dependent on the perspectives of the dying individual" (Meier et al. 2016:261) but our findings highlight a lack of consensus about how to account for the human individual and their wishes, including dying pet owners. Indeed, the idea of the good death is a somewhat "gray area" of healthcare, around which open debate has been "put off for so long" (Lapid and Peisah 2021:844).

Bailey et al. (2020) stress that human palliative care planning is suffused with "death management" policy frameworks that emphasize patient choice as critical to a "good death." Indeed, contemporary policy language reflects that patient choice should be explored and considered as part of good clinical decision making, within options constrained by the legal, financial, and professional logics that dominate healthcare. To that set of logics, we can add the perspective and place of family members in human palliative care settings and, more specifically, the role of pet species; an issue where patient choice often competes with other healthcare agendas. The potential scale of this problem is significant; pet ownership is common in the United Kingdom and 53% of the population own pets (PAW 2023) with dogs and cats being equally popular domestic companion species (it is estimated that there are some 11 million of each). Despite the cultural significance of pet ownership (Laurent-Simpson 2021), there are few end-of-life care settings where multiple species can coexist in ways that confer benefits to patients. Indeed, as our findings show, members of the public often express frustration about the perceived failure to account for important animal companions and interestingly some even articulate aspirations to experience euthanasia in the same way as their pets.

There are significant differences in the templates for animal and human end-of-life care in the United Kingdom. While free access to *general* human medical care in the U.K.'s National Health Service (NHS) is funded through taxation, human *specialist* palliative care services are usually provided through the charitable sector, resulting in a varying and financially precarious service provision for humans with persistent and complex palliative problems. All veterinary care for animals must be paid for privately or funded through pet insurance. These differences produce a contrasting economic terrain of healthcare provision. One outcome is that the commercial veterinary market has supported increasingly sophisticated end-of-life treatments for animals including prostheses, chemotherapy, and organ transplants (Corr 2013), for animal owners who are in a position to pay for them. In contrast to human healthcare, euthanasia is also commonplace in veterinary practice and means that the precise moment, place, and aftermath of death can be decided and witnessed by animal owners (Law 2010). Recent research (Ashall 2022), however, shows that veterinary practitioners face a distinctive set of professional issues arising from end-of-life treatments. Sophisticated palliative techniques have been critiqued as humanized, wasteful, and indulgent (Green 2019) and while euthanasia has a widespread cultural acceptance in the United Kingdom, this model of care at the end of an animal's life is also contentious (Arluke 1994).

A good death is usually regarded by veterinary professionals as timely, relatively painless, and conducted with proper care in killing the animal (Haraway 2008; Holmberg 2011) and is usually only offered to those whose pet may no longer be expected to live a good life (Law 2010). The large-scale euthanasia of unwanted or abandoned pets, however, challenges such templates for a good death on the basis that they may be idealized (Arluke 1994). For veterinary practitioners, then, performing and managing a good death involves carefully navigating both "the contextual acceptability of killing and the construction of veterinary expertise" (Schuurman 2016:208; Srinivasan 2013). Our analysis identifies the complexities of such professional judgments, particularly as they intersect human activities and elements of meaning both within families and across the many "archipelagos of small groups" which help "shape the map" of broader cultural expectations of healthcare experiences (Bassetti and Sassatelli 2017:409).

The veterinary and medical perspectives that we collated reveal that many individuals conceive of family units as small domestic groups constituted by different species. Yet, this is poorly aligned with current palliative healthcare approaches which function along exclusionary distinctions of species boundaries. This helps explain how practitioners and members of the public made sense of—or were frustrated by—perceived similarities and differences in end-of-life treatments. Domestic dwellings, veterinary clinics, and palliative care hospices are crucial microsocial spaces where these momentous macrosocial debates are playing out between professional epistemologies and public perceptions of justice, dignity, and well-being (Brewster and Puddephatt 2017).

New cross-professional perspectives on the management of the good death are necessary because the concept of family has changed significantly. While many classic accounts (Blumer 1969) have prioritized human beings and the ways they produce meanings in daily life, more recent scholarship has stressed the mutuality of human-animal relationships (Brandt 2016; Irvine and Cilia 2017), and posthumanist human-animal studies research (Charles 2015; Haraway 2008) has drawn important focus to human relations and (responsibilities to) a broader natural terrain (Puddephatt 2021; Vannini and Vannini 2021). Contemporary thought challenges historic cultural notions of human supremacy and dominance over nonhuman life, a view that many medical practitioners and members of the public mirror in vernacular thoughts and feelings about working and living with animals within the broader, macrosocial context of end-of-life care policy (Brewster and Puddephatt 2017).

In order to interpret the expressed thoughts and feelings of our participants, we work from an analytic starting point of the multispecies family, described in the cultural and socio-historical context of increasing diversification of the traditional nuclear family (Laurent-Simpson 2017). That non-human animals are now considered surrogate children and siblings within some families has daily implications for the interspecies sharing of meals and special events, and we extend these ideas of interspecies sharing to the end-of-life care setting. We acknowledge that such intense relationships can also be problematic if, for example, animal-human intimacies contribute to people staying in violent and abusive relationships to protect their animal "children" (Taylor and Fraser 2019) or anthropomorphize nonhumans in ways that inadvertently harm them (Green 2019), but our analysis supports the exploration of both positive and negative consequences arising from multispecies family relationships, specifically at the end of life. Importantly, an emerging literature is now posing specific questions surrounding the meaning of these multispecies family relationships for end-of-life care provision asking, for example, why certain cultures resist the euthanasia of humans but feel compelled to intervene in the deaths of companion animals (Pierce 2012).

In this study, the accounts of members of the public and end-of-life practitioners working across human and non-human species are put into conversation to add new detail and context to the exploration of such meaningful questions. In doing so, we do not disregard the biological differences between animal species and humans, nor their differing cognitive capacities, but rather we reject "species" as a rigid category by which to exclude and differentiate social actors from palliative care planning. We embrace the *everyday animism* that is inferred by our data for, as Bell (2017:118) argues, there is a need to acknowledge the important presence of the nonhuman in quotidian lived experiences of places, things, and beings. As Irvine (2016:137) has pointed out, however, a lack of academic focus on the presence and interaction between species perpetuates their separation in social policy and other spheres.

Tracking the traditional hierarchies between humans and other species, the "managed difference" (Haraway 2016:69) of discrete professional codes of practice and research has kept human and animal end-of-life debates separate. As Haraway (1990) argues, however, accepted knowledge can shift through interaction, which we aim to demonstrate here by drawing practitioners and members of the public together to share ideas, reflect on actions, and formulate new agendas for end-of-life care. Our aim throughout is to question the human-animal hierarchies that disaggregate knowledge about caring for animals and caring for humans at the end of life (Dent 2019; Green 2019; Haraway 2016). We consider this a necessary precursor to embracing the affective connections of mixed species families (Charles 2015) as well as generating new insights into healthcare policy that better accounts for the immense value that many humans place on their pets (Charles and Davies 2011; Hughes and Harkin 2022; Irvine 2016, 2017).

METHODS AND METHODOLOGY

Our analysis rests upon several studies we conducted between 2019 and 2023 which incorporated a clinical focus group, public engagement event, and sandpit event.

Clinical Focus Group

The clinical focus group brought together ten healthcare professionals who self-identified as experienced in end-of-life care within medical and veterinary settings. For practical reasons, the focus group was held on a weekday evening in May 2019 and predated the social restrictions that were applied during the COVID-19 pandemic in 2020. Our aim was to test boundaries and explore connections between human and non-human animal end-of-life care. Participants were recruited through the professional networks of the lead authors and comprised two veterinary surgeons (senior and junior) and two veterinary nurses (senior and junior) from two different local veterinary practices; a hospice general practitioner (a GP providing clinical sessions to a hospice); palliative care physiotherapist; palliative care heart failure nurse specialist (all working in different clinical environments); and a retired hospital consultant. Participants were given a project information sheet before providing informed consent to participate.

To stimulate relaxed and informal conversation (Arksey and O'Malley 2005; Bowling 2014; Vannini and Vannini 2021), we held the focus group in the private dining room of a village pub, within traveling distance from work for all participants. Following initial introductions and welcome, the group was served a meal. Over dinner, for a period of 2.5 hours, we facilitated and recorded an in-depth discussion. A predetermined conversation starter at the beginning of each course encouraged participants to use storytelling (Jenkins, Ritchie, and Quinn 2020) and anecdotes to illustrate their own experiences of the following themes: *When and how species or professional boundaries are crossed during end-of-life care conversations*; *how the professions may be contrasted with one another; how cross-species conversations have proved beneficial or problematic for the provision of end-of-life care*.

We then allowed conversations to develop naturally and we recorded using an external microphone (Olympus ME33) in the center of the table which was connected to a digital voice recorder (Olympus WS-832). A third party transcribed the data, verbatim and uncorrected. Two authors shared and discussed written observations, while the lead author applied a thematic analysis to the data using the qualitative research management software N-Vivo Release 1.7 (QSR International). We identified codes through repeat reading of the focus group transcripts to identify recurrent words, meanings, and phrases (Bryman 2012). These codes were grouped into clusters and then collapsed into themes using both inductive and deductive methods (Bryman 2012). As such, some unexpected themes, such as "kinship" were generated during the data analysis, while others such as "suffering" were explored intentionally as an a priori theme (Braun and Clarke 2022). Due to the limitations on accessing healthcare settings, which came into force in 2020, we have supplemented our analysis of this preliminary data using the observations from an interdisciplinary sandpit and community event.

Interdisciplinary Sandpit Event

The interdisciplinary sandpit, similar to a symposium, lasted 2 half-days in June 2019 at the University of York with 20 attendees from across the United Kingdom, purposefully selected through professional networks. The aim was to assemble a diverse group with differing academic and professional interests in end-of-life care research, end-of-life care practice and/or human-animal relationships. As a mixture of practitioners and academics, the group's varied interests included medical ethics, end-of-life research, bioethics, animal-assisted interventions (AAI), social theory, history, multispecies ethnography, and law (Figure 1).

On the first day, the idea of multispecies families was foregrounded via a discussion of the preliminary findings from the professional focus group. The group's responses to the theoretical and empirical presentations and their subsequent discussion were recorded by a live scribe, a novel form of participatory data capture incorporating informal, arts-based, and creative techniques that report conversations in images, text, and cartoons. Live scribing distills verbal and written information into digestible pictures in real time and was used here to record the event, generate iterative thinking, and engage participants through accessible images and keywords (Figure 2).

On the second day, we shared the live scribe's analysis of the previous day's conversations with the group using PowerPoint. The group then participated in a "world café" discussion facilitated by members of the group. The world café approach has previously been defined as an exploratory data collection method within qualitative research (Fouché and Light 2011; Schiele et al. 2022). The practice

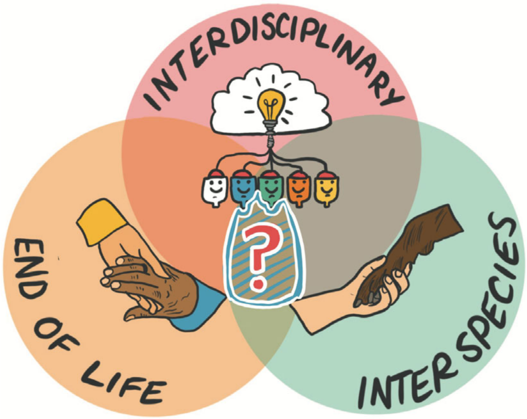


FIGURE 1. Space Accessed During Interdisciplinary Sandpit Event

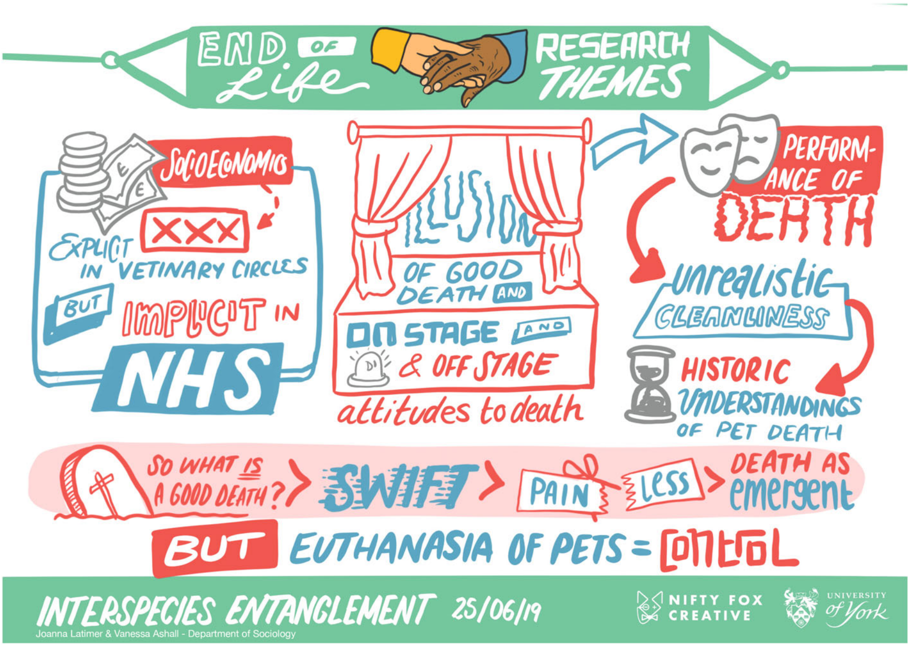


FIGURE 2. Example of a Live Scribe Visual From the Event

involves gathering participants who share their knowledge by rotating between several smaller discussion tables, where each table focuses on a particular aspect of the overall research topic. The world café technique refined the group's discussion on end-of-life care research into four topics: research questions, research methods, funding opportunities, and collaborative routes to impact. At each table, important points arising from the conversations were recorded on paper. The discussions and the notes were shared with the entire group at the end of the day and the live scribe incorporated these outputs graphically into the final piece of artwork. For this article, however, only the data arising from Day 1 of the sandpit event are analyzed.

Community Engagement Event

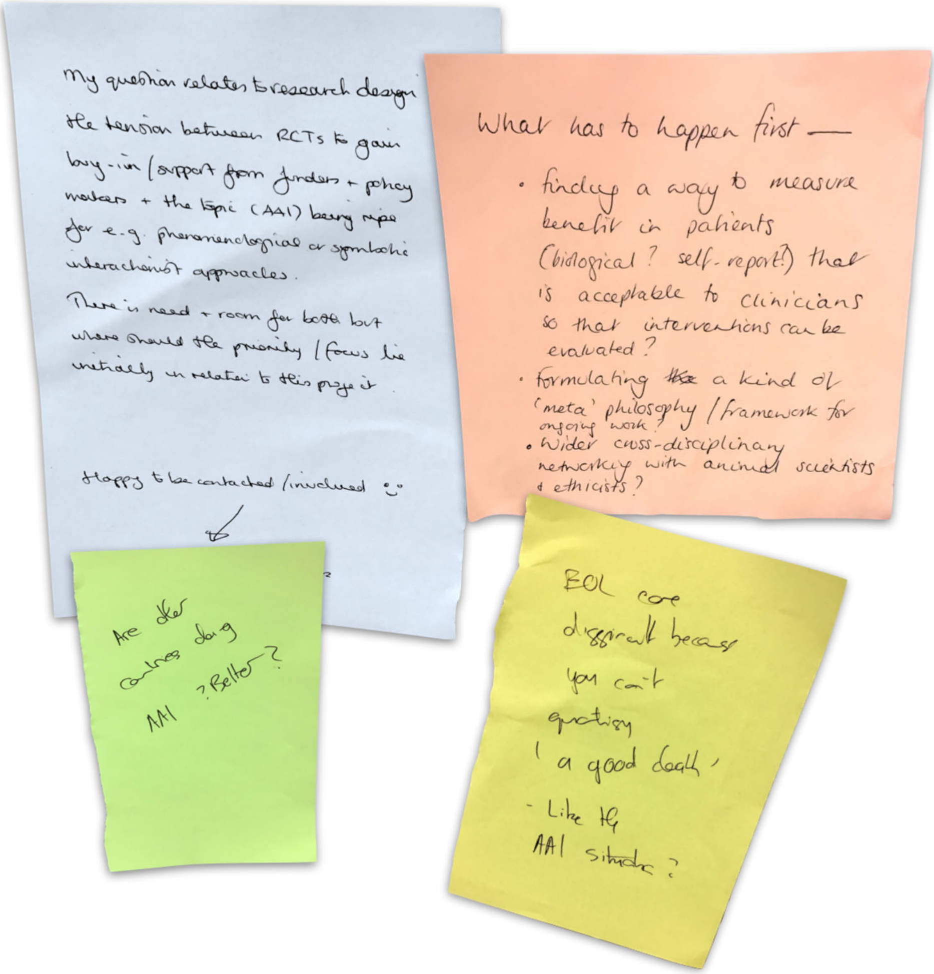
The community event took place in September 2019 at a human community hospice in a large coastal town in the North East of the United Kingdom which is funded exclusively through charitable community fundraising. Community members were invited to attend the hospice's education center between 11 am and 3 pm via flyers, posters, and online community forums. Twenty-five community members (students, hospice and care home staff, and the general public) attended. During the day, three attendees from the interdisciplinary workshop presented their own work on human-animal relations with a focus on AAI and multispecies medicine research. The lead author presented the preliminary research themes from the professional focus group data analysis and these were discussed. During the afternoon, the graphic outputs from the interdisciplinary workshop were displayed using poster boards and data was elicited by encouraging attendees to ask questions and discuss their thoughts. A veterinary surgeon and a doctor were present throughout the event to answer any direct questions concerning end-of-life care provision for humans and animals.

The day's structure was designed by a creative facilitator. As a result, the publics' responses and questions during the event were not directed by the research team. Rather, the attendees engaged with the material presented in their own ways and, through face-to-face discussions and written comments, were able to share their perspectives and ideas with others. A "graffiti wall" was installed to allow participants to leave reflections, observations, and responses. The creative facilitator analyzed the content of the graffiti wall through a guided reflective practice and focused conversation with the lead author to produce a modified thematic analysis (ICA 2020). All comments were reviewed and clustered with other similar comments. These clusters were then collated under emergent themes which provided a community perspective on the value of posthuman ways of viewing family units to improve the practices and policies guiding both human and animal end-of-life care (Figure 3).

Inevitably, as with all research methods, there were limitations in our approach which need to be openly acknowledged. First, the size of the dataset garnered from the initial focus group was limited by the practicalities of recruiting working healthcare professionals. We have sought to mitigate this by testing initial findings against insights provided at the two subsequent events. Second, the clinical landscape described in this data predated the COVID-19 pandemic in 2020/2021, and the data were never intended to relate to the recent and prominent changes in professional and public understandings of dying which have since emerged. Since most human deaths remain unrelated to the pandemic, and it has (by and large) circumnavigated companion species, we have selected to retain a focus on the non-pandemic discourse on end-of-life, though recent events may yet have unexplored consequences for palliative treatment and care policy. Acknowledging these limitations and caveats, we next present our findings and focus specifically on cross-species kinship and what this means for concepts of the "good death."

MEDICAL PRACTICE AND HUMAN-ANIMAL KINSHIP AT THE END-OF-LIFE

Haraway (2003) states that domestic relations with nonhuman others make new "becomings" that are best expressed through the anthropological language of kinship (see also Charles 2015) which we regard as valuable for contextualizing our data. Haraway describes human-animal kinship through the unbinding of difference; "a kind of non-optional reciprocity" (Haraway 2016:238), or a process of living or dying in solidarity where actors "have stakes in each other." Data gathered at the engagement event supported this idea because members of the public commonly



My question relates to research design the tension between RCTs to gain buy-in (support from funders + policy makers + the topic (AAI) being ripe for e.g. phenomenological or symbolic interactionist approaches.

There is need + room for both but where should the priority / focus lie initially in relation to this project.

Happy to be contacted / involved :)

What has to happen first —

- finding a way to measure benefit in patients (biological? self-report?) that is acceptable to clinicians so that interventions can be evaluated?
- formulating ~~the~~ a kind of 'meta' philosophy / framework for ongoing work?
- wider cross-disciplinary networking with animal scientists + ethicists?

Are other countries doing AAI ?Better?

EOL care difficult because you can't quantify 'a good death' - Like the AAI situation?

FIGURE 3. Image of an Action Cluster

described their own experiences of important shared, affective, and reciprocal mixed species family attachments during end-of-life illnesses. We define these as "kinship health relationships" (Jenkins 2021) as participants often expressed that they were desirable and comforting within microsocial settings such as hospices (and hospital beds) (Fox and Ray 2019).

Focus group data from medical practitioners, however, showed that they had to make informal and ad-hoc judgments about the embodied presence (Bell 2017) and affective significance (Irvine 2017) of companion animals for patients. While they seemed highly attuned to the ways that their patients saw family attachments as cross-species, they expressed frustration that human death still carried taboos that made conversations about the actual process of dying, including the role of pets in end-of-life care, rather difficult. Veterinary care providers seemed better equipped to handle animal owners' expectations of cross-species kinship relationships as owners were usually present, and had a much bigger role in the selection of the time and place of the companion animal's death. The respectful navigation of both human and nonhuman agencies was central to decisions and communications (Irvine 2017).

Both professions had experience of people discussing what they perceived as the enhanced benefits for dying animals in comparison to humans, whose suffering and lingering demise was contrasted with the swift and decisive nature of euthanasia practices in the veterinary clinic. The professionals' discussion of such perspectives, as well as the normative contrasts between their practices, formed the core of the focus group findings. In this section, we draw together (some of) the contours of these cross-species kinship health relationships, exemplifying the meaning of this term within the described manifold acts of "living and dying together" (Haraway 2016). We attend to the lived ways that practitioners and patients speak about their practical acts of care (Ashall 2022), solidarity, and affective connection (Brandt 2016; Hughes and Harkin 2022) within their interspecies kinship groups (Charles 2015) and explore the key difference between human and animal end-of-life care — euthanasia — as the emotive sharp end of this social experience.

In the following sections, we share our empirical findings through two main themes: (1) sharing practices at the end of life and (2) veterinary practices and human advocacy. The first theme attends to practices of sharing medicines and end-of-life care spaces with nonhuman animals and the ways that such interspecies sharing both enables and frustrates care practices. The second theme explores narratives surrounding veterinary euthanasia practices, identifying observed differences between human and nonhuman good deaths alongside the less commonly explored risks associated with normalized third-party euthanasia decision-making. In the final section, we draw together our findings to consider the value of cross-species practices in end-of-life care.

"Do You Think My Vet Will Give It to the Dog?" Sharing Practices at the End-of-Life

This section explores the practical and emotional connections and divisions between humans and their pet animals at the end of life. We suggest that material and affective interactions between species are important aspects of care but that they are often informal or even secretive. We show that end-of-life care practitioners both utilize and are frustrated by their experiences of cross-species caring practices, beginning with an issue relating to prescribed medications. There are separate and strict controls in the United Kingdom for prescribing human and animal medicines (although they often use the same drug formulae) but both human and veterinary practitioners stated that formal and informal acts of sharing medicines between species were commonplace:

> Dogs with heart failure … I get phone calls about "I'm feeling so much better on that new magic drug, do you think my vet will give it to the dog?" And I'm sure they've trotted off to the vet and said I've got this new tablet, and they take the tablet in … (MP3)
>
> We often get that … "I'm on that drug, can I give it to my pet?" But in actual fact a lot of those drugs are just repackaged from the hospital to the pet world in the different size, you know. (VP1)

These accounts appear to challenge normative and legislative divisions between human and animal treatments as simply based on pharmaceutical science. In citing these examples of questions about sharing medications, professionals highlight issues of differential access to precious and costly resources which may indicate the realities of financial hardship on companion animal care:

> I had another chap who didn't have very much money unfortunately. With the benefits system that we've got now in this country we've got patients that are really ill and they don't get any benefits at all now. And his dog was diagnosed with heart failure, and he asked me, whispered in clinic, his dog was on furosemide, and he's on furosemide, so could he give a quarter of his furosemide to the dog, because he couldn't afford the furosemide for the dog anymore. Really sad. (MP2)

Here, sharing state-funded medication with a dog inspired a conversation between the doctors and vets about financial as well as cardiovascular health. Despite the contravention of legislation surrounding prescription, this act of sharing medication may reflect an economic and emotive necessity, entwining economic and biological factors in the enactment of the familial connection across the species boundary (Ashall 2022; Burrow 2013; Haraway 2008).

We suggest, then, that pet owners' questions about sharing treatments may exemplify the support of valued kin members (Ashall and Hobson-West 2017). Sharing human medical treatment with a pet may be more than a pragmatic coping strategy deployed by animal owners (Gross and Horta 2016) because it can also be understood as unbinding powerful legal, professional, and social categories while binding the symbolic ties of family membership with other species (Charles 2015) to disrupt normative thinking on the value and place of the animal (Haraway 2008; Sanders 2003). We consider that these disruptions can be understood as enacting posthuman health kinship (Charles 2015; Charles and Davies 2011).

Several practitioners shared their experiences of accessing and protecting valuable interspecies kinship relationships:

> Early on in doing this job I was asked to see a lady on a ward in the hospital, and she just turned away and looked at the wall, she didn't want to speak to me. I thought this is going to be really difficult. I noticed on the locker, at the top, she had a picture of a west highland terrier. So I got hold of the picture and I said to

> her "oh, who's this lovely chap?" And immediately this old lady's eyes lit up, and it was the dog at home. And so she did start to talk to me, and when she went home, obviously I remembered the dog and what he was called, because she just talked about the dog the whole of the time … When I went to see her at home, because I made a fuss of the dog, and I remembered … Fortunately I remembered the dog's name! We got on really well, and she did take her tablets and she did allow some care to come in, but I think it was the dog that brokered the relationship. When I had another similar case, years later, the guy went into the hospice with his dachshund, and we found him a nursing home where the dog could go, and the dog went with him and the dog was on his bed when he passed away. (MP3)

The affective value of companion animals, as a mediating presence (Bell 2017) is remarked upon here as important in the decisions about the setting and spaces used in end-of-life care. In each of these cases, a dog is seen as the symbolic medium through which difficult and stressful human conversations about medicine, comfort, and timing of death are brokered; via the terrier, "she did allow some care to come in." This pivotal role in human health negotiations (Fox 2006) highlights that while nonhuman animals were informally recognized as a valued part of care, human dying, and palliative care were presented in humanist terms by healthcare policies, with pet animals not commonplace within wards, hospices, and care homes (Fox and Ray 2019). Regarded as a hindrance or a health risk to the smooth running of healthcare settings, companion animals — affectively significant for many members of the public — nonetheless remained at the shadowy margins of family membership within palliative care (Bell 2017; Borgstrom, Ellis, and Woodthorpe 2019; Irvine 2017).

While human end-of-life practitioners were implicitly aware of the interspecies relationships their human patients held dear, evidenced by their understandings of furtive sharing of pharmaceuticals and of the strong emotional ties between patients and their pets, they often found it difficult to explicitly include or even refer to companion animals within care provision, both within and outside the formal care setting. As a result, medical practitioners articulated some uncertainty and anxiety about how best to proceed, except through tacit techniques of inclusion that occasionally drew upon the power of human-animal kinship ties to negotiate for better quality care (Fox 2006).

This observation led us to consider whether the lack of formalized understanding of the place and value of companion species constitutes a gray area of palliative care policy that afflicts families as they seek to live (and die) well together (Charles and Davies 2011) in microsocial settings (Brewster and Puddephatt 2017). In the next section, we turn to the good death in a veterinary context to further press the implications of posthuman health kinship for palliative care policy. Here, we examine public and practitioner accounts of animal euthanasia, which was a recurring theme in our data, perhaps because of its contrasts with the human healthcare template. We use this to extend our exploration of posthuman health kinship and to highlight the significance of interspecies relationships within end-of-life care conversations.

"Have You Got One There for Me?" Veterinary Care and Human Advocacy at the End-of-Life

In this section, we examine narratives surrounding veterinary euthanasia practices and explore how and when these narratives express understandings of a good death. Moreover, we highlight the role of normalized euthanasia practices in helping to define common values associated with a good death across species. Our analysis problematizes third-party euthanasia decision-making and highlights the less commonly observed risks and challenges associated with this particular framing of end-of-life care.

When taking decisions about the management of their pet's death, many animal owners exert a degree of agency usually denied to themselves and other human family members. This stark contrast stimulated comparisons between healthcare practices and made it a recurring point of comment among participants:

> … the older generation come in and say his wife's passed away, and the dog's the last connection to his wife, and he's like "have you got one [a lethal injection] there for me?" While putting the animal to sleep …. Had that quite a lot, […] that's literally all they have left, they're quite happy to say, "I wish we could have the same," like "I've got nothing else to live for." (VP2)

In this extract, the veterinary nurse describes a common public perception that the veterinary service offers a superior degree of speed and decisiveness at end-of-life. Another veterinary practitioner also stressed how members of the public perceived these aspects of veterinary euthanasia positively, even as enviable:

> Especially clients that have experienced a [human] bereavement, and gone through the whole agonising journey, then suddenly they make the decision, two minutes later the dog's, the dog or cat, is deceased. I think they find it a tremendous relief, they're often surprised how quick it is. (VP3)

It is important to note that while this veterinary practitioner believed owners were relieved by the surprising speed of a veterinary euthanasia, one medical participant described their shock at the unexpectedly rapid pace of the procedure. Unused to such a speedy transition to death, this was surprising for them to confronting in its contrasts to human practice. Yet to human patients and family members, this was precisely the contrast and the benefit that they sought on behalf of the animal family member when seeking to eliminate prolonged pain or suffering. One doctor emphasized this when stating that, "when people are dying, they would say I would not let my dog suffer like this … That is probably the big one, isn't it? … It's a common one" [MP1]. While this statement from a hospital practitioner appears to depend upon commonly identified differences between the treatment of humans and animals, at the veterinary surgery popular narratives appear to center more on a desire to align end-of-life care practices between species: "It's a very common thing after euthanasia, for people to say, 'I wish we could do this with humans,' and we get that a lot" (VP1).

For some members of the public, veterinary euthanasia was routinely held up as a model of a good death because it effectively captures the notion of choice on behalf of a loved family member as well as the physical timing, place, and comfort aspired to by human medical frameworks (Selter, Persson, and Risse 2022). By "killing responsibly" (Haraway 2008), the process of euthanasia is presented as a means of strengthening (rather than severing) the kinship bond through a purposeful sense of care-full action, usually unavailable to humans. Representatives of both professional groups appeared to regard pet euthanasia as a kindness and a relief appropriate and proportionate to the degree of suffering witnessed on behalf of the companion animal:

> We've had an elderly dog, and she was more unwell and wasn't able to walk around, and with discussions with the vet, [we] said actually she doesn't have that good quality of life, what would be appropriate? And she was put down, at home, and actually we thought that was an appropriate thing to do. But that wasn't an option in the human world, and it was "keep going at all costs," even though you could see somebody really, really struggling and fading and getting incredibly unwell. (MP1)

In drawing a contrast with the termination of their own pet's life and that of their patients', this doctor states with frustration that euthanasia, "wasn't an option in the human world."

This narrative demonstrates a key thread running throughout our analysis: the related concepts of suffering and comfort appeared central for reflecting specifically on what a good death includes (appropriate responses to suffering) and what it excludes (living on through physical struggling and "fading"):

> Actually, I think everybody would much rather that anybody they loved, animal or human, just went to sleep nicely and didn't wake up. I think all of us would say yeah, if that was the way I could go […] most people would be quite happy just to peacefully drift away, and so the option of being able to do anything other than suffer seems more appealing. (MP1)

> With seeing it daily in veterinary life, and seeing how peaceful it is, personally, I mean if I had a terminal illness and it got that bad, waiting for my body to shut down, I would take that. I mean that's obviously a personal opinion, but I would, just seeing how peaceful it can be. (VP2)

These narratives describe the good death in terms of a peaceful, well-timed, and care-driven drift into restful unconsciousness devoid of lingering disease and suffering (physical, emotional, or psychological). Participants were keen to highlight that peaceful deaths for all species can occur with minimal intervention from healthcare professionals. Both professional groups acknowledged, however, that they had little experience of such deaths — only being involved in those which were more complex and difficult (human clinicians), or with administering euthanasia (vets). The accounts presented here relate to practitioners' motivation and abilities to minimize the suffering of their patients, with professionals, patients, and their families often comparing their human end-of-life experiences, including their capacity for action, to those of their pets:

> Sometimes we get some very, very severe pain syndromes which are hard to manage […] They would certainly say "I wish I weren't here, and I wish this would all end, and I wish I wouldn't wake up tomorrow," but not so much the patients have said "if I were an animal you wouldn't let me do this," but certainly the families have always made … Often made a comparison, saying "this just isn't the way to do it." (MP1)

Here, the different capacities of humans and non-human animals to determine and communicate their own wishes — and the degree of power which others should hold — became important within considerations of a good death across species, raising critical questions about self-determination, advocacy, and family in defining a good death (Irvine 2017). Some members of the public regarded euthanasia as a serious health inequality between species. However, presenting veterinary care as an aspiration for the human good death was problematized when some veterinary professionals highlighted that normalized euthanasia practices also permitted the destruction of unwanted animals, drawing uncomfortable parallels with ableism and ageism within contemporary debates. Furthermore, even loving animal owners sometimes *extended* rather than limited animal suffering through indecision, guilt, unpreparedness, or an unwillingness to let go:

> Well, so [sometimes] they don't make the decision. They just don't want that on their head. But the amount that say, "I just hoped that they'd go to sleep one night and that's it." It's rare unfortunately, it just doesn't happen. And they come in, we sort of think oh, well it [euthanasia] should have happened a week or two ago really, and it was more for [the owner's] sake, the animal's suffering. But for the client it's [that] they don't want to let go, so that's a hard one.

As this extract exemplifies, holding up veterinary medicine as a template for human policy on the good death is problematic: choices and decisions to euthanize or not are complex and contextualized by differences in social situation and beliefs about the timing and place of another's death. Some animal lives are prematurely shortened because of a need to avoid the costs of husbandry and/or treatment. Arluke (1994) and others (e.g., Tallberg and Jordan 2023) have troubled idealized notions of animal euthanasia in the form of the "care killing paradox" that many shelters face when tasked with processing unwanted animals. Our findings suggest that even when accounts indicate the selection of euthanasia seemed to be done with the best interests of a beloved individual pet, the process nonetheless exerts pressures on the mental health of practitioners who aimed to apply their own judgment with (or sometimes in spite of) the evaluations of their clients (Ashall 2023).

The extension of human control through euthanasia is not a silver bullet, therefore, but yet a further gray area for families and professionals, and those on whose behalf humans need to make judgments about the quality of life, and the timing and justice of their death (Morris 2012; Yeates and Main 2011). This complexity is something to which the veterinary practitioners whom we spoke to are attuned:

> There's a lot of cases where you think … I would worry about getting struck off for not putting this animal to sleep, if I kept on going with the owner's wishes, that kind of thing. […] And then it's quite bizarre to think that human doctors are the complete opposite […] (VP1)

Both types of practitioners are aware of the differences between their professional protocols and policies, which largely relate to the differing legal status of euthanasia for humans and animals in the United Kingdom. Despite their contrasting regulatory paradigms, however, both professions hold common concerns about maintaining the good death for patients and their families and told us how difficult this is to achieve in microsocial settings. In the human context particularly, this sometimes involves difficult conversations where clinical actions are highly constrained (Lapid and Peisah 2021):

> I think you mostly listen, because actually there aren't an awful lot of alternatives. (MP1)

Such comments reveal unresolved and contentious debates surrounding permitted and acceptable practices in end-of-life care within discrete professional spheres, but also frustration with the ethical contentiousness and lack of shared understanding that militates against change. As one medical practitioner put it:

> [I]s there not a lack of conversation around death and dying? I mean we're all here because obviously we see it fairly up close and personal, but actually there's not an awful lot of conversation, particularly between medics. When's the last time you sat down with a load of medics or nursing professionals and had a proper banter about where we should go? (MP1)

Where Should We Go? Living and Dying Well Together

In this final section, we explore the meanings of our empirical analysis for developing new, cross-species meanings of end-of-life care and for moving public and professional debates toward new readings of a good death. Our findings thus far have shown that public understandings of a good death (as relayed to practitioners) implicitly embody a posthuman ethos by emphasizing the value of kinship across species borderlines. This occurs through resource sharing, domestic proximity, or the opportunity to advocate on behalf of family members. The data connects usually separate discourses about professionalized end-of-life care, highlighting the contentious nature of planning for a good death — be it for a companion animal or a human being. Across both healthcare settings, there is a desire for new interdisciplinary conversation to better understand and plan for the ways that individuals and families experience emotional pain, the suffering of others or themselves, or the timing, place, and justification of particular treatments (Hughes and Harkin 2022; Morris 2012;

Wrobel and Dye 2003). There is also a consistent close attention paid to the practical acts of daily living, specifically caring, rather than abstract theorizing about the body, policy, and public health regulation. Our analysis shows that while comments made about the *right way* to manage end-of-life care were diverse and often contradictory, what unifies them was that they emerged from, and were grounded by, materiality; the lived, fleshy realities of the body and its senses.

Human healthcare planning for the good death needs to be expanded in recognition of these living realities that ground the views of both professionals and members of the public who often perceive the importance of health kinship ties with pet animals. For humans, who often sought to share their treatments, domestic dwellings, and even their beds with animals, this appeared to be an emotive problem. Not expressing their kinship ties with animals, whether through poverty or involuntary separation was a source of concern at an already difficult time; something exacerbated by the perceived cultural differences that emerged when participants described feeling frustrated that humans did not have the routine, medical opportunity to drift away like their companion animals. We observed that humans often seek to express kinship ties at their own point of death or their animal's point of death, a feeling that emerges in narratives and coping strategies centered on dwelling and space, treatment and medication, or the timing and experience of the precise moment of death (Gross and Horta 2016). Any rupture to the kinship tie is seen as frustrating and emotionally burdensome (Haraway 1990; Irvine 2017).

The risks and challenges posed by maintaining these kinship ties at the end of a life are also evident through our analysis. That the "indulgent" extension of animal life is suggested to cause suffering underlines a continued species difference in values associated with palliative care provision. Similarly, accounts of normalized veterinary euthanasia extending to the premature deaths of unwanted or financially "unviable" animals highlights the risk of generalizing across species in considering best interests in end-of-life care. Here, our data analysis problematizes concepts of inequality and prejudice within euthanasia policy, which could have critical relevance beyond the veterinary sphere.

Our aim has not been to solve these contentious issues by pitting one medical practice over another, or suggesting there are health inequalities at stake, rather we have sought to increase discursive traffic between differently experienced and qualified palliative care professionals in order to surface the everyday concerns that patients and families live through and express during social interactions. We see this as an important starting point for exploring change to the human-centric healthcare templates that prevent policy makers and healthcare professionals drawing on such insights when thinking about what end-of-life care and the good death should entail. Envisaging family kinship groups as multispecies collectives is the basic conceptual framework we have used to stimulate such traffic (Bassetti and Sassatelli 2017).

Showing that material and emotional connections are valued by animal owners as they seek to live (and sometimes die) in proximity and intimacy with pets is a way to challenge not only species-specific protocols and regulatory frameworks which resist posthuman framings, but also cultural norms that diminish the potential emotional and well-being benefits for animal owners and their pets. By failing to acknowledge lived kinship bonds, mundane acts of sharing and proximity, these distinctions propagate emotional strain for many patients and practitioners who wish to offer the best end-of-life experience possible.

The uncertainty that practitioners experience, albeit within their distinct registers of practice and personal perspectives, can make it difficult for them to navigate their relationships and exchanges with both patients and animal owners around the timing, place, appropriateness, financial cost, and capacity for choice around a patient's end-of-life (human or animal). While our data highlight that neither human nor animal templates of care can fully represent the epitome of the idealized good death, we propose that a more nuanced mixed species conceptualization of end-of-life care would provide inroads to developing new ideas and insights into the social construction of a "posthuman good death" resting upon acknowledgment of the significance of interspecies forms of kinship and family membership expressed by animal owners (Fox and Ray 2019).

To some extent, the template for such thinking already exists within a context of public health within the badges of One Health and One Welfare which span both medical and veterinary literatures. It is important to note, however, that there is still the assumption of a hierarchy in One Health (Green 2012) since it tends to privilege the health of humans over animals and specifically those residing in the global North (Craddock and Hinchliffe 2015). The lack of attention to power relations in One Health frameworks (Craddock and Hinchliffe 2015) raises concerns that the social, political, and economic embeddedness of human-animal interactions is not sufficiently addressed yet (Coffin et al. 2015). For posthuman end-of-life approaches, then, not only must there be greater attention paid to the divisions between species, which our analysis demonstrates, but also the broader social and cultural inequalities which this unique data informs. Some care settings have sought to capitalize on the valuable benefits of animals but replaced them with robotic versions, such as kittens and seals with realistic fur and body movements which implies that while living animals are important, their presence is still problematic in care homes and hospitals (Redmalm, Marcus Persson, and Iversen 2023:238).

There are no simple solutions to the human-animal question in a context of geriatric and palliative care, but by suggesting that policy makers and practitioners challenge the situated knowledge (Haraway 1994) of the conventional social place of animals as further down the hierarchy — and thus less worthy of social inclusion — we perceive a beneficial new care approach that Kirk, Pemberton, and Quick (2019) describe as "being well together." We have reflected on the contemporary nature of the multispecies family (Laurent-Simpson 2017) and consider that for many people wellness, illness, and ultimately a good death (Bailey et al. 2020; Borgstrom, Ellis, and Woodthorpe 2019) rests upon more-than-human family attachments and interactions (Charles 2015; Hughes and Harkin 2022). Important cross-disciplinary conversations are essential to influence the way end-of-life treatment is planned for those who derive benefits from living with animals.

Considering humans and their nonhuman companions together, rather than separately, is more reflective of the way that many humans dwell with companion animals in practice (Laurent-Simpson 2017) and, indeed, through practices such as communicating and sharing care, space, and financial resources. Mixed-species kinship bonds depict the ways that many humans sense, feel, and perceive their families to be constituted. If, as Pierce (2012) suggests, "it would be nice to live in a world where 'dying like an animal' signified a peaceful, respectful and meaningful death" (p. 13), it is timely to reframe the good death through respectful and meaningful (re)consideration of all family members who are affected, be they human or animal. Most importantly, interspecies conversations must be critical and transparent; they should aim to surface and challenge existing assumptions and preconceptions, which can embed inequalities and prejudices within end-of-life policy and practice.

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