UNIVERSIDADE ESTADUAL PAULISTA

FACULDADE DE MEDICINA VETERINÁRIA E ZOOTECNIA

ANÁLISE DO PROCESSO DO LUTO DOS RESPONSÁVEIS DE CÃES SUBMETIDOS A HEMODIÁLISE INTERMITENTE

JULIA FRANCO FERREIRA

BOTUCATU – SP

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Dissertação apresentada junto ao Programa de Pós-Graduação em Medicina Veterinária para a obtenção do título de Mestre

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POTENCIAL IMPACTO DA PESQUISA

Esta dissertação contribui para a compreensão do impacto emocional da perda de animais, orientando para uma abordagem veterinária mais humanizada, aprimorando serviços veterinários. A coorientação internacional, permitiu intercâmbio de conhecimentos culturais e a disseminação dos achados possibilitará a inserção local, regional e nacional promovendo mudanças assistenciais. Por fim, o estudo fortalece a conexão entre ciência e sociedade.

POTENTIAL IMPACT OF THE RESEARCH

This dissertation contributes to understanding the emotional impact of animal loss, guiding a more humanized veterinary approach and improving veterinary services. The international co-supervision allowed for the exchange of cultural knowledge and the dissemination of the findings will enable local, regional and national insertion, promoting changes in care. Finally, the study strengthens the connection between science and society.

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Dedico aos meus pais e ao meu irmão.

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FERREIRA, J.F. ANÁLISE DO PROCESSO DO LUTO DOS RESPONSÁVEIS DE CÃES SUBMETIDOS A HEMODIÁLISE INTERMITENTE. Botucatu, 2025. 66p. Dissertação (Mestrado) – Faculdade de Medicina Veterinária e Zootecnia, Campus de Botucatu, Universidade Estadual Paulista.

RESUMO

O luto é um fenômeno complexo frequentemente associado à perda de vínculos significativos, como a morte de entes queridos, e está intrinsecamente ligado à prática da medicina veterinária, especialmente em casos de doenças graves e fatais em animais de companhia. Embora o luto por animais de estimação seja um processo emocional profundo e multifacetado, com impactos psicológicos significativos, ele ainda é pouco explorado na literatura científica, especialmente no contexto de tratamentos intensivos como a hemodiálise intermitente. Este projeto visou preencher a lacuna existente na pesquisa sobre o luto enfrentado por famílias de cães que, devido a grave doença renal, necessitaram iniciar hemodiálise intermitente e, mesmo com o tratamento, vieram à óbito. Este estudo qualitativo, por meio de entrevistas semiestruturadas, investigou as experiências emocionais, estratégias de enfrentamento e necessidades de 11 tutores durante o tratamento dialítico de seus cães e após a perda do animal. O método comparativo constante foi empregado na análise, na qual foram identificados 4 temas que incluem os aspectos emocionais do luto e mecanismos de enfrentamento, os conflitos éticos nas tomadas de decisão, a importância da comunicação com a equipe veterinária e o impacto da doença e do tratamento sobre o cuidador. Os resultados sugerem que as experiências de perda de cães submetidos ao tratamento com hemodiálise intermitente podem influenciar grandemente o luto vivido por seus tutores e inspirar sentimentos de acolhimento e culpa ou ressentimento de acordo com a forma como a vivência se dá. Os resultados validam uma série de possíveis impactos psicossociais que estes tutores podem apresentar e contribuem para o desenvolvimento de recursos de apoio para este grupo enlutado.

Palavras-chave: Vínculo humano-animal; Atitude Frente a Morte; Bem-Estar Psicológico; Capacidades de Enfrentamento; Saúde mental

FERREIRA, J.F. ANALYSIS OF THE GRIEVING PROCESS OF OWNERS OF DOGS THAT HAVE UNDERGONE INTERMITTENT HEMODIALYSIS. Botucatu, 2025. 66p. Dissertação (Mestrado) – Faculdade de Medicina Veterinária e Zootecnia, Campus de Botucatu, Universidade Estadual Paulista.

ABSTRACT

Grief is a complex phenomenon often associated with the loss of significant bonds, such as the death of loved ones, and is intrinsically linked to the practice of veterinary medicine, especially in cases of serious and fatal illnesses in companion animals. Although pet bereavement is a deep and multifaceted emotional process with significant psychological impacts, it is still little explored in the scientific literature, especially in the context of intensive treatments such as hemodialysis. This project aimed to fill the gap in research into the grief faced by families of dogs who, due to severe kidney disease, needed to start intermittent hemodialysis and even with the treatment died. This qualitative study, using semi-structured interviews, investigated the emotional experiences, coping strategies and needs of 11 owners during the dialysis treatment of their dogs and after the loss of the animal. The constant comparative method was used in the analysis, in which four themes were identified: the emotional aspects of bereavement and coping mechanisms, ethical conflicts in decision-making, the importance of communication with the veterinary team and the impact of the disease and treatment on the caregiver. The results suggest that the experiences of losing dogs undergoing hemodialysis treatment can greatly influence the grief experienced by their owners and inspire feelings of acceptance and guilt or resentment depending on how the experience takes place. The results validate a series of possible psychosocial impacts that these caregivers may feel and can guide the development of support resources for this bereaved group.

Keywords: Human-animal bond; Attitude to Death; Psychological Well-Being; Coping Skills; Mental healt

CAPÍTULO 1

1. INTRODUÇÃO

O luto é um fenômeno abrangente, complexo e multifacetado, frequentemente associado à perda de um mundo previsível. É comumente associado a rompimentos de vínculos significativos ou a morte de entes queridos (CORR; CORR, 2013; FRANCO, 2021; VATTIMO et al., 2023). No contexto veterinário, o luto pode se originar a partir de um quadro de doença apresentada pelos animais de companhia ou mesmo diante da notícia de um diagnóstico de doença grave ou da morte desses animais (BISHOP, 2016).

Estudos destacam a importância do reconhecimento e da compreensão do luto pela perda de um animal, especialmente nas famílias que compartilham um vínculo próximo com seus animais de estimação, porém reforçam que ainda há pouco reconhecimento e apoio para os enlutados devido à perda de um animal de companhia. Aqueles que enfrentam o luto pelo rompimento desse vínculo passam pelo que os estudiosos denominam como luto não reconhecido (ADAMS et al., 2002; KEMP et al., 2016; MATTE et al., 2020; FRANCO, 2021; CLEARY, et al., 2022).

Situações clínicas como a doença renal crônica e a lesão renal aguda ameaçam a continuidade da vida dos pacientes e consequentemente podem desencadear o fenômeno do luto em seus tutores (BISHOP, 2016). Nesse contexto, a terapia de substituição renal pode ajudar a prolongar a vida dos animais, reduzir os impactos negativos causados pelas doenças à qualidade de vida do paciente, proporcionar esperança às famíl ias e permitir que forneçam cuidados aos cães e gatos doentes (COWGILL & LANGSTON, 1996; SEGEV et al., 2024).

A hemodiálise intermitente é uma terapia de substituição renal cuja eficácia do tratamento é reconhecida, porém pouco se sabe sobre o impacto emocional e psicológico que essa experiência causa nas famílias que passam por ela. Além disso, a experiência de luto das famílias durante o tratamento e após a perda de um animal submetido à hemodiálise intermitente ainda não havia sido explorada.

Este projeto objetivou preencher essa lacuna na pesquisa, investigando como as famílias de cães submetidos a hemodiálise intermitente vivenciam o luto durante e após o tratamento.

Ao investigar mais profundamente o processo de luto dentro deste cenário particular, este estudo contribuirá não somente para a ampliação do conhecimento sobre o luto em relação aos animais de estimação, mas também fornecerá informações válidas para profissionais de saúde mental, médicos veterinários e outros prestadores de cuidados.

Espera-se que o reconhecimento de padrões emocionais e de necessidades das famílias enlutadas possa viabilizar o reconhecimento do luto e intervenções para oferecimento de suporte eficaz durante esse momento desafiador.

2. REVISÃO DE LITERATURA

A relação entre humanos e animais de estimação é caracterizada por um vínculo profundo, capaz de impactar significativamente tanto a saúde física (FRIEDMANN et al., 1980; ANDERSON et al., 1992; PATRONEK et al., 1993) quanto a saúde mental dos tutores (GARRITY et al., 1989). Com a incorporação dos animais ao sistema familiar, os laços emocionais e o nível de apego estabelecidos podem ser tão intensos quanto os entre humanos (COWLES, 1985; ZILCHA-MANO et al., 2011), sendo que os animais oferecem amor incondicional e um propósito na vida de seus tutores (IRVINE, 2013). No entanto, a expectativa de vida reduzida dos animais de estimação (KAHN, 2007) implica inevitavelmente na vivência do luto por parte dos tutores (REISBIG et al., 2017). Além disso, avanços na medicina veterinária permitiram prolongar a vida dos animais, mas diagnósticos de doenças graves impõem desafios complexos aos tutores, que devem decidir entre iniciar, interromper ou seguir com o tratamento (CHRISTIANSEN et al., 2013). O processo de cuidado de um animal doente pode gerar estresse e ansiedade nos tutores, devido à dor sofrida pelo animal (ROCHLITZ, 2004), preocupações com alimentação (MALLERY et al., 1999) e o medo da perda iminente (BERENDT et al., 2007). Sentimentos de culpa e pena também são comuns (SLATER et al., 1996), assim como o impacto na rotina e qualidade de vida dos tutores (HART et al., 2001).

Dada a complexidade dessas experiências, o suporte da equipe veterinária é essencial para auxiliar os tutores no enfrentamento da doença, oferecendo informações claras e apoio empático na tomada de decisões sobre o tratamento (CHRISTIANSEN et al., 2013).

2.1 Hemodiálise em Cães

A hemodiálise é uma terapia de substituição renal que visa remover toxinas acumuladas no sangue e corrigir desequilíbrios hidroeletrolíticos e acidobásicos associados à lesão renal, sendo necessária quando outras terapias convencionais não conseguem aliviar os riscos à saúde causados pela lesão renal aguda ou crônica. Embora anteriormente a disponibilidade limitada de instalações com capacidade para terapia dialítica restringisse seu uso em animais com uremia, avanços tecnológicos nestas áreas tornaram o procedimento seguro e eficaz para cães, tornando-o uma opção realista para o manejo da uremia e suas graves consequências na medicina veterinária (COWGILL & LANGSTON, 1996; SEGEV et al., 2024).

A intervenção dialítica é indicada em animais com lesão renal aguda ou doença renal crônica agudizada, especialmente quando a uremia e o acúmulo de toxinas urêmicas causam disfunção metabólica ou orgânica grave (SEGEV et al., 2024). Embora as indicações na doença renal crônica na medicina veterinária sejam raras, a intervenção deve ser realizada antes que o animal esteja substancialmente descompensado, pois nesses casos os benefícios da terapia tornam-se menos prováveis (COWGILL and LANGSTON, 1996; SEGEV et al., 2024). Além disso, pode ser utilizada para prolongamento finito da vida sem as manifestações evidentes de uremia, proporcionando tempo para que o tutor assimile o diagnóstico e o prognóstico do paciente (COWGILL, 1980; COWGILL, 1995; COWGILL and MARETZKI, 1995; COWGILL and LANGSTON, 1996).

Embora a diálise seja um suporte avançado para pacientes nefropatas, a experiência vivida por eles durante o tratamento pode ser acompanhada por alta carga de sinais clínicos desconfortáveis, menor qualidade de vida e, em alguns casos, pode gerar dúvida ou arrependimento por parte dos tutores quanto ao início do tratamento e outras tomadas de decisões (BRENNAN AND BROWN, 2022).

Visto que o foco do tratamento nesses casos deve ser oferecer maior qualidade de vida para esses pacientes com doenças incuráveis ou que ameaçam a manutenção da vida, fica claro que cuidados paliativos são indispensáveis para esses pacientes e seus cuidadores desde o diagnóstico da doença até o período após a morte dos pacientes, quando os tutores serão acompanhados em seus lutos (BISHOP et al., 2016; EIGNER et al., 2023).

2.2. Cuidados Paliativos

Os cuidados paliativos constituem uma estratégia essencial para o alívio do sofrimento em doenças graves, promovendo dignidade e qualidade de vida mesmo em situações de doenças incuráveis. Contudo, seu desenvolvimento ainda encontra barreiras significativas, incluindo a falta de conhecimento e capacitação das equipes de saúde, a dificuldade em integrar tais práticas em ambientes hospitalares altamente tecnicistas e a persistência de estigmas sociais que associam cuidados paliativos exclusivamente ao fim da vida (COSTA et al., 2024; IAAHPC, 2024). Ainda assim, além de trazer benefícios diretos ao paciente, os cuidados paliativos auxiliam a equipe na tomada de decisões mais éticas e assertivas, ao reduzirem a sobrecarga de intervenções fúteis e possibilitarem uma comunicação mais clara com os responsáveis, permitindo uma abordagem mais humanizada, focada no controle de sintomas e no suporte psicossocial (PAZ et al., 2024; SPRINGER et al., 2024). Além de financeiramente vantajosos, por evitarem internações prolongadas e uso indiscriminado de terapias de alto custo e procedimentos invasivos com baixo potencial de benefício clínico (EIGNER et al., 2023; COSTA et al., 2024) os cuidados paliativos ampliam a qualidade do cuidado e mantêm sua relevância mesmo após a perda, ao oferecer suporte no processo de luto, auxiliando responsáveis e equipes a enfrentarem a morte de forma mais acolhedora e saudável (EIGNER et al., 2023; IAAHPC, 2024).

2.3 O Luto e Suas Teorias

O luto é um processo psicológico e emocional resultante da perda de alguém ou algo significativo. Ele pode se manifestar de diferentes formas e variar de acordo com a cultura, as experiências pessoais e o tipo de vínculo que foi perdido (FREUD, 2017/1974; LLOYD-WILLIAMS e ELLIS, 2015). Devido à complexidade em identificar e compreender o luto, ao longo da história, foram propostos modelos teóricos para explicar as reações emocionais e comportamentais diante da perda. Os principais modelos serão discutidos a seguir.

TEORIA PSICANALÍTICA FREUDIANA

Sigmund Freud foi um dos primeiros a estudar o luto e propor modelos teóricos para explicá-lo. Descreveu o luto como reação natural e necessária relacionada à uma perda de um ser ou entidade (que pode ser de uma pessoa ou um conceito abstrato) ao qual o indivíduo direcionou grande investimento de “energia psíquica”, também chamada por ele de libido. Após essa perda, o indivíduo realiza um esforço para deixar de direcionar a libido ao que foi perdido. A isso ele deu o nome de “trabalho de luto” (FREUD, 2017/1974). Apesar das dificuldades inerentes ao processo, a ausência do objeto se impõe ao ego, que desiste dessa busca incansável pelo objeto perdido e aceita a perda, sendo este um trabalho de luto saudável (FREUD, 2017/1974). Freud também descreveu a situação em que há uma grande identificação com o que foi perdido, evoluindo para incapacidade de recuperação dessa perda e chamou esse cenário de “melancolia” (CORR; CORR, 2013). Na melancolia não há plena consciência do que foi perdido, permanecendo uma sensação de vazio e a ocorrência de intensas autocríticas, sentimentos de inutilidade e culpa. Assim, a melancolia se configura, para Freud, como uma forma de luto patológico, em que a perda inconsciente e a identificação narcísica com o objeto perdido transformam a dor da ausência em sofrimento dirigido contra si mesmo (FREUD, 1917/1974)

TEORIA DO APEGO E ESTÁGIOS DO LUTO SEGUNDO BOWLBY

O psiquiatra e psicólogo britânico John Bowlby desenvolveu a Teoria do Apego em que o luto seria uma resposta instintiva e adaptativa para a sobrevivência (BOWLBY, 1961; CORR; CORR, 2013). Tanto Bowlby como Colin Parkes, em quem Bowlby se inspirou para criar essa teoria, enxergavam o luto dividido em estágios lineares que evoluem até que o enlutado atinja a resolução (PARKES, 1998). Bowlby propôs quatro estágios gerais observados em quadros normais (CORR; CORR, 2013) elencados a seguir.

O primeiro estágio é o de entorpecimento, que trata de uma reação imediata à perda, com apresentação de torpor e negação. O enlutado, sem saber o que sentir parece não sentir nada. No estágio do anseio e busca, o indivíduo apresenta grande inquietação para que o falecido retorne. O próximo estágio é a desorganização e desespero, em que o enlutado sente intensa dor devido à assimilação da realidade da perda. Por último, o enlutado passa pelo estágio da reorganização e reelaboração, em que assimila e reconhece a perda e começa a se adaptar à nova realidade. Para Bowlby, o luto complicado se origina de desvios da normalidade envolvendo o momento de início, a intensidade e/ou a duração de cada estágio (CORR; CORR, 2013; LLOYD-WILLIAMS AND ELLIS, 2015).

MODELO DO PROCESSO DUAL DE LUTO, DE STROEBE E SCHUT

Proposto por Stroebe e Schut em 1999, tem como princípio central o dinamismo e a oscilação, que são parte do luto saudável. Este é visto como um processo de alternância entre um estado orientado para a perda e outro orientado para a restauração. Este modelo se diferencia dos demais ao não propor estágios fixos e bem delimitados para a resposta de luto, mas um curso fluido e alternante (STROEBE; SCHUT, 1999; CORR; CORR, 2013).

No estado de orientação para a perda ocorre a intrusão do luto na vida do enlutado e um intenso trabalho de luto, marcado por resistência à restauração na forma de negação ou evitação da perda. Já no estado de orientação para a restauração o enlutado busca seguir em frente com uma vida saudável, aceitando as perdas e buscando e se adaptando à nova realidade (STROEBE; SCHUT, 1999; CORR; CORR, 2013).

ESTÁGIOS DO LUTO SEGUNDO ELISABETH KÜBLER-ROSS

A psiquiatra norte-americana Elisabeth Kübler-Ross propôs um modelo de luto com cinco estágios, que podem ser vividos de forma simultânea e alternada, baseados na observação e relato de pacientes em fase final de vida, ou seja, que vivenciavam um luto antecipatório. No entanto, o modelo é também aplicado com frequência ao luto após a perda (LLOYD-WILLIAMS AND ELLIS, 2015).

Segundo essa teoria, os enlutados passam pelo estágio de choque e negação, caracterizado pela incredulidade, em que o paciente fica “adormecido”, numa tentativa de se proteger daquilo com o que não consegue lidar. A raiva seria outro estágio, em que emerge o sentimento de frustração em relação às perdas. A raiva sentida pode ser transferida para familiares, tutores e equipe de saúde. Além disso, pode gerar conflitos espirituais importantes se for deslocada para Deus. Outra fase que se apresenta é a da barganha, em que o paciente pode recorrer a promessas, penitências, sacrifícios e doações em troca da cura. Também pode buscar barganhar com médicos e amigos pela cura e normalmente passa a repensar como seria se tivesse tomado outras decisões. Em seguida, o estágio da depressão é aquele em que o humor pode se apresentar constrito e pode haver diminuição da psicomotricidade, alterações do sono, sentimentos de desesperança e, inclusive, ideação suicida. O quinto estágio é quando ocorre a aceitação, quando o paciente finalmente aceita que a morte é algo inevitável e um destino universal. O sexto estágio, acrescido por David Kessler, é a ressignificação, no qual o paciente busca ressignificar sua vida, tentando encontrar um sentido para ela (KESSLER, 2019).

TAREFAS DE LUTO CONFORME WILLIAM WORDEN

William Worden identificou quatro categorias de reações emocionais no luto agudo: sentimentos, sensações físicas, cognições e comportamentos. Todas são normais, a menos que continuem por um longo período de tempo ou sejam muito intensas. Um indivíduo pode ter uma das reações, várias ou todas. Elas podem ter grande intensidade por um curto período ou podem ser brandas e duradouras (WORDEN, 2013). Também propôs um modelo baseado em “tarefas” de luto, em que o indivíduo deve ser proativo na elaboração seu processo de luto e retomar o controle sobre a própria vida aceitando a realidade da perda, elaborando a dor, adaptando-se

ao ambiente sem o falecido e encontrando uma conexão com o indivíduo enquanto continua sua vida (CORR; CORR, 2013; WORDEN, 2013):

O PROCESSO DE LUTO DOS “SEIS RS”

O modelo de luto dos “Seis Rs”, criado pela psicóloga norte-americana Therese Rando, indica a necessidade de reconhecer a perda, reagir à separação, relembrar e reviver sentimentos, renunciar os vínculos e a realidade passada, reajustar-se à nova realidade e reinvestir em novos planos para um enfrentamento saudável do luto. Os “seis Rs” são relacionados entre si e podem ocorrer simultaneamente, podendo variar na ordem de acontecimentos, ocorrendo de forma não linear e oscilante (CORR; CORR, 2013).

ANÁLISE DO PRESENTE

Apesar destes diversos modelos teóricos buscarem explicar as reações emocionais e a trajetória do luto, estudos longitudinais de longo prazo falharam em demonstrar que a resposta adaptativa de luto segue estágios (NEIMEYER; JORDAN, 2013). Novas teorias, como o Modelo do Processo Dual de Luto, de Stroebe e Schut, romperam com esse conceito, propondo um modelo em que a resposta de luto é fluida e cíclica, na qual o vínculo com o falecido é frequentemente revisto (CORR; CORR, 2013).

Atualmente, alguns trabalhos propõem o fortalecimento do vínculo com o falecido, através da criação de uma representação interna ou uma conexão contínua. Desta forma, o falecido permanece exercendo uma presença na vida do enlutado. Além disso, estudos também demonstram que a negação e a raiva não são tão frequentes como sugerido pelos modelos, que subestimam a capacidade de resiliência dos seres humanos (CORR; CORR, 2013; NEIMEYER; JORDAN, 2013). A resiliência se trata da capacidade de manter níveis relativamente estáveis e saudáveis de funcionalidade física e psicológica diante da perda e do trauma (CORR; CORR, 2013). Isso contrasta com modelos teóricos do luto que pressupõem que toda resposta normal à perda passa necessariamente por dor e sofrimento (VATTIMO et al., 2023). Bonanno e colaboradores (2002) constataram que um número significativo de enlutados que perdem seus cônjuges não apresentam sofrimento ou depressão significativa após a perda.

Além disso, o papel do meio social também é alvo de debate. A maioria dos modelos de luto coloca a responsabilidade por um luto saudável quase inteiramente sobre o enlutado. No entanto, o maior foco vem sendo dado ao papel dos processos familiares e da influência cultural sobre o luto. Segundo essa visão, esse processo depende da relação com outras pessoas, que envolve elementos como a aprovação, o apoio, a desaprovação e o afastamento do enlutado. Desse modo, depreende-se que, embora úteis, muitos dos modelos teóricos do luto até então dominantes apresentam lacunas que limitam a compreensão da resposta à perda (NEIMEYER; JORDAN, 2013).

Além desses conceitos e modelos propostos para explicar o processo de luto, há ainda situações que desafiam o processo normal de luto e que recebem denominações mais específicas. Quando a perda que desencadeia uma resposta de luto não é reconhecida pela sociedade ou não pode ser publicamente lamentada e socialmente apoiada, configura-se a situação de luto não autorizado ou não reconhecido. Exemplos desse tipo de luto são relacionamentos não socialmente reconhecidos, como a perda de um cônjuge do mesmo sexo, de um amante em um relacionamento extraconjugal, de um feto abortado, de um ex-cônjuge ou de um filho biológico que foi adotado por outros pais (VATTIMO et al., 2023). Paralelamente, o luto pela perda de um animal de estimação também, em muitas situações, não apresenta aceitação social, reconhecimento e apoio (CLEARY, et al., 2022). Como resultado, os donos de animais de estimação podem sentir-se isolados, incompreendidos e correm um maior risco de sofrer formas complicadas de luto (ADAMS et al., 2002; SPITZNAGEL et al., 2021). O luto complicado ou prolongado se trata de uma resposta de luto anormal em que, em linhas gerais, o sofrimento do enlutado é tão extremo que leva à incapacidade do indivíduo de atuar em diversos domínios da vida, como o social e o ocupacional, por um período longo (CORR; CORR, 2013; AMERICAN PSYCHIATRIC ASSOCIATION, 2022). Nessas situações, a obtenção de apoio social é dificultada, já que ao enlutado não é permitido, por exemplo, faltar ao trabalho, falar sobre a perda, receber expressões de conforto ou encontrar consolo em alguma tradição religiosa (CORR; CORR, 2013).

Outro conceito associado ao luto, introduzido inicialmente por Lindemann, em 1944, foi o de luto antecipatório, utilizado para descrever as experiências vivenciadas antes de uma perda significativa, mas a ela associadas. Para que se caracterize esse tipo de luto, é necessário que a pessoa tenha o conhecimento de que a morte se aproxima e de que seu luto é uma reação à perda que ainda não ocorreu. Tal processo pode envolver tanto o paciente, quanto seus familiares (HARRIS, 2011; VATTIMO et al., 2023). As doenças crônicas frequentemente se associam ao luto antecipatório, justamente por terem curso clínico arrastado. Isso resulta em uma vivência extremamente perturbadora, caracterizada por um sentimento de ambivalência. Isso se explica pelo fato de que enquanto o paciente e seus familiares vivenciam, no presente, uma realidade ainda sem a perda, também convivem com o sentimento constante de estresse diante da consciência de que ela é inevitável. Como resultado, o luto antecipatório tende a se associar à intensificação do vínculo com o ente querido, já que este se torna mais dependente com o passar do tempo (SOMMER, 2013).

Outra situação que pode ocorrer é uma atitude generalizada de esquiva, muitas vezes influenciada pelo contexto sociocultural, em que se evita falar e pensar sobre a morte, mesmo que se tenha conhecimento de que ela é um evento inexorável ao fim da evolução da doença. Essa também pode ser uma tentativa de se blindar do sofrimento emocional, de forma a buscar seguir adiante enquanto se enfrentam os novos desafios impostos pela doença (COELHO; BRITO; BARBOSA, 2018). O luto é, assim, inibido e deixa de ser reconhecido (COELHO; BARBOSA, 2017). Entretanto o período que antecede a morte também pode servir de oportunidade para respostas adaptativas e desenvolvimento da resiliência, pois permite que tanto o paciente como seus familiares se preparem emocionalmente para o desfecho inevitável. Surge assim a oportunidade de esclarecer questões não resolvidas, adequar planos de vida, completar tarefas e adaptar-se ao novo futuro (VATTIMO et al., 2023).

O luto de cada membro da família terá características próprias, influenciadas pela relação do familiar com a pessoa que faleceu. Como resultado, alguns familiares podem ver a perda como devastadora, outros podem considerá-la perturbadora, mas outros, em contrapartida, podem considerá-la um alívio (GILBERT, 1996). Em particular, quando se perde um familiar que foi importante na definição do sujeito e do seu mundo, o luto pode assumir características especiais e resultar em sensações no

enlutado de desorganização, confusão, incerteza sobre si mesmo, incerteza sobre o que fazer com o que aconteceu, falta de confiança e perda de significado na vida (ROSENBLATT, 1988).

Embora o luto seja um processo doloroso, a adaptação a ele geralmente ocorre de forma natural, sendo que a maioria dos enlutados não necessita de tratamento e ficará bem ao recorrer a seus próprios recursos. No entanto, isso não significa que não há nada que possa ser feito em benefício do enlutado, mesmo quando seu luto não for complicado e/ou prolongado. Os enlutados se beneficiam, em especial, do apoio e amor de pessoas queridas, sejam familiares, amigos, líderes espirituais ou qualquer outra pessoa ou recurso que ofereça suporte (VATTIMO et al., 2023).

Assim, o processo de luto necessita tanto da busca por recursos internos de autoajuda quanto do apoio ofertado por recursos externos, ou seja, que envolve a ajuda de outros (CORR; CORR, 2013; SPITZNAGEL et al., 2021). Esse apoio ao luto não começa apenas com a morte, devendo ser incluído no plano desde o início da oferta de cuidados paliativos, considerando o luto antecipatório que ocorre já antes da morte. O mesmo se aplica ao período após a morte, quando os familiares e amigos devem receber apoio (SPITZNAGEL et al., 2021; VATTIMO et al., 2023).

O profissional deve realizar uma abordagem humana ao não julgar, além de demonstrar interesse genuíno e atitude empática, incentivando a expressão de sentimentos sobre a relação com o falecido e sobre como está sendo o luto, esclarecendo ao enlutado o que é uma resposta de luto normal e quando é necessária ajuda profissional (MATTE et al, 2020; VATTIMO et al., 2023). Em humanos, estudo mostrou correlação entre comunicação empática entre médico e paciente com melhoria na saúde emocional do paciente, cumprimento das recomendações médicas e satisfação com o cuidado de saúde (STEIN et al., 1998)

É preciso, portanto, que todos os profissionais que lidam com pacientes em cuidados paliativos conheçam essa resposta à doença e tenham sensibilidade e empatia para identificar as perdas pelas quais o paciente e seus familiares estão passando. Torna-se então papel do profissional fornecer apoio ao paciente e a seus familiares durante esse processo dinâmico e longitudinal. Esse trabalho é

multidisciplinar e complexo, devendo abordar diferentes aspectos, como os espirituais, sociais, psicológicos e biológicos (VATTIMO et al., 2023).

O luto gerado pela morte de um animal de estimação é, assim como nos casos de morte de entes humanos queridos, uma experiência profunda, individual, fluida e dinâmica, que envolve reações emocionais, sociais e físicas dos enlutados. O não reconhecimento desse fenômeno pode gerar maiores desafios no trabalho de luto e tornar o processo mais desafiador para os envolvidos. Saber reconhecer e acolher os sentimentos pode ajudar os profissionais de saúde a oferecer um atendimento de maior qualidade para as famílias que enfrentam essas perdas (CLEARY, et al., 2022).

2.4 Estudo Qualitativo: Conceitos

A pesquisa qualitativa é um tipo de abordagem metodológica que busca compreender fenômenos sociais e subjetivos por meio da análise e interpretação de significados, discursos, experiências e interações humanas. Diferente dos estudos quantitativos, que se concentram na mensuração e na generalização dos dados, os estudos qualitativos exploram a profundidade e a complexidade das vivências individuais e coletivas (PARKES, 1995; ROSENBLATT, 1995; STROEBE et al., 2003).

Através de entrevistas, estruturadas, semiestruturadas ou não estruturadas, permite que os participantes relatem suas experiências pessoais, sentimentos e reflexões, proporcionando dados ricos e aprofundados (STROEBE et al., 2003).

A pesquisa qualitativa, portanto, oferece profundidade e riqueza na análise dos dados, permitindo explorar experiências em sua complexidade e captar nuances emocionais e contextuais frequentemente invisíveis em abordagens quantitativas (MORSE et al., 2002; FLICK, 2001). Sua flexibilidade possibilita a adaptação das perguntas ao contexto, favorecendo a compreensão do fenômeno em múltiplas dimensões. Além disso, contribui para validar a experiência vivida pelos participantes, promovendo maior aceitação e reconhecimento de suas narrativas (MORSE et al., 2002). Essa abordagem também possibilita o desenvolvimento de teorias a partir das próprias experiências, em uma perspectiva decolonial que toma o sujeito da pesquisa como ponto de partida, ampliando a identificação de demandas para além daquelas tradicionalmente retratadas pelos modelos hegemônicos (SMITH, 2005).

O luto é uma experiência complexa e subjetiva, marcada por emoções intensas e processos individuais de adaptação à perda. Neste contexto, a pesquisa qualitativa é essencial para compreender essa vivência, pois permite acessar a singularidade do significado atribuído à perda, as estratégias de enfrentamento e os impactos emocionais, sociais e culturais envolvidos (PARKES, 1995). Ademais, a abordagem qualitativa favorece a escuta ativa e empática, essencial para estudos que lidam com temáticas sensíveis como a morte e o sofrimento (ROSENBLATT, 1995).

3. OBJETIVOS

3.1 Objetivo geral

Analisar as experiências emocionais e a forma como elas influenciam na formação e enfrentamento do luto das famílias de cães com doença renal submetidos a hemodiálise intermitente.

3.2 Objetivos específicos

3.2.1. Compreender o papel das experiências emocionais dos responsáveis pelos cães durante o tratamento dialítico, sobre as expectativas em torno do tratamento da terapia de substituição renal;

3.2.2. Compreender as necessidades das famílias cujos cães passam pela terapia de substituição renal

3.2.3. Identificar fatores que influenciam a forma como as famílias lidam com o luto de seus animais de estimação;

3.2.4. Identificar maneiras de atender essas necessidades e auxiliar no enfrentamento do luto dessas famílias;

3.2.5 Compreender o papel da equipe médica veterinária na formação e no manejo do luto dos responsáveis.

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CAPÍTULO 2

Trabalho Científico

Trabalho a ser enviado para a revista Death Studies

Guia de autores:
https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=udst20

BONDING, CARE, AND GRIEF: A QUALITATIVE ANALYSIS OF OWNERS OF DOGS WITH CHRONIC KIDNEY DISEASE ON INTERMITTENT HEMODIALYSIS

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ABSTRACT

The death of a pet leads to a grieving process in owners that can be compared to that caused by the loss of an emotional bond in human relationships. This distressing emotional response, especially in cases of serious illnesses in pets, links grief to veterinary practice. Although significant, this process has received little attention

compared to human grief, especially in the case of intensive treatments such as haemodialysis. This project aimed to fill this gap regarding the grief faced by owners whose dogs needed to start intermittent haemodialysis and even with treatment eventually died. Using semi-structured, in-depth online interviews, investigated the experiences of grief of 11 owners during their dogs' dialysis treatment and after their pets' death. Thematic analysis revealed four themes, including emotional aspects of grief and coping mechanisms, ethical conflicts in decision-making, communication with the veterinary team, and the impact of the disease and treatment on the caregiver.

Keywords: Human–animal bond; Attitude to death; Psychological well-being; Coping skills; Mental health.

Introduction

Grief is a complex and multifaceted phenomenon that is usually associated with the loss of a predictable world, often resulting from the breakdown of significant bonds or the death of loved ones (Corr & Corr, 2013; Franco, 2021; Vattimo *et al*., 2023). In the context of veterinary medicine, this process can be triggered not only by the death of a pet but also by the diagnosis of a serious illness or the development of a debilitating clinical condition (Bishop, 2016). Despite being an inherent experience in small animal veterinary practice, bereavement is still little explored in the context of hemodialysis in veterinary scientific literature.

Research indicates the importance of recognising and understanding grief from the loss of an animal, especially in families that have a close bond with their pets (Cowling *et al*., 2020; Hoummady et al., 2025). However, the literature points to a lack of recognition and support for those who experience the illness or loss of their pets (Christiansen *et al*., 2013, Cowling *et al*., 2020, Cleary *et al*., 2022). From this perspective, mourning for the death of a pet can be characterised as disenfranchised grief, since it often does not receive due social and emotional validation (Adams *et al*., 2002; Cleary *et al*., 2022; Doka, 2008; Franco, 2021; Kemp *et al*., 2016; Matte *et al*., 2020).

One of the strategies for dealing with grief is the implementation of palliative care, which is essential for alleviating suffering in serious illnesses, promoting dignity and quality of life even in situations of incurable diseases (IAAHPC, 2024). In addition to bringing direct benefits to the patient, it helps the team make more assertive decisions, reducing the burden of futile interventions and enabling clear communication with owners, allowing for a humanised approach focused on symptom control and psychosocial support (Paz et al., 2024; Springer et al., 2024). Palliative care improves the quality of care and remains relevant even after loss, offering support in the grieving process and helping owners and teams deal with death in a healthier way (Eigner et al., 2023; IAAHPC, 2024).

Among the life-threatening illnesses of pets, chronic kidney disease and acute kidney injury are conditions that are often accompanied by intense and sometimes conflicting emotions on the part of pet owners. In addition to the possible actual loss of the pet, the feeling of anticipated loss is also present throughout the course of the illness, especially during the period of intense care. All these factors result in owners experiencing grief (Bishop, 2016). In this context, renal replacement therapy has emerged as a resource to prolong patient survival, minimise the negative impacts of the disease on the animals' quality of life and, at the same time, offer hope to families, allowing them to provide additional care for their sick dogs and cats (Cowgill & Langston, 1996; Segev *et al*., 2024).

Intermittent haemodialysis, a modality of renal replacement therapy recognised for its effectiveness as a therapeutic procedure, still lacks research into its emotional and psychological effects on the families who go through this experience. In addition, the grief experienced by owners during treatment and after the death of the animal undergoing intermittent haemodialysis remains an unexplored topic in the literature.

Given this gap, this study aimed to investigate the grieving experience of dog owners that have undergone intermittent haemodialysis, both during treatment and after the death of the animal, by analysing the emotions involved, the coping strategies adopted and the needs of these families throughout this process. By deepening the understanding of bereavement in this specific context, this study contributes to expanding knowledge about the relationship between humans and animals and to providing relevant information to mental health professionals, veterinarians and other

caregivers. The identification of emotional experiences and the demands of bereaved families are expected to favour the recognition of grief and stimulate the implementation of effective support strategies during this challenging period.

Materials and methods

This study was previously approved by the Research Ethics Committee (CEP) of the Botucatu Medical School of São Paulo State University (UNESP - Botucatu) (CAAE: 81643624.6.0000.5411).

Data were collected from owners of dogs treated at the Veterinary Nephrology and Urology Service of the Veterinary Hospital of the School of Veterinary Medicine and Zootechny at Unesp, Botucatu Campus, whose dogs had undergone at least one haemodialysis procedure at the institution and whose dogs had died during treatment. The participants in this study were over 18 years of age, communicated in Portuguese (Brazil), identified themselves as the ex-owners of a dog diagnosed with kidney disease that had undergone intermittent haemodialysis treatment and provided informed consent before taking part in the study. We excluded interviewees whose dogs had undergone haemodialysis elsewhere, owners who had professional links with the aforementioned institution, those who were unable to communicate clearly due to language barriers or limitations related to internet access, and participants who might have legal or ethical issues that would make participation in the research inappropriate, such as ongoing litigation with the aforementioned veterinary hospital. We determined the parameter of the intermittent haemodialysis procedure as an eligibility criterion to restrict our recruitment to owners in the context of advanced kidney disease, which involves greater demand for care.

Participants were identified through patient records and their participation in hemodialysis between 2014 and 2024. Once the owners had been identified on the forms, those who met the eligibility requirements were contacted via WhatsApp®[1] (Meta, United States) and invited to take part in the project. Data were collected through in-depth semistructured interviews focusing on the experience of

[1] In Brazil, the use of the WhatsApp messaging app is widespread and socially legitimized as a means of interpersonal communication, even between individuals who have no previous ties or direct personal contact.

bereavement and loss of the owners who agreed to take part in the project. These interviews were conducted online via the Google Meet® online platform (Google, United States) or via WhatsApp® video calls (Meta, United States). A single author (JFF) conducted all the videotaped interviews between October and December 2024. The interviewees were initially selected according to the date of the treatment, with the preference being for families who had faced the loss of their pet more recently.

An interview script was developed by three authors (JFF, NLD. PTCGO), with questions about the interviewees' experiences as owners and their adjustments after the death of their dogs. The questions were asked in four blocks, which sought to identify the expectations, needs and support for these and for the bereavement that the participants experienced at the time of treatment. The participants received no financial compensation for completing the interview. The interviews were video recorded and transcribed. The names of the interviewees, people mentioned by them or by the interviewer, and pets were anonymized in the transcribed documents.

After immersion in the data, the research team (JFF, NLD, PTCGO) carried out a thematic analysis of the transcripts, and following the steps of the constant comparative method, inductive coding was carried out to establish the concepts (codes), followed by axial coding to identify the categories and content analysis. Data analysis during the collection phase ensured that the essential ideas were explored before formal analysis began. A set of codes was developed and continually revised through frequent meetings, which also culminated in the establishment and definition of themes. Methodological coherence, thematic saturation and the use of an additional author (PTCGO) to validate the analysis were verification strategies used throughout the research process (Morse et al., 2002).

JFF, who conducted the interviews and took part in the analysis was a veterinarian with residency in small animal general practice and experience in renal replacement therapies. During her years at the hospital, she accompanied the care of many owners who took their dogs for haemodialysis and based on these experiences, was able to gain an in-depth understanding of the owners' practices, experiences and narratives. While PTCGO, she is responsible for the Veterinary Nephrology and Urology Service and Dialysis Centre at the School of Veterinary Medicine and Animal

Science - UNESP - Botucatu Campus, and has extensive clinical experience with a focus on the care of nephropathic dogs and cats, as well as the renal replacement therapy procedure. In addition, NLD is a cultural anthropologist with experience in medical and psychological anthropology. She has practice and experience in the study of care experiences and the ways in which human beings elaborate meanings in the face of loss and mourning.

In order for the reader to better understand the data obtained in the survey, it is important to understand that the veterinary hospital operates with partial funding from the government, but mainly the costs of equipment and medication are the responsibility of the animals' owners. Despite the fact that this model aims to broaden access to animal health, in developing countries like Brazil, where a significant portion of the population survives on a national minimum salary of approximately R$1,500, although partial funding represents an advance in access to veterinary care, significant economic barriers persist for a large part of the population, which can compromise the continuity and effectiveness of treatments due to the difficulty in meeting the costs of supplies and medicines.

Results

A total of 30 potential participants were contacted, of whom 11 agreed to participate in an interview. Thirteen potential participants did not return the invitation messages, two initially did but did not continue the conversation, and three stated their wish not to participate. Finally, all eleven of the participants included had cared for dogs that had been diagnosed with and died from kidney disease. Among the participants, seven were women, four were men, and all lived in the state of São Paulo, with four from Botucatu; three from São Manuel; and the others from São Paulo, Assis, Guarulhos and Agudos, with one participant from each city.

The dogs belonging to the participating owners were predominantly female (n=7), whereas males represented a smaller number (n=4). The age of the animals at the start of treatment ranged from five to over 12 years, with two dogs being five years old, six in the six to 10-year-old age group, two between 11 and 12 years old and one over 12 years old. For racial characterisation, the majority of the dogs were of no

defined breed (n=7), whereas three were Labradors and one was a Border Collie. The number of haemodialysis sessions each dog underwent varied, with a higher frequency of two procedures (n=4), followed by three sessions (n=3), one session (n=2), four sessions (n=1) and six sessions (n=1). The time between the animal's death and the interview ranged from less than six months to 38 months. Specifically, two owners were interviewed less than six months after the loss of the animal, two between six and 12 months, one between 12 and 18 months, two between 18 and 24 months, three between 24 and 30 months and one 38 months after the death of the dog.

The duration of the interviews ranged from 17 to 58 minutes (average = 40.5 minutes), and the material resulted in 178 pages of transcripts, with each interview covering the interviewees' experiences of caring and grieving in the months following the death of their dogs.

The thematic analysis revealed different dimensions of bereavement and the owners' needs. Below, we present the main categories that emerged, illustrated by representative excerpts from the participants' accounts. In the quotes, both the participant's name and the names of the people on the veterinary team and of the treated dog have been anonymized followed by the identification of the person's gender to maintain anonymity.

Emotional aspects of bereavement and ways of coping with it

In this section we will discuss the emotions that emerged during the participants' grieving process and also the ways in which they tried to deal with these feelings while coping with the loss.

The bereavement experience of the owners of dogs undergoing intermittent haemodialysis was characterised by a wide range of emotional reactions and coping strategies. The participants reported ambivalent feelings, oscillating between the perception that they had done everything in their power to save their dogs and guilt over the decisions made during treatment, whether in relation to the start of hemodialysis, administration of medication, transport time to the hemodialysis center,

long hospitalization time, the decision to euthanize or even the lack of early observation of clinical signs and initiation of interventions.

Undergoing haemodialysis was, for many owners, a reflection of the desire to provide their dogs with the best possible care. Choosing the procedure was often associated with a sense of sufficient effort, as it involved significant sacrifices—financial, social and emotional—which reinforced the owners' dedication. In addition, the perception that the veterinary team showed care and closeness to both the owners and the animal contributed positively to the ability to cope with bereavement. On the other hand, the absence of this perception was associated with greater emotional difficulties, interpreted as a lack of acceptance during the bereavement process, inadequate communication and the imposition of pressures that negatively influenced decision-making, resulting in choices that were not in line with the owners' objectives and values.

> “So, I have an immense affection for... for all of you. So, it was a feeling, a feeling that I have... the feeling that "Man, what a beautiful fight we put up”, right? Everyone, like that. I gave my all, I gave my maximum, you know? Of attention, of affection, of availability, of truly giving myself, you know? And whatever the cost, right? It felt like... even my job, right?” (Josh)

Feelings of guilt emerged in different ways throughout the treatment and after the loss of the animal. Some participants reported regret at not having identified the signs of the disease early on, whereas others mentioned guilt at having subjected their dogs to invasive and noninvasive procedures, questioning whether the animal's quality of life had been compromised.

> “I remembered how much pain I exposed her to. Because, like... it wasn't... At the same time, I was between a rock and a hard place, right? “Oh! Haemodialysis can save her? Then, I'll do it”, but at the same time, it was... Wow! It was so aggressive! [...] And then... I was like, you know? I felt guilty for having exposed her to so much... Also the medication... because... [...]

> Whether she wanted it or not, I was very tough in the sense of: “She has to take it, because I want her to be well [...]”. I'd put my hand on her throat if I had to, you know?” (Edith).

> “It's something I blame myself for. Because I could have done it before, right? When he started to be more... quiet. [...] However, I had a heavy workload and no one could take him [...] So... I don't know if I would have taken him earlier... anyway! […] But I keep thinking about it. That I could have taken him earlier, [...] that I could have done haemodialysis earlier, right?” (Riley)

In addition, resentment was identified, especially among those who experienced difficulties in communicating with the veterinary team. The perception that their decisions were influenced by insufficient information led to regrets, amplifying suffering during the mourning period. The participants who reported resentment also expressed the feeling of not having received adequate support from the veterinary team. These factors seem to have contributed to a more challenging mourning period for these people.

> “Because then, on top of everything I was going through, there was a feeling of being very nervous, very angry, very frustrated, very disappointed... many negative feelings. And that couldn't be accepted by the team [...] you know? So, the mourning part itself was terrible for me! Because I felt I wasn't welcomed when I was grieving.” (Amelia)

> “So, this 'No more' transition process was very abrupt. So they should have said right from the start: 'We don't know what the diagnosis is, the chances of a cure are small, even if you do this'. When they came to tell me about the need for haemodialysis, they didn't say that he could die even if he did it. So I wouldn't do it. If I'd known it was going to be a costly and painful process, I wouldn't have done it, because then it prolonged his life in a very bad way.” (Chrissie)

Another central element in the participants process mourning was sentiment of longing. Which was often associated with memories of happy times shared with the dog, its unique personality and the significant role it played in the owner's life.

> “It's because she becomes part of our family, an integral part. She herself played a unique role, you know? [...] Overcome? You can't get over it. […] I've got all her medical records at home, right? I try not to look at it too much, because I miss her, right? She already knew when we were arriving. She... we'd go and hide, she'd go and look for us, you know? So. She used to play with the little one [the participant's other dog].” (Maya)

Sadness was present throughout the process and was evident not only after the animal's death but also during treatment, when the owners were already experiencing the emotional strain of uncertainty about recovery. In some cases, this sadness turned into hopelessness, especially for those who, while still undergoing treatment, realised that haemodialysis would not be able to save their dog.

The decision for euthanasia also generated guilt and sadness for most of the participants who opted for the procedure. These feelings were not only related to the end of the dogs' lives, but also to the way in which death occurred. Some of them said that, after talking to their families, they would have liked to have made the decision to return home with their dogs and offer them exclusive palliative care at home. Talking to older family members brought to light reflections on the naturalization of illness and death and the encouragement of the view that family and home care can be an ally of a dignified death.

> “I just remember how sad it was to see her little face. I was leaving, and she was like, 'Are you going to leave me here?'. You know, I came home very sad, very upset. I was sad for many days.” (Arthur)

> “It was hard to hold her at first. Then, it was very sad, because then she didn't react any more, you know?" (Maya)

Different forms of avoidance were identified as coping strategies. While some participants expressed a desire to maintain contact with the veterinary team after the animal's death, others chose to avoid interactions with professionals and even family members, seeking time to organise their feelings before sharing their emotions.

> “I think I didn't show up for a month to say thank you. [...] Because I didn't have the strength to go yet, but when I did, I went, talked to everyone, brought snacks for everyone. [...] I baked a loaf of bread, I baked a cake! I took it to say thank you for the assistance I received.” (Margaret)

Similarly, during the interviews, they avoided talking directly about their dog's death, showing hesitation when they mentioned terms related to “death” or “euthanasia” or talked about situations that reminded them of memories that generated sadness and/or nostalgia.

> “I like to keep to myself. I like to keep quiet for a while. Bringing up the subject bothers me at that moment. Not to get angry! But it brings back memories and, as it's recent, it's not nice. Now, I didn't mind doing (the interview).” (Arthur)

> “And then I'd... I'd say: ‘ Gosh, why doesn't she...’. Sometimes I'd even ask... [pause in speech] Why didn't she pass away? [The interviewee began to cry] By my side, like this, at night... so on.” (Edith)

For owners who were aware of the seriousness of the condition, the dog's death was already a constant worry during treatment. Many reported a fear of finding the animal lifeless.

> “But the emotional part... It's that thing. You come back without the animal. “Look, it's going to have to stay here for another day”. You go back without knowing. Am I going to get there and they'll say: “She couldn't take it. She's dead!”? You're out of action! There's nothing you can do, you know?" (Arthur)

Many participants mentioned happy memories and moments of joy spent with their dogs, both before the diagnosis and during dialysis treatment. In addition, several owners expressed the perception that the care offered throughout treatment was a way of repaying the companionship the dog had provided throughout their lives.

> “That dog was very special. If not, I wouldn't have made all the effort I did, but... anyway... it was an attempt.” (Josh)

Another coping mechanism identified was fatalistic acceptance of the animal's death. Some owners reported that, despite their suffering, they understood that the loss was inevitable and that all possible measures had been taken to save the dog.

> “And I was there with her all day in the hospital, and then... to avoid her getting up, we took the urine out with a syringe and so on. Then there was a moment, [...] when I took it out, there was blood in it. Then, for me, that was it... I said “Ah! I don't think there's much I can do anymore”, right?“ [nodding negatively, lips pulled down].” (Edith)

Some participants emphasised the need to move on, regardless of the suffering caused by the loss. For these owners, the continuity of life presented itself as a practical requirement.

> “It wasn't like... a mourning, per se. As happens with human beings. Even because of the situations I told you about. Work, sometimes, arguments between couples... you end up focusing. I have my daughter to look after! If I focus too much on that, I don't work, I don't study, I don't look after my daughter, I don't get on with life. [...] You need to forget about that subject so that you can get on with your life.” (Arthur)

> “The memories will always remain right? But I think it was done.... Everything is in God's plan. The best thing is to be aware that you've done your duty, right?” (Maya)

In addition, the belief that God had determined the course of treatment and the dog's fate played a role in coping with grief permeated the words of some of them.

Decision-making and ethical conflicts

Decision-making regarding the treatment of kidney disease in dogs undergoing intermittent haemodialysis was one of the challenging aspects reported by owners. The decision-making process involved ethical and emotional dilemmas, leading many owners to reflect on their choices after the animal's death. The participants expressed uncertainty and, in some cases, regret about the decisions made during the treatment. This doubt was present both in the choice to submit the dog to haemodialysis and in the execution of other procedures, such as the placement of catheters, prolonged hospitalisations and the administration of medications.

Some owners reported that, despite wanting to prolong the animal's life, they questioned whether the effort involved had actually resulted in a better quality of life for the dog. The feeling of doubt was especially marked in cases where in the owner's view, the treatment caused the animal to suffer without guaranteeing significant survival.

> “I said, “I'm going to get into debt! I'm going to... whatever I can do, I'm going to do!"[...] And that's incredible! Because that didn't reassure me, because...

> it was a very stressful process for her, you know? So... I regret it... But... it's not that I regret it, it's that I didn't have much else to do.” (Edith)

The need to provide comfort for the dog during treatment was present several times. The owners showed concern for the animal's well-being not only during the haemodialysis sessions but also during transportation, in the management of feeding and hydration, in the administration of medication and at the moment of death.

> “I thought it was very... very strong. Very invasive. The day the catheter was put in, right? I fell apart, because it was something and, I think, we... we understand what's going on, right? But not the animal. I think it's an aggression for them. I have this feeling: we have to do the best for them, but without suffering. I think it was suffering for her. Too much. That wasn't necessary.” (Mary)

Another dilemma was the perception that the dogs had no autonomy over their own choices. For some owners, the impossibility of the animal expressing its wishes caused anguish, as the responsibility for deciding on treatment fell entirely on them.

Communication between the veterinary team and the owners

The communication established between the veterinary team and the owners of dogs undergoing haemodialysis, as well as the perception of support during the treatment and mourning process, emerged as important factors in the participants' experience.

Reports of inadequate communication by veterinarians were associated with negative experiences and greater emotional distress among owners. The main problems identified included a lack of clarity in explanations, a lack of acceptance of grief, and a defensive attitude when faced with questions. In addition, communicating bad news without appropriate protocols, without sensitive language, and without

adequate time to assimilate the information caused distress in some participants. Communication perceived as inadequate generated resentment and a feeling of abandonment.

> “The doors were kind of closed in my face, right? So that was truly... it was truly sad. Because it was like, “Wow, everything I’ve done up until now has gone down the drain. It didn’t do any good!” Right? Because of something else! [...] And nobody welcomed my grief because everyone was worried about the fact that I was there trying to find an answer, justice, clarification, right?” (Amelia)

> “I told him that I didn’t want to see her suffer. It was the day she had to put in the catheter, you know? And then he said that there was no option not to do it. That she was young and that if I didn’t do it, I would be missing out on giving her an opportunity. [...] He was kind of rude.” (Mary)

On the other hand, reports of empathetic and compassionate communication, characterised as therapeutic communication in this study, were associated with a better experience of the grieving process. Owners said that they felt more welcomed when the veterinary team showed concern for their emotional and physical state, asked about the needs of the family and the dog and offered practical support to help with decision-making and caring for the animal.

> "Look... I think it was all very good... the care was very good, everything I needed [...] whoever was around was always helpful. Even on the day of euthanasia, there were about four people there trying to do it to help relieve suffering [...] So, for me, the service was great. The team is very good." (Leo)

> "I don't mind talking. I like talking. [...] I think it would be interesting if they got in touch. But in a genuine way, you know? Wanting to know, wanting to understand the process. Even to improve, right? [...] I think that's why I agreed to do it here, right? Because it's like this contact. So, if they had tried to get in touch with me, I would have said: ‘I want to talk, let's talk’. (Edith)

> "I also saw that there were people who knew how to give me the right feedback, right? They didn't leave me without information, right? I think that's the worst thing for any family member, any guardian, any... veterinarian not to give the right information, right? So. I didn't suffer from that. I had information from the whole team all the time, you know? I can see that you work there as a real team, right?" (Josh)

The use of clear and accessible language, the availability of staff to answer questions and the genuine expression of feelings such as grief, concern and sadness were also perceived as positive points both during treatment and after the dog's death.

Impact of Illness and Treatment on the Caregiver

The experience of the dogs' dialysis treatment had a significant impact on the owners, both emotionally and physically, influencing their perception of the animals' quality of life, their own needs and the grieving process. Physically, the participants experienced fatigue due to the investment of energy in organizing the care, structuring the routine of caring for the dog, the long time the animal was hospitalized, when it was necessary to have a responsible companion, and in the transportation of the dog to the hospital, which sometimes lived in a different city from the location of the dialysis center. Emotionally, the experience varied between participants, with some reporting deep connection and gratification for the additional time provided by renal replacement therapy, whereas others described the journey as exhausting and, in some cases, traumatic.

For some owners, as treatment advanced, it became difficult to recognise in their dog the same companion who had always been by their side. The clinical state and limitations imposed by the disease and therapeutic procedures led to the perception that the animal was no longer able to express its previous identity. These owners reported feelings of conflict and anguish when they realised that the quality of life during treatment did not reflect what they believed their dog wanted.

> "Oh, it's....[sigh]. So to look at her and know that she was there, I think so! Yes! But I think she was... I don’t know, so uncomfortable... I don't know, you know? I'm not sure.” (Edith)

On the other hand, many participants described an intense connection with their dogs, even during treatment. For these owners, haemodialysis provided valuable moments of interaction and closeness. The reports indicate that the experience of care, even with the challenges, strengthened the bond between the owner and their dog, allowing for additional time that was seen as meaningful.

> "We played and he always liked to walk, you know? And then he asked to go outside. In addition, I said, "I'm going to take him for one last walk, right? [...] Then, we managed to get him to sleep, right? The three of us went there with him. He went to sleep and then, when we woke up, he was in the corner of the door where he liked to stay, which was a glass door we have here in the house where he kept looking out at the garage. In addition, then he ended up dying there... in the little corner he liked." (Riley)

> "Yeah... my dog... she was herself all the time. [...] I think she showed her gratitude for everything I was doing for her, you know? [...] There was a moment when I was returning with her from Botucatu, right? [...] I made her as comfortable as possible. Then, I was crying, right? Because I realised that this thing was not going to work anymore. She used all her strength to come over and put her head on my lap. She put her head on my lap like that and kept looking at me, you know? It was like she was saying ‘Thanks, Dad!’. Therefore, you know, she was a very special dog!" (Josh)

One of the owners' greatest concerns was the suffering they believed their dogs might be experiencing during treatment. Aspects such as the implantation of the haemodialysis catheter, administration of medication, manual restraint for haemodialysis sessions, transport to the clinic, long hospitalisation time and visible clinical signs of discomfort were cited as factors that caused owners to anguish.

> "I think he was in a lot of pain, right? He was in a lot of pain!" [...] As long as he was taking medication in his veins, that was a behavioural pattern. Then the day I didn't go with him, which was rare, or sometimes a period of the day when I couldn't be with him and I gave it at home, orally, so he would vomit and stuff. Look... in the session, during haemodialysis, it was horrible [...] He was scared to death! And even under sedation, he was very resistant and didn't want to stay there." (Chrissie)

> "Now the greatest suffering, as I saw it, was that she would arrive exhausted and then, the next day, to get her to the car, we'd have to pick her up because she didn't want to go any more. And that little look, you know? The 'I don't want to' look. [...] That's why I tell you that I might not have the courage to do it on other dogs. Because it's so far away too, right?" (Mary)

For only a few owners, the process of having their dogs undergo intermittent haemodialysis or other associated medical procedures was a traumatic experience. Some emphasised the emotional impact of invasive procedures, others pointed to clinical complications during treatment as the most significant, and for some, the death of the dog was the most difficult factor to address.

> "The image that remains in my mind is him looking at me. Me leaving. I didn't stay for euthanasia. I didn't stay. I didn't stay... because it's... [Interviewee very emotional, crying, nodding negatively and looking down].' (James)

> 'You see the animal suffering, you know? You see all the wear and tear it takes on the animal, because they need to puncture here, puncture there, take tests... I knew he didn't like going [...] He was sad when he went. [...] He accepted food much better when he was at home, the fluids when he was at home. So I think the animal is also... he's like a child! [...] He gets upset at having to go to the veterinary hospital every day. [...] So, even though I knew it was for his own good, [...] I felt sad because I could see that it was, in a way... I don't want to use the word 'mistreating' in a bad way. [...] But mistreating in the sense of being stressful for him too, right? So it's a situation that's very upsetting emotionally, you see? Because seeing him lose more and more weight, right? And a whole load of responsibility on my back, because I had to make the decisions, you understand?" (Amelia)

Some participants reported that in addition to accompanying their dogs during all their returns and haemodialysis sessions at the veterinary hospital, when they were not at the hospital with their dogs, they took on the responsibility for necessary care, such as transport, feeding, medication, hydration and hygiene of their animals on their own, without the help of friends or family for such activities.

> "It was like that... it was a process, there were days when I reached the extreme of my limits [...] It was all added up. It was the financial part, the emotional part, the physical wear and tear, the worry that I was hardly working at all to look after him... So I also knew that I was going to have to spend a lot and I knew that there was no money coming in." (Chrissie)

At the same time, the lack of overnight stays at the hospital further increased the workload and led to physical overload, as it required owners to ensure their pet's full care during the night, negatively impacting on the quality of rest and increasing the owner's burden. In addition, the economic challenge was made even greater by the need for overnight care in other institutions. The reports indicate that this intense physical and emotional demand has had a direct effect on the owners' mental health, interfering with their professional and social lives.

Discussion

Grieving the loss of a pet is a multifaceted phenomenon that is influenced by psychological and social factors and by interactions with the professionals involved in veterinary care. This research explores the bereavement experiences of owners who have subjected their dogs with kidney disease to intermittent hemodialysis, highlighting the significant emotional impact of this process. The time elapsed between the death of the animal and the interview was not the focus of the investigation, which focused on the bond between the participants and their dogs during dialysis treatment and after the death of their animals.

The gender of the participants was not initially part of the purpose of the study, nor did it appear to be an issue in the interviews in terms of the difficulties and facilities faced by the participants. It would probably be interesting for this to be assessed more specifically in future studies.

The study shows that the human–animal relationship can be as intense as human bonds, making the experience of loss profoundly impactful. The strength of grief over the loss of an animal is intrinsically linked to the intensity of the bond between the owner and the animal. Reisbig *et al*. (2017) corroborate this perspective by emphasising that mourning for animals can be compared with mourning for loved ones, especially for those who see their dogs as family members. This bond is particularly strong when the animal fulfils significant emotional and social functions, such as offering affective support, companionship and a sense of purpose (Testoni *et al*., 2017). In this research, many participants described an intense bond with their dogs, even during treatment, which provided very meaningful bonding moments for them. Participants even referred to their dogs as family, as those who occupy a unique place in their lives, as special and also referred to themselves as the animals' “parents”. It is therefore essential that veterinarians offer appropriate support to bereaved owners, promoting a more empathetic and inclusive understanding of this experience.

Bereavement for a pet is not a homogenous experience and is influenced by various factors that influence its intensity and duration. The circumstances of death are among the main elements that impact grief. When a pet dies, especially in complex medical circumstances such as chronic illness or euthanasia, the owner may question their decisions and suffer regrets, prolonging the grieving process (Mccutcheon & Fleming, 2002). In this study, decision-making regarding treatment generated ethical dilemmas for the owners regarding the choice of haemodialysis, other invasive procedures and also the choice of euthanasia in the case of some of them, leading them to reflect on their choices even months after the animal's death. There were expressions of doubt and regret about their decisions, questions about prolonging the dog's suffering, the duty to stop treatment at a certain point, as well as decisions about whether they would like their dog's death to be brought forward by euthanasia. The support or blaming felt by owners in relation to the decision whether or not to euthanise

their animals can directly influence the appearance of guilt over the decision. In addition, the fact that owners feel more supported and informed in their decisions can have an impact on the choice and lead to a lower rate of choice to artificially shorten life (Hoummady et al., 2025). However, the feeling of adequate support was limited to 30.2% of the participants in the study carried out by Hoummady et al. (2025), which highlighted a greater need for support compared to what is currently provided, given the predominance of the feeling of isolation experienced by owners when faced with these complex decisions. Furthermore, in Brazil, unlike in veterinary medicine, where, when there is a seriously ill animal, palliative animal care accepts that it is the ethical and legal right of the animal's owner to decide whether it will die by euthanasia or by natural death supported by palliative care (Brasil, 2012; Bishop *et al*., 2016), in medicine, when a person's death becomes imminent, the indication is to intensify palliative care to relieve pain and anxiety, and euthanasia is illegal (Brasil, 1940). It is possible to imagine that this illegality of human euthanasia generates an additional layer of guilt for the owners.

The desire to provide comfort to the animal was always present, in contrast with the anguish of the animal not being able to exercise autonomy, a dilemma that highlights the weight of human responsibility over the life of a being incapable of expressing its own will in this context. Rioux *et al*. (2012) noted that carers of human patients undergoing nocturnal home dialysis report high levels of stress and a negative impact on quality of life and suggested that emotional exhaustion and a lack of adequate support can significantly increase the effects of bereavement, especially when the care process extends over long periods and involves emotionally draining decisions.

In this analysis, the participants reported that the high demand for care from their dogs during treatment resulted in physical, psychological and financial exhaustion. In the case of intermittent veterinary haemodialysis, owners need to make multiple visits to the veterinary clinic each week, adjust their routines and, in many cases, bear high financial costs to maintain treatment (Christiansen *et al*., 2013). The high burden of care can result in high levels of emotional stress and physical fatigue, similar to those observed in carers of human patients with chronic illnesses (Schulz & Sherwood, 2008). Spitznagel *et al*. (2017) reported that owners of sick animals show

symptoms of anxiety, depression and even posttraumatic stress disorder, especially when faced with difficult decisions about continuing or stopping treatment. Belasco et al. (2006), Magenge *et al*. (2025) e Lima *et al*. (2019) corroborate this perspective within the context of haemodialysis by demonstrating that caregivers of human patients on dialysis often face emotional overload, anxiety and depressive symptoms due to the constant demands of treatment. Testoni et al. (2017) added that the emotional exhaustion resulting from prolonged care can lead to even more intense grief after the loss, as the owner may feel a sudden emptiness and a lack of purpose in their routine. In this study, it was not possible to establish a correlation between prolonged treatment and pathological grief, as most of the animals did not undergo prolonged treatment. However, the intensity of the care that the dogs required, even over short periods of time, coupled in some cases with other personal challenges experienced by the participants, such as concomitant bereavements, the simultaneous illness experienced by a close relative and the end of relationships, may have influenced the deepening and intensification of grief.

Another critical factor in owners' emotional overload is the conflict between the hope of recovery and the reality of the animal's condition (Spitznagel *et al*., 2017). However, when deterioration of an animal's health becomes inevitable, the feeling of helplessness can be overwhelming, generating feelings of frustration, guilt and psychological distress (Spitznagel *et al*., 2021). In this analysis, many owners invested time, money and emotional effort, believing that the treatment would prolong their animals' lives with quality or cure them, and when they realised the inevitability of their dogs' death, feelings similar to those described by Spitznagel and colleagues (2017, 2021) were reported by the participants. It should be noted that the participants said that the impossibility of the dogs' autonomy in decision-making was challenging for them because, even though they wanted their dog to remain alive for a longer period of time, some of the procedures led them to question themselves about compromising the quality of life of their canine companions, which was one of their biggest goals for many of them.

This dilemma led the interviewees to reflect on their choices even months after the animal's death, and was a significant source of guilt and anguish for some of them. This guilt associated with medical decisions can be a significant burden for owners

(Christiansen *et al*., 2013) and the ethical dilemmas they face can be compared to those faced by family members of terminally ill human patients, who often struggle to balance the desire to prolong life with the need to minimise suffering (Schulz & Sherwood, 2008).

The burden on owners of sick animals also has financial implications. As in this study, where participants reported major impacts on their professional and financial lives in the context of their dogs' dialysis treatment, in Christiansen *et al*. (2013), owners often reported difficulties balancing their professional responsibilities owing to the demands of intensive veterinary care. In addition, the unpredictable nature of chronic conditions can make financial planning difficult, leading to significant economic stress (Mariti *et al*., 2018). Spitznagel *et al*. (2017) noted that the costs of advanced medical treatments, such as chemotherapy and haemodialysis, can lead owners into debt, affecting their emotional stability and increasing feelings of guilt when they are unable to afford treatment. Guardian education and care planning can better prepare owners for the challenges of long-term care (Shaevitz *et al*., 2020).

Social support also plays a crucial role in the grieving process. Having an understanding circle of support makes it easier to deal with the loss, while a lack of empathy can aggravate emotional pain (Leonhardt-parr & Rumble, 2022). The reports in this study pointed to emotional demands on owners, with a direct impact on their professional and social lives. McCutcheon and Fleming (2002) emphasised that owners whose dogs died naturally reported greater social isolation and a sense of loss of control, showing that the context of the death and its social impacts directly influence the experience of mourning. The social restriction caused by the commitment to caring for the animal can also lead to isolation, as many owners stop attending social events, travelling or even family interactions to prioritise caring for the animal (Spitznagel *et al*., 2019). Understanding these factors is essential for developing appropriate support strategies for these owners, helping them cope with grief. Social support has a major influence on adaptation to bereavement. The presence of a support network composed of friends, family or professionals can provide emotional validation (Leonhardt-parr & Rumble, 2022).

The coping and resilience strategies adopted by owners to address the loss of their pets are diverse and reflect different ways of processing grief. Fatalistic

acceptance was one of the strategies identified, in which some owners found comfort in the idea that they had done everything in their power to ensure the animal's well-being, thus minimising feelings of guilt and regret. Another approach observed was avoidance, in which owners chose to avoid places, objects, people or situations that evoked the presence of the deceased dog as a way of easing the emotional pain associated with the loss. In addition, spiritual connection has also proven to be a relevant strategy since, for some, the search for spiritual explanations contributed to resignifying the experience. These strategies demonstrate the complexity of the process of adapting to loss and emphasise the importance of understanding the different forms of coping used by owners in order to provide adequate support. With the aim of including care for all physical, psychological, social, and spiritual signs, the need to study and implement palliative care for dogs on haemodialysis and their owners is emphasised. Palliative care encompasses all these areas and is capable of connecting caregivers and team members, accurately identifying the needs of patients and their caregivers, and thus creating strategies to reduce suffering (WHO, 2023).

Among the main strategies identified in the literature are the acceptance and normalisation of grief, in which recognising grief as a natural response to loss makes it easier to deal with (Testoni *et al*., 2017). Another relevant approach is the focus on gratitude and moments lived, in which some people find solace in thoughts of positive experiences shared with the lost animal. This strategy helps reduce feelings of guilt and favours more adaptive mourning, allowing the loss to be resigned (Spitznagel *et al*., 2017). The resignification of the loss and personal growth resulting from this process is one of the most positive aspects of coping with bereavement. This process involves finding new meanings for the bereavement experience and integrating the memory of the loved one into one's own identity in a constructive way (Testoni *et al*., 2017).

The communication and support offered by the veterinary team played a central role in the participants' bereavement experience. While empathetic communication and active listening enabled the development of a personalized care plan that favored attention to each client's needs in a specific way, reduced unnecessary suffering and were reported as factors that resulted in greater comfort, generated good memories and a feeling of being cared for, communication failures seemed to intensify negative

feelings, leading to greater suffering and even resentment. This research reinforces the importance of clear and empathetic communication on the part of veterinarians, highlighting that owners who feel welcomed and empathized with by the veterinary team have a less traumatic grieving process.

In this study, inadequate communication by veterinarians, characterised by unclear explanations, lack of acceptance of grief, and a defensive attitude towards questions, was associated with negative experiences for owners and generated resentment and feelings of abandonment. Bosticco and Thompson (2005) emphasised that effective communication can improve the experience of grief in various situations of loss, including the veterinary context, and that in the human context, terminally ill patients and their families experience less psychological distress when doctors communicate the prognosis in an open and compassionate way. Testoni *et al*. (2017) reported that clarity in the transmission of medical information can prevent frustration and feelings of guilt on the part of owners. A study by Spitznagel *et al*. (2017) revealed that owners who received vague or contradictory information about their pet's condition experienced greater difficulty coping with the loss, often feeling that they had no control over the decision to continue or discontinue treatment. However, when vets provided clear, detailed and compassionate information, owners tended to report less guilt and greater acceptance of the grieving process, as they felt more confident that they had made the right decision (Spitznagel, *et al*. 2018, 2017). This was also observed in this study, in which empathetic and compassionate communication was associated with a better experience in the grieving process and a feeling of support and care among the owners. Testoni *et al*. (2017) emphasised that, in addition to the clarity of medical information, the emotional tone of communication also influences the perception of loss. Professionals who show empathy and validate the owners' pain contribute to healthier bereavement, allowing the bereaved to feel understood and supported during the process of saying goodbye (Leonhardt-parr & Rumble, 2022; Spitznagel *et al*., 2019).

Limitations and future directions

The qualitative approach adopted made it possible to identify different psychosocial domains affected by the experience of caring for and losing dogs with advanced kidney disease. In particular, the way that care was conducted during dialysis therapy was shown to significantly influence adaptation to bereavement.

By characterising the domains affected by these experiences, this study contributes to future research that seeks to deepen the connections between the care process and its emotional, psychological and social consequences for owners. In addition, we emphasise that individual factors such as age, socioeconomic status, level of education, gender and time since treatment and loss can play a relevant role in the experience of bereavement. We also recognise that some owners with very negative emotional experiences related to the process did not always want to be included in the interview. Furthermore, it is necessary to recognise that the study, development and implementation of palliative care in veterinary medicine should be encouraged, as it is a more financially viable and accessible source of care for all.

Conclusions

The findings of this study contribute to the understanding of the experience of grief associated with the loss of pets during dialysis treatment. Multidimensional impacts, in which the line between the desire to preserve life and the acceptance of finitude becomes blurred, were highlighted and organised into four main categories.

The emotional aspects of bereavement were marked by ambiguous feelings, such as gratitude for the possibility of care and longing for the bond established, as well as guilt, sadness and, in some cases, resentment. Decision-making and ethical palliative conflicts were strongly present, especially in regard to choosing haemodialysis and other invasive procedures. The desire to provide comfort to the animal was accompanied by anguish that the animal was unable to exercise autonomy. Finally, the communication and support offered by the veterinary team played a central role in the bereavement experience.

In light of these results, support for these owners must take into account their specific needs in each of these areas, considering the emotional complexity of this

bond. It should be borne in mind that support is part of a larger question, which is part of all beings' right to a dignified life. The study and application of palliative care is still in its infancy in veterinary medicine, but its importance is due to its ability to meet all these demands, and its study and application should be encouraged. This approach could be beneficial both for dogs undergoing renal replacement therapy and for patients whose owners choose not to start or are advised to end renal replacement treatment. We cannot therefore rely on individual common sense as the basis for the service, and active team training is essential. Despite its clear relevance in the treatment of patients with advanced nephropathy, hemodialysis must be carefully indicated so as not to raise false hopes or even be perceived as the only care option for these patients. During communication, one should always remember the influence that the way we care for and communicate the end of life has on decision-making. Finally, this research contributes to the development of support strategies and interventions to help people deal with bereavement, promoting more sensitive and individualized support for owners going through this experience.

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Competing interests

The authors declare that they have no competing interests.

Data availability

To protect the identities of our participants, the qualitative data from this study have not been shared publicly. Interested readers can contact the corresponding author if they wish to know more about opportunities to access these data.

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CAPÍTULO 3

CONSIDERAÇÕES FINAIS

O presente estudo analisou as experiências emocionais e a forma como elas influenciam na formação e enfrentamento do luto das famílias de cães com doença renal submetidos à hemodiálise intermitente. Os resultados obtidos através das entrevistas com os participantes evidenciaram a complexidade das experiências emocionais vividas pelos tutores, desde o momento do diagnóstico da doença renal em seus animais até o enfrentamento do luto após a perda. A análise temática realizada permitiu a identificação de padrões emocionais e comportamentais comuns entre os entrevistados e o reconhecimento da influência de fatores individuais e contextuais na maneira como cada um deles lidou com o luto. Destacou-se o papel essencial da equipe veterinária no manejo do luto, reforçando que o cuidado não deve se restringir ao paciente, mas também contemplar o bem-estar emocional dos responsáveis - antes, durante e após a morte do animal. Por fim, este estudo contribui para o aprofundamento da discussão sobre a relação entre humanos e seus animais de estimação em contextos de doença e morte, apontando a necessidade de práticas que integrem a dimensão emocional dos responsáveis ao cuidado veterinário.

SÚMULA CURRICULAR

1. Formação acadêmica/titulação

Ano	Título ou atividade	Instituição
2021	Graduação	Faculdade de Medicina Veterinária e Zootecnia, Universidade Estadual Paulista
2021 a 2023	Residência Multiprofissional em Clínica Médica de Pequenos Animais	Faculdade de Medicina Veterinária e Zootecnia, Universidade Estadual Paulista
2023 a 2025	Mestrado (em andamento)	Faculdade de Medicina Veterinária e Zootecnia, Universidade Estadual Paulista

2. Participação em eventos

2.1 Curso: Cuidados paliativos e o fim da vida no domicílio: do sonho à realidade, 2024. (Online). Ouvinte.

2.2 Curso: Cuidados paliativos: Atualização Multidisciplinar, 2023. (Online). Ouvinte.

2.3 Congresso: Congresso: 2º Congresso Internacional- Animal Health Expo Congress 2023. (São Paulo/SP). Ouvinte.

2.4 III Curso Teórico/Prático de diálise peritoneal e hemodiálise em pequenos animais, 2023. (Botucatu/SP). Organização.

2.5 IV Curso Teórico/Prático de diálise peritoneal e hemodiálise em pequenos animais, 2024. (Botucatu/SP). Organização.

2.6 Evento de Extensão “Escola de Inverno”, 2024. (Botucatu/SP). Organização.

2.7 Evento de Extensão “Semana da Pós-Graduação”, 2024. (Botucatu/SP). Organização.

2.8 II Simpósio de Cardiologia em Pequenos Animais. 2023. (Botucatu/SP). Ouvinte.

3. Palestras ministradas

3.1 Título da aula/palestra: Cuidados paliativos em tumor de mama

Local: FMVZ, UNESP, Botucatu (GECION- Grupo de Estudos de Cirurgia e Oncologia Veterinária). Data: 26/10/2023. Carga horária: 40 minutos.

3.2 Título da aula/palestra: Cuidados Paliativos em Felinos. Local: FMVZ, UNESP, Botucatu (Grupo de Estudos de Felinos- GEFEL). Data: 10/10/2023. Carga horária: 1 hora.

3.3 Título da aula/palestra: DTUIF Obstrutiva. Local: FMVZ, UNESP, Botucatu (Grupo de Estudos de Felinos- GEFEL). Data: 15/06/2023. Carga horária: 1 hora e 30 minutos.

3.4 Título da aula/palestra: Ciclo de Imunologia Clínica em Pequenos Animais. Local: FMVZ, UNESP, Botucatu (Grupo de Estudos de Pequenos Animais- GEPA). Data: 04/10/2023. Carga horária: 1 hora.

3.5 Título da aula/palestra: Miniciclo de Farmacologia- Anti-inflamatórios Esteroidais. Local: FMVZ, UNESP, Botucatu (Grupo de Estudos em Patologia Veterinária- GEP, FMVZ, UNESP, Botucatu). Data: 11/04/2024. Carga horária: 1,5 horas.

3.6 Título da aula/palestra: Cuidados com o Paciente Terminal. Local: FMVZ, UNESP, Botucatu (Grupo de Estudos de Pequenos Animais- GEPA). Data: 01/10/2024. Carga horária: 1 hora.

3.7 Título da aula/palestra: Clínica Médica de Pequenos Animais (CMPA), UNESP, Botucatu (No I Simpósio Beneficente de Residência Veterinária na Unesp Botucatu (ONLINE), Organizado pelo Diretório Acadêmico da FMVZ). Local: FMVZ, UNESP, Botucatu. Data: 22/05/2024. Carga horária: 1 hora.

3.8 Título da aula/palestra: Exame clínico em pequenos e grandes animais (No evento de extensão “Escola de Inverno” promovido pelo programa de pós-graduação em

medicina veterinária da FMVZ). Local: FMVZ, UNESP, Botucatu. Data: 19/07/2024. Carga horária: 4 horas.

3.9 Título da aula/palestra: Mesa-redonda: Pós-graduação em Medicina Veterinária. Local: FMVZ, UNESP, Botucatu. Data: 30/08/2024. Carga horária: 2 horas.

3.10 Título da aula/palestra: Oficina sobre “Terapias de Substituição Renal”. Local: FMVZ, UNESP, Botucatu. Data: 31/08/2024. Carga horária: 4 horas.

3.11 Título da aula/palestra: Cuidados Paliativos na Oncologia no Miniciclo de Oncologia 2024. Local: FMVZ, UNESP, Botucatu. Data: 07/11/2024. Carga horária: 1,5 horas.

3.12 Título da aula/palestra: Ainda há muito a ser feito! Cuidados Paliativos na DRC. Local: FMVZ, UNESP, Botucatu (Online). Data: 10/03/2025. Carga horária: 1 hora.

3.13 Título da aula/palestra: Sob o jaleco, um coração que merece acolhimento. Local: FMVZ, UNESP, Botucatu (Online). Encontro científico: Desafios da Morte Assistida na Prática Veterinária. Data: 24 a 26/06/2025. Carga horária: 6 horas.

3.14 Título da aula/palestra: Sinais clínicos apresentados por animais com alterações do trato urinário. Local: FMVZ, UNESP, Botucatu. Data: 22/04/2025. Carga horária: 1 horas.

3.15 Título da aula/palestra: Cuidados Paliativos na nefrologia intensiva: quando o foco é o conforto do paciente. Local: FMVZ, UNESP, Botucatu (Online). Data: 21/08/2025. Carga horária: 1 hora.

4. Colaboração em aulas

4.1 Colaboração em aulas práticas da Disciplina Rodízio de Clínica de Pequenos animais e na Disciplina de Semiologia Veterinária. Local: FMVZ, UNESP, Botucatu. Data: 23/03/2023, 27/04/2023 e 31/05/2023. Carga horária: 8 horas.

4.2 Título da aula: Introdução aos Cuidados Paliativos. Local: FMVZ, UNESP, Botucatu (Programa de Pós-Graduação em Medicina Veterinária- Disciplina de Tópicos Especiais “Cuidados Paliativos”). Data: 14/12/2023. Carga horária: 1 hora.

4.3 Colaboração em aulas práticas da Disciplina Rodízio de Clínica de Pequenos animais e na Disciplina de Semiologia Veterinária. Local: FMVZ, UNESP, Botucatu. Data: 26 e 27 de junho de 2024. Carga horária: 8 horas.

4.4. Título da aula/palestra: Cuidados Paliativos na Doença Renal Crônica em Cães e Gatos. Local: FMVZ, UNESP, Botucatu. Data: 29 de novembro de 2023. Carga horária: 1 horas.

4.5. Colaboração em aulas práticas da Disciplina de Semiologia Veterinária. Local: FMVZ, UNESP, Botucatu. Data: 07/05/2025 e 08/05/2025. Carga horária: 6 horas.

5. Treinamentos, estágios e rotina

5.1 Atendimentos de rotina do Setor de Nefrologia e Urologia de Cães e Gatos junto ao Departamento de Clínica de Pequenos Animais do Hospital Veterinário da Unesp de Botucatu. Atendimentos realizados em 2023 e de 2024, totalizando 240 horas de atendimento hospitalar.

5.2 Estágio no ambulatório de dor e cuidados paliativos na Faculdade de Medicina de Botucatu (FMB), sob orientação da Professora Dra. Fernanda Bono Fukushima. 2023.

5.3. Estágio no Instituto Kairós de Cuidados Paliativos Veterinários com o médico veterinário Vinícius Perez dos Santos e médica veterinária Bruna Biancchini. 2024 (jan/fev).

5.4 Programa de Mentoria em Cuidados Paliativos Veterinários no Instituto CPVET sob orientação do Médico Veterinário Vinícius Perez dos Santos (março de 2023 a fevereiro de 2024).

6. Bolsas

6.1 Bolsista CNPQ em andamento (Mestrado) - Departamento de Clínica Veterinária da FMVZ – Unesp – Campus de Botucatu – SP. (Botucatu/SP). Concedida de Agosto de 2023 a julho de 2025.

7. Pós-graduação Lato sensu

7.1 Oncologia Veterinária. Instituto Bioethicus. Turma XV -Monitora da turma (2024-).

8. Resumos apresentados em congressos, simpósios, seminários

8.1 PEREIRA, T.T., OLBERA, A.V.G., PERINO, V.S., FERREIRA, J.F., AMORIM, R.M. Narcolepsia secundária à meningoencefalite de origem desconhecida em cão. In: Simpósio Internacional da Associação Brasileira de Neurologia Veterinária, 2023, Rio de Janeiro (RJ).

8.2 de MOURA, J.Z., FERREIRA, J.F., BARBOSA, L., MELCHERT, A.; GUIMARÃES-OKAMOTO, P. T. C. Avaliação da qualidade de vida e dor em cães submetidos a cuidados paliativos. In: XXXVI Congresso de Iniciação Científica da Unesp, 2024, Botucatu (SP).

8.3 FERREIRA, J.F., MORAES, R.S.D., MELCHERT, A., OKAMOTO, A.S., GUIMARÃES-OKAMOTO, P.T.C. Assessment of bereavement among owners of dogs that have undergone hemodialysis. In: WSAVA Congress 2025, 2025, Rio de Janeiro (RJ).

9. Representação discente em órgãos colegiados

9.1 Conselho da Pós-graduação em Medicina Veterinária, FMVZ, UNESP, Botucatu. (outubro de 2023 a outubro de 2024).