

0:00:03.9 Katie Berlin: Hi, welcome back to central line. I'm your host, Katie Berlin, and with me today is a returning guest. Kelly Johnson. Kelly, welcome back to central line.

0:00:13.4 Kelly Johnson: Thank you.

0:00:14.7 Katie Berlin: It's so great to have you back for a conversation, part two, we're gonna be talking about a different topic today, which we touched on the first time we chatted, but Kelly, if you'll remember in our previous conversation, we talked about being a veterinary receptionist and how we can empower and grow the careers of our veterinary reception teams and make sure that they are empowered to use all of the special skills that they have, and so if you've missed that episode, go back and check it out because it's really good, but you don't have to have heard it first to hear this one. So fly eye. Kelly, would you mind... We're gonna be talking about grief today, and grief, it sounds like it's gonna be a real bummer of an episode, but talking to you is the opposite of a bummer talking to you is like a ray of sunshine, and so I have a sneaking suspicion that's one of the reasons you're so good at your job, but would you mind just giving us a little bit of your origin story for how we come to be talking about grief today, when you were... Your last conversation with us was about being a veterinary receptionist.

0:01:25.9 Kelly Johnson: So I mentioned before I got into vet being a veterinary receptionist, I had gone off to grad school thinking that I was going to become an ordained minister, and I obtained my Master of Divinity degree, and that is a degree that also allows me to do chaplaincy. Chaplaincy, to be very clear about this. It is spiritual care for people within a specific setting and a specific time frame, it is not for one religion, we are trained to utilize all religions including atheism, agnostic, paganism, and the five major religions of the world. So we are highly trained to do all of these things, and in addition to my Master's degree, I have obtained two units of CPE, which is Clinical Pastoral Education, and that is a rotation training for abutting chaplains, and that is... I have to obtained 800 hours so far, I have another 800 hours to go for my...

0:02:35.7 Katie Berlin: It's a lot of hours.

0:02:36.5 Kelly Johnson: It is a board certified training, so that's why I wanna be really clear about what is a chaplain first. People think of the priest in mass a lot of times when I say chaplain, that is not Chaplaincy today. That it does not mirror that we sit with people in times of trials, for the most part, we are there as a mirror, spiritual guide, spiritual companion. Not religious companion. A spiritual companion. So I started out my training with that, and then as we talked before, I accidentally ended up in veterinary Med, and I had the opportunity to go and work in different hospitals and experience them, 'cause I was working for a large corporation. And one of the places I went and worked was at an ER, a really busy hybrid hospital, and one day.

0:03:41.0 Kelly Johnson: I was working the intake portion of their hospital, and this woman came running in, she had a string tank top, short shorts, flip flops. She clearly was getting ready for bed and she started screaming, my boxer, my boxer, and that's all she could get out, I hit the code blue, people came running, and they took the patient right back, took her into a room and her husband came in wearing athletic shorts, no shirt, no shoes, and clearly holding an infant, not just a baby, but an infant, a newborn, and the patient was unfortunately DOA, and this woman could not sit in the room with her pet and there was nowhere else for her to go, and she was sitting in our lobby, I can still hear her screams, and what haunted me was my job is to be here for the next emergency, sorry it still chokes me up a bit, I cannot go and take care of you because my job is to be ready for the

next emergency the next person needs me to be here, and I left that shift and thought, we can do better. I can do better.

0:05:10.1 Kelly Johnson: I'm trained for this, so there was a whole lot of backlog of me preparing for a moment that I wasn't sure would come, but leaning into my passions, and then the moment arose, and I put together a one page proposal and another page of all of my qualifications to do this, and I presented it to the hospital management and the administrator had me come back and we had wonderful conversations about this, and along the way, I got a lot of yeses. Yes, we're gonna try this. Yes, we're gonna experiment. Oh, you're doing a training program. Great, then we'll be your site that you can utilize for this training, a lot of yeses along the way, and we ended up developing a grief care program alongside of veterinarian, so if there're veterinarians out there who do have a passion. There's a place for you. I work with Dr. Susan Holt, who has her own Euthanasia business, but also practices in a local practice, and she and I weekly had support group meetings where I could talk a lot about the psychology and spirituality of grief, and she was able to provide a lot of insight into the medicine and the differentials that doctors use to make determinations and when to decide that euthanasia is possible.

0:06:47.2 Kelly Johnson: So this is kind of the origin story of how I got into this, and I wanna highlight the yeses that came along the way. The, let's give this a try. Let's see what happened. It went from, I think, four or six hours a week to being my full-time job at that hospital, and I would send out letters to every client who lost a pet, and some weeks that was up to 100 people that I was contacting. Again, very busy, large a specialty and emergency hospital, so I know this is not common, but everyone got a response back within about 14 days. How are you doing? Do you have questions? Do you have concerns? Do you need someone to talk to? I'd say about 10% of the people got back to me, or 10 to 15% of the people returned response and let me know, some people did want more or did wanna speak with the doctor, but it saved the doctor's time to have somebody respond back on their behalf, and then only have to really respond to the ones that had questions remaining, and it was a wonderful, wonderful program that we had there.

0:08:04.5 Katie Berlin: That's amazing. So this is something I can relate to because I'm an over-committer, but like you saw a problem, you saw a gap in what your hospital was able to offer, and you knew that you could fill it or help fill it, and so you took it upon yourself to write this proposal and submit it and make sure that the conversations were happening and then you got... Yeses because you successfully conveyed the value of this idea and then you put it into practice just boom, you it got done. And I can imagine at an average general practice, which is probably the majority of the practices, where people who are listening, work, you're looking at quite a bit fewer than 100 euthanasias in a week, and which is good. And it's actually quite doable to contact them with this direct kind of communication, and it's different from the standard communication that I think we oftentimes will do, which is like, Oh, your pets ashes are back, or we'll send a card, a sympathy card, but this is actually basically saying, we are asking you to come to us, we are welcoming you to come to us with questions or concerns, which a lot of people probably have and many people don't reach out for if they're not directly asked.

0:09:41.3 Kelly Johnson: It's a way of seeing, our relationship has not yet ended, we're still here for you, we still value you, not just the money you brought in with your pet, but we value the relationship we have with you, and the reason I do 10 to 14 days is on average, that's when your support networks stop asking how you're doing anymore, so to step in in that space and in the vacuum, when people are really feeling the start of feeling alone, to step in and say, Hey, we're still

here, this profession understands the immense bond. How are you really? There's, how are you doing? Which by the way, if you're in Massachusetts, you understand that is how you say Hello. It's not actually a question.

0:10:41.9 Katie Berlin: They don't really wanna know.

0:10:44.0 Kelly Johnson: Hey, how are you? So I'm all about like no, I was like, Well, you know, I'm fine, thank you very much. This is part of my Midwest sensibility, It's actually a question. So how are you? I'm fine, I'm doing okay. Okay, but how are you really...

0:11:00.0 Kelly Johnson: It's a, How are you really? And the second answer is the one that's important, and I loved being able to do that with people, how are you really? 'Cause I work in this industry and I get... This is a huge bond that's missing in your life.

0:11:20.7 Katie Berlin: And so many workplaces, even family members might not understand that you're still feeling that loss, so bitterly after only a couple of weeks any kind of grief is so unpredictable, and it is really hard to have... It's great to have an outpouring of support at the beginning as if you're lucky enough to have that, that can be so comforting, but then to have everybody kind of disappear makes you feel like there's something wrong with you if you're not fine, and almost no one is fine.

0:11:52.6 Kelly Johnson: When I lost my dog, Beth, and the team was fabulous, by the way absolutely fabulous. And I wanna give a huge shout out to Dr. Sandy Lopes, who navigated that water between client and colleague and a terminal diagnosis. That just was horrible. First of all, that's just so hard to navigate those waters, but it's about six months later would have been her birthday, and I started driving to work, and the thought of going in there when she was gone, and it should have been a celebratory day, and I broke down, I couldn't even drive, I pulled off to the side of the road, called into work, and they said, Don't bother coming in, just take the day, go home. Like This is happening within our own team members. It's definitely happening with the general population.

0:12:51.4 Katie Berlin: Yeah. Who have so much less context and information around that loss, in so many cases, especially on emergency, there's a large percentage of pets that you see come through the door that probably aren't just very, very old that have had things happen and had illnesses come up and had things that were unpredictable that happened and resulted in the Euthanasia or the death of that pet, and that is so so hard for people who just don't have the background that we have, and maybe no matter how much we explain they're not in a position to understand right now that is so, so hard, it's just this unresolved grief.

0:13:34.8 Katie Berlin: And I'm glad you brought up. If it's happening with your team, because it is. We all have pets. We all have pets and mostly there's something wrong with them because that's how veterinary professionals work, right, it's like We get the broken ones and the...

0:13:50.7 Kelly Johnson: Well, The weird ones always find us.

0:13:53.1 Katie Berlin: They do. And we're in the place where a lot of the weird ones come and then we're their safe haven. Right, but there's so much like our relationships are so special with our pets and when we lose them, it still doesn't feel... People understand that the next day, you're not

gonna be okay, but it still doesn't feel like there's a culture where it's like, Take as much time as you need. What can practices do to support their team members better when they lose their own pet.

0:14:24.0 Kelly Johnson: So I'm gonna start off by saying hospital management I see you, I know that we are all short-staffed and not everybody can afford to do this, but if you ask your team members, Hey Haley just lost her dog Scruffy, can people step up and help her out so she can have some time off. I bet you people would step up for each other.

0:14:51.5 Kelly Johnson: I really do ask people, let them know what happened because we want to be there for each other, so I see you, I know your short staff, I know you are trying to make things work. So please don't hear any of this, as like, Oh great, one more thing to figure out, I'm just gonna come at it from the employee side of things, and one is give your staff time off. Please, it creates such an emotional and moral injury for us to have to come in after losing our pets and take care of someone else, it's just so incredibly hard, and there's really no way to come back from that level of injury, it builds resentment. It's a loss of trust that you don't understand how much this means to me. If I lose for a lot of places a grandparent, but definitely if I was a parent or a child or a sibling, I legally get time off. It's bereavement leave. It's an illegal entitlement to time off, and as the industry leaders, How is it that we are not recognizing that our pets are a member of the family? If we don't recognize it, how can I ask anybody else to recognize it? We need to take the initiative.

0:16:28.7 Kelly Johnson: And I know a number of hospitals are, they give one day off, I've worked in a place that recognizes the same level of bereavement leave, whether it's human or animal, and it is the equivalent of a week off to mourn your pet, and I had to write this out but there are terms that we use synonymously, grief is the immense emotion we feel surrounding loss, bereavement is a time frame, so grief is internal, bereavement is a time frame chronological, and mourning is the time frame in which we're expressing it so mourning may go on longer than a week that we have time off and we may feel the grief longer. Mourning usually comes to an end at some point, or it abates enough that we are not expressing it intently or overtly.

0:17:41.4 Kelly Johnson: But we can still be experiencing grief.

0:17:47.5 Katie Berlin: For years. Grief can go on for years.

0:17:48.3 Kelly Johnson: Yeah. So they're not synonymous, and we talked about how the importance of language, and so I wanted to highlight that is for our hospitals, it starts with a recognition of bereavement, that we need time away, a chronological space. Mourning is a recognition that even if we've completed the bereavement period, there may be trickle effects.

0:18:14.1 Kelly Johnson: Maybe Haley who just lost Scruffy should not go into a DOA or a PTS for the next month. And when she feels like, Maybe I'm ready to try. Janie is gonna come in with her and they're gonna shadow each other, and that way if Haley needs to leave, I'm just grabbing names. If Haley is like, I can't do this anymore. The client doesn't experience any interruption in their experience, but it's a way for Haley to get back into the game and tip toe into it. One of the things I did when we lost our dog, Beth, is I went into the treatment area, and I also went into the room where we did the euthanasia, and I just sat in that space for a moment before I was expected to take care of others like, Okay, I can be in this space, I'm not gonna lose it. It's gonna be okay.

0:19:12.0 Kelly Johnson: And then grief is going to follow them for a while. It is going to be the

cloud that follows Pig Pen around for a while, and it's going to be okay. These are all normal human things that we experience. It's a part of the human experience.

0:19:33.3 Katie Berlin: Do you think that if somebody, because grief, it's going to look different for everyone? Right, and so we're mourning. Like, somebody could outwardly express that they're mourning the loss of their pet for two days and then seem totally fine, and somebody else could be mourning the loss of that pet actively and overtly for a year. And it is so individual. But if your practice gives you, say, a week, say they're progressive and you say, okay, take the entire week off, or it's company policy that you shouldn't have to be in on euthanasia until you specifically say you're ready, or for a month or whatever. If somebody comes back and says, I'm ready now, and it's been like two days and they don't want to take that full amount of time, is that something that you feel like we need to help protect each other and say, I don't know that you're ready? I think we're going to just not do that right now. Or for some people, is that work healing, and they need that to get better?

0:20:38.9 Kelly Johnson: That's so individual. I would say, for practice managers. Sit and have a chat. Have you thought it through? Or is it because you don't feel like you're fully participating in the team and you feel guilty for not being part of the team.

0:20:56.2 Katie Berlin: Or you're just trying not to be alone with your thoughts?

0:20:57.9 Kelly Johnson: Yeah, I mean, when you're at work, I can kind of get that. Like when I'm going to use Haley again, Haley comes back to work and I'll just say, so how do we want to deal with the elephant in the room? I don't want to talk about it. Great. We're not going to talk about it. Or maybe not now, but can we talk later? Can we talk away from work? Sure, absolutely. Just how do you want me to express my love to you? And part of that might be how do you want to interact with work again? Do you want a little time to tiptoe, like my going in and just sitting in the treatment room for three minutes and watching everybody do stuff or just watching the next code that came in, not being involved, but just watching it and getting my emotions up and out? You can't suppress them. They will stay there until you deal with them. So either deal with them here in a safe space around people who will love and support you, or do you want to deal with them outside of the space is really the loving question. Where do you want to deal with it? Here or away?

0:22:18.4 Kelly Johnson: And if it's here, do you want support? What does it look like? Nope. I want to treat it like nothing ever happened and I'm going to deal with it out there. Great. I'm going to trust you to deal with it. Off we go. It's so individual... But for you professionals listening, you can't shove it away, you can't push it down. You can do that when you're on the clock, but you as a human, can not shove it down and just ignore it and make it go away. I've got too many clients who are dealing with the loss of a pet from like, 40, 60 years ago and are just now encountering it. You can't push down them to make it go away.

0:23:00.4 Katie Berlin: Yeah. What about for team members in general after a tough euthanasia or a spate of euthanasia, like, they tend to come sometimes. What about self care and how can we take care of each other in those scenarios?

0:23:18.7 Kelly Johnson: So, in the moment, do you have time for the team to come together and debrief quickly? ER setting, you might not general practice team. You might be able to just say, like, we're going to shut for three minutes. And then unless something comes in urgent, we're going

to just stop for three minutes and talk. For the, ER, team, can you rotate out? If this team, this grouping worked on this code and this euthanasia, there's usually another potter, a grouping of people. Take the next one, give them some time to just breathe. I would also say big fan of Bessel Van der Kolk and his theory of the body keeps the score. Your body only speaks body language. You can not wish away your emotions, you can not think yourself out of it. So do some movement. Can you go off to a hallway and do a little bit of yoga or I had someone recently just felt like they couldn't shake it off. Go in the bathroom and do some jumping jacks. Get your heart rate up, sweat a little bit. Your body only speaks movement it can not translate it into anything else. Meditation definitely helps, but body speaks in movement and you've got to move.

0:24:47.7 Kelly Johnson: So jog in place. Jumping jacks are a great one. Nobody really wants to do squats or what are those weird ones called? You go down and...

0:25:02.6 Katie Berlin: Burpees.

0:25:03.9 Kelly Johnson: Burpees. Yeah. Don't do burpees on the treatment floor. That's not a good idea.

0:25:06.4 Katie Berlin: No it's dirty.

0:25:06.9 Kelly Johnson: But find a way to move your body. 30 seconds. If that's all you've got. 30 seconds is really all you need to just get enough space until you can do it later. I'm a member of NAMVI and I work on the support staff side. Very proud of being a moderator on there. And one of the things I've recommended is staff members keep a little journal or a little notebook. The front half is all the good things that happened on my shift. The back half is all the things I wish I had done differently. And you write it out. The act of writing gets it out of your head because you've made it permanent on paper, you're less likely to ruminate.

0:26:01.5 Katie Berlin: And that's so true. That works so well.

0:26:02.2 Kelly Johnson: Yes. And then every so often, you go to that back and you rip those papers out and you vehemently shred them or you put them into the shredder with such intention, because we're going to let go of the things that we didn't know once upon a time. I've learned from them now they are a part of me, but I'm going to hold on to that good stuff. On the bad days, I'm going to go back to that front half until all I have is a binder of the good stuff.

0:26:36.1 Katie Berlin: Oh, I love that. Love that so much.

0:26:37.6 Kelly Johnson: Just go and shred the old.

0:26:39.3 Katie Berlin: Yeah.

0:26:39.5 Kelly Johnson: But then also you're keeping it at work. Do that before you leave in your car or before you leave the building. Take three minutes, five minutes to write it down. And you're literally keeping it at work.

0:26:56.2 Katie Berlin: Yeah.

0:26:58.3 Kelly Johnson: People who've done it, have really enjoyed it.

0:27:00.9 Katie Berlin: I love that exercise, and especially for people who, for whom writing it's, you sort of have that tendency to want to put things down. It comes very naturally to do that. But interestingly, as much as I love words, I'm not a journaler. I don't really like to do that. And it feels annoying to me to have to write things down that are already in my head, because I'm like, well, no one needs to know this. It's already in my head. It is astonishing how well it works to get it on paper so that you stop, it stops popping up. Like that thing that you did in second grade that you can't get out of your head and you'll wake up and be like, oh, my God, I did that, and it's like won't die. Probably if you'd written it down, then it would be less likely to come back and haunt you today, because it's just been rolling around in there since then. Definitely I love that idea, and I'm going to start doing that too, for myself, because it's such a good exercise to get in the habit of doing just, like, word vomit, the stuff that you don't want rolling around in your head forever.

0:28:06.8 Kelly Johnson: Well, it's so powerful to get rid of the things. Like, I can let that go because I've learned from that now.

0:28:12.9 Katie Berlin: Yeah.

0:28:13.0 Kelly Johnson: That's not what I'm going to do. I'm not going to use that phrase. One of the phrases I've eliminated is heroic measures because clients understand it differently than we do. And I used that once, and it just did not go well. I can let that go because I've learned from it. It's never going to happen again. So the powerful shredding of that, this is not who I am anymore.

0:28:38.6 Katie Berlin: Yeah.

0:28:39.9 Kelly Johnson: This is who I remain. This is the authentic part of me.

0:28:43.9 Katie Berlin: Let's talk about another phrase that you hate. You told me that you hate, when we met, you told me that you hate the phrase time heals all wounds. Why is that?

0:28:52.0 Kelly Johnson: Oh just stop doing that. Just stop it. Stop it people. It doesn't, so medicine people you are my people. You will get this. Time does not heal a cut on your hand. Cells do that Your cells divide, literally divide and conquer. You develop a scab that protects that space so it can heal, and those cells will knit together once again. Sometimes they'll leave behind a scar, sometimes they won't. But it is you who are doing the healing. You are putting the energy. And I hate that people take their own agency from themselves to do this. Time is a venue that you use for healing, much like Bereavement is a venue that you use for grief. So stop taking your agency from yourself. You are a powerful person who is in charge of your own healing. It also means healing is possible for you. I don't want people to feel like, well, this happened to me, and I'm never going to get past it. Maybe you won't fully get past it. There are some things that are so indelible on our lives that it remains a part of who we are and the experience that we've had, but it doesn't define us.

0:30:25.3 Kelly Johnson: And so I really, I just so want to remove this from our vocabulary, from our vernacular. Time does not heal wounds. You do. As a medical professional, you are healing wounds. As a person, you are healing wounds. And that is both physical, emotional, and spiritual. Own it. Own your personhood.

0:30:54.6 Katie Berlin: That resonates with me so strongly because as somebody who's experienced, as we all have, grief and loss, and as most of us have, who has tried to smush it down, like when the trash can is full and you just, like, smush it and then put something else on top of it, and you're like, no, it's not full. Yeah, we're full. Got to take the trash out sometimes. And those feelings just sit there. And if you don't take it upon yourself to use the powers that you have and that you have access to, to heal those wounds, time doesn't heal them. They just sit there and they come back up later. Yes.

0:31:35.9 Kelly Johnson: Okay. CSRs, you get this. Those shredding machines. Yeah. You can kind of shake it and move things around, but if you wait too long and you pull the bag out of the shredder, what happens? Those little particles go everywhere, and it's such a pain to clean up. But once it's full, if you just deal with it in the moment, shake it down a little, remove the bag, it's clean.

0:32:02.8 Katie Berlin: Yeah.

0:32:02.9 Kelly Johnson: We are, too. If you keep pushing it down, eventually those little particles are going to float over, and it's going to take twice as long to clean it up. We're no different than a shredder in that instance.

0:32:16.2 Katie Berlin: That's good imagery. That's very good imagery.

0:32:18.5 Kelly Johnson: Yeah. I'm all about the images.

0:32:19.9 Katie Berlin: Yeah. Well, and it's good because that's how we remember things, right? It's like that's how it sticks in your mind, but it gives you power to say, okay, this is what's happening right now. I'm shredding, and I think my bag is getting full. Yeah, because those little pieces of paper will be on the floor forever otherwise you can't pick them up.

0:32:39.5 Kelly Johnson: It's called glitter.

0:32:39.6 Katie Berlin: Yes. Yeah. Or those styrofoam packing peanuts that people used to use all the time. Anyway, okay, so in our first conversation, you and I talked a lot about you had said, stop telling veterinary receptionists that their job is hard. Like, tell us how we can find the joy. And there was something that you had said you wanted to bring up today too, which is how, I know veterinary hospice and end of life care teams will understand this especially, but all of us in veterinary medicine have at some point had somebody say to us, I could never do your job. I don't know how you do this all day. How can we respond to that? Especially in the context of grief when their clients are looking at us and saying, like, I don't know how you do this, basically implying that we are surrounded by death and our life is awful.

0:33:32.4 Kelly Johnson: I could never do your job. I'd just cry all the time and if it's...

0:33:36.5 Katie Berlin: This never lands right. It doesn't.

0:33:38.4 Kelly Johnson: No. And what I find them really saying is, you some how manage to deal with this. What's your wisdom? So I can deal with this too. And that's a very different conversation because they don't realize how we're encoding it, and we can't ask them to do it differently. So we have to change the algorithm, as it were. I'm hearing, how can I survive this? Please teach me your

ways. They're coming to yoda asking for the wisdom. And so how do we survive these things? Impart your wisdom wherever you can. How do you do this? My answer is, it's really comforting to know that if it's time to stop, it's okay and there's a way to prevent the suffering. And how do you do this job? I'd just cry all the time. Well, I do cry sometimes, but in the end, I know that I've cared for you and to your, and for your pet the best that was possible, and I'm so grateful that you're trusting me with this. That's a very different conversation. They don't care, really, how we do this job, nor should they, especially when it comes to end of life.

0:35:06.8 Kelly Johnson: They don't need to know how we do this. This is not about us. It's about them. And about them is, how am I going to survive this? This feels like I'm never going to live again. My life has just stopped in this moment. And oh, David Kessler grief.com. He lost his son to just a very tragic accident hit by a car. And he talks so much about meaning making, and meaning making is not making sense of the loss. He very clearly says there is no meaning to the loss. Meaning making is what is my life after the loss? And that's what they're asking of us. How do I make meaning in my life when Scruffy is not here?

0:36:07.8 Katie Berlin: Yeah.

0:36:08.7 Kelly Johnson: That's powerful empowerment that only we can give. Other people in their lives are going to try to give that, but they don't experience that life, death, dichotomy the way we do. They don't come to euthanasia the same way we do. We understand it so differently. That was one of the hardest things for me to get my head around when I joined Vet Med, was that concept of euthanasia being the good death. And they're coming to us in away that only we can answer. And there's a good way to answer that is, I don't know, but I know it's possible and I know you can do it too.

0:37:00.0 Katie Berlin: Yeah, that's super powerful. There are a lot of people that, in spite of this, may not feel like they're the ones to go to, they don't feel like they're comfortable talking about grief and they're not, they don't want to say the wrong thing. What is your advice for people in Vet Med who aren't yet there with these conversations?

0:37:24.9 Kelly Johnson: You don't have to have the right words. Being there is enough to say, I don't know, but I care about you and you are held in care and compassion is enough. You don't have to have the right words, and this is true in any loss. Anywhere you go, people want to say some word of care and compassion. It's just a human thing to want to connect. And I've had people say things that they think are comforting to me, like, well, he's in a better place. No better place is here with me. Are you kidding?

0:38:06.1 Katie Berlin: Yeah. Everything happens for a reason. I love that one.

0:38:09.7 Kelly Johnson: Oh, please stop that one.

0:38:11.9 Katie Berlin: Yeah. So yeah, we were just talking about things not that maybe aren't super helpful.

0:38:15.2 Kelly Johnson: Yeah. Please stop using everything for a reason or at least the suffering is over.

0:38:23.9 Katie Berlin: I'm suffering now. Like the suffering's not over. I'm suffering.

0:38:28.8 Kelly Johnson: Was it one of the things that came up recently, and this came in direct response to some things that we said in our support group is, how do I say this now? I'm trying to get myself back into that space. Lots of people will say, I would gladly take their pain to help them, and I've said, you are. Their pain is about to end, and you are taking on that hurt, so they don't have to hurt anymore. I found that to be such a comforting thing to people. Yeah, I wish they weren't hurting anymore. They're not, but you are taking that on for them, and you are going to heal it until it's no more. But you don't have to have those kinds of words available, and feel free to take these things from me. I haven't trademarked them, I don't have a copyright. I don't have a copyright on these, but if you don't know what to say, just say, there are no words for this moment, but I hold you in care and compassion. That's enough. That's efficient.

0:39:43.6 Katie Berlin: I don't remember a single thing anybody's ever said to me during a time of loss, unless it was outright offensive, but I don't remember them. I don't remember them saying nice things to me. Like I just, because you're in your own personal hell at that moment. And you're right. Like, okay, I called you an onion at the end of the last conversation. You're like, yes, I will make you cry. And then I just got super misty thinking about that, of just like the transfer of suffering that we willingly take on by sharing our lives with pets. That's a sacrifice. And it pays back the million little sacrifices that pets make without even thinking about it, by just loving us as we are. In all of our glorious raw imperfections, they just say, you know what, I need you and I love you and we are doing the same to them in that moment. And that's so beautiful. And in our first conversation we talked about what's beautiful about the veterinary receptionist job. Where's the joy in that? And this is so sad sometimes to see people suffering like this, and that bond is also so beautiful. And you get to be a firsthand witness to that bond in every case like this. That's really, really beautiful.

0:41:04.8 Kelly Johnson: So you asked me before, what is my guiding principles? And when it comes to euthanasia, I try to be a dim candle in a dark room. There is still light as dark as this moment feels, you are not alone, and I will hold this flame until you can hold it yourself. And maybe you're ready to hold it as you leave the room. Maybe you need a little time. But for me, that is the joy of being present for euthanasias or doing the disposition after a DOA. By the way, my hospital is adopted. We have a treatment board, and we put disposition rather than DOA, because they are now here for us to care for the body, and I love that we've transitioned to that. But that is the joy for me, is the assurance to somebody, we will care for your pet in a very respectful way. I will care for your emotions and honor them and see them for their true depth. And I'm gonna have you leaving here knowing that you are not alone in this. This is not an isolating event. You are not in quarantine. You are seen and cared and loved.

0:42:34.9 Kelly Johnson: For those who are uncomfortable with euthanasia, if you can flip it over to I am going to remind this person they are loved, even in the loss of a pet, it's a... I'm using the word powerful, but it is. It's awesome in the sense that it is a moment of awe to have that level of human connection. That you have to love people. If you don't love people, you may not experience this. But for those of you who really, you don't always like them, but you love people, you are going to get this sense of humanity at its best. And that's what I love about this work is humanity at its best.

0:43:25.7 Katie Berlin: Do you find, okay, last question. Because in talking to some other providers of end-of-life care, Mary Gardner, Dr. Mary Gardner, and Dr. Lynn Hendricks being two

of them, Dr. Kathy Cooney, I'm thinking about conversations where we've talked about compassion fatigue and feeling this just like piling up of all of this death and sadness. And they seem to be some of the people that, and you seem to be some of the people that I feel like are the most at peace and the most willing to take on those situations of just like deep, deep sorrow. And I'm thinking back to my own experience of euthanasia of animals that I had seen grow up from young adulthood to being very ill with cancer, for instance, or with an unexpected illness, but I was very close to the owners and had gotten to know those pets well. And we walked each other through those situations together.

0:44:37.4 Katie Berlin: And it was a complete circle where I felt like I had done everything that I could and made sure that those clients knew that they were loved. And I hold no fatigue from that. I hold only satisfaction and the honor of having been part of that process. The fatigue for me, thinking back now, is the sympathy cards that I just signed in a hurry on a busy day, or the euthanasia where I wasn't there and the owner dropped off the pet, and there was really hardly any communication between me and the owner or me and the pet. That's the stuff that builds up for me, because there was no personal connection. There was no closure of I've done everything I can to make sure that this owner is okay, that this person is okay and feels held. And that makes so much sense now listening to you, that it's not that these heavy emotions won't feel heavy. But for me, the hardest part was feeling like it didn't matter that I hadn't allowed it to matter because I was busy or because the system didn't allow for it.

0:45:49.1 Kelly Johnson: Yeah. So what do you do to make it matter? And some of that is like the letters that I would send out 10, 14 days later. I have gone back in after a PTS, and literally laid my hands on the patient and had a conversation with them internally.

0:46:09.6 Katie Berlin: I have done that too.

0:46:11.8 Kelly Johnson: Oh, I am so sorry. I hope that you are at peace. This especially with the hit by cars, like this should never have happened to you. You are a good boy, and you will remain a good boy. And wherever you are, I hope that you are feeling the goodness and the joy that you brought into this world. That is for me much like when we go to funerals, it is not about the deceased, it is about the people who remain and them sharing the love with each other. I may not be able to get that from everybody else, so how can I give it to myself and I give that love to the pet?

0:47:01.8 Kelly Johnson: It doesn't have to be a lot, but how do I find that satisfaction? And also, I've confronted my own mortality. That is a huge part of it not bothering me. That also part of my grad school work is to confront your own mortality. I am a mortal being, and at some point, my time here will end. What have I contributed? What have I done? And that which I have left undone, can I be at peace with that? And I struggle with that every day. Every morning, it's a challenge. But part of what I have done is if I cannot save, if I cannot do, can I at least make better?

0:47:57.3 Kelly Johnson: And you, professional staff the medical focused portion of the team, absolutely. I know some days it feels like pushing the plunger. For some days, it feels rote, and it hurts that this feels rote. But know that if you cannot save, you are relieving, you are ending suffering, you are living into euthanasia as a good death. And that can be sufficient until the day that you have relieved suffering. And maybe you have done a ton of diagnostics, you have done everything you can. And even if the client is angry, you have done enough. You are human, and you have done the human thing. I know we like to joke about being superheroes and scrubs, but at

the end, you are Clark Kent. You are not Superman. You are not intended to fall apart in front of kryptonite. You are gonna fall apart in front of the very human experiences that are uncomfortable, and it's okay.

0:49:22.8 Kelly Johnson: It's okay that it hurts. Life is full of hurt. We are complex beings, and we see multiple colors, so we don't have to live in rose colored glasses. We don't have to have only blue skies. Gray skies are beautiful. Rainbows are gorgeous. Lightning is such an amazing picture to capture and it's there and gone. Comets, Northern Lights, there are so many things that are born out of discomfort and yet still contains some level of beauty and death is one of them. It is again, awesome is in the sense of full of awe, to watch life transition to the next thing, and to speculate what that entails.

0:50:19.5 Kelly Johnson: I've spent a lot of time thinking about it and living in that space, and that's a lot of what took care of my compassion fatigue is that, I spent the time in there and I know I can do it. I can also walk away from that. Somebody asked me one day again, how do you do this? And I said, well, it's not my pet. I care about your pet very much, but I don't have the history and connection that you do, and that allows me to help you in decision making.

0:50:53.9 Katie Berlin: Oh, that's such a good point that nobody ever makes. It's like, we could not do it if it was our own pet all day, every day. We could not survive that.

0:51:02.3 Kelly Johnson: Oh, no.

0:51:03.7 Katie Berlin: And no one could survive that. And that's a key distinction that we can provide love and grace and assistance in that time. It is not the same thing at all.

0:51:18.9 Kelly Johnson: No. I like to joke when I'm on the other side of the desk, I'm an idiot.

0:51:25.4 Katie Berlin: Yeah, same.

0:51:25.5 Kelly Johnson: I tell people how to make a...

0:51:25.8 Katie Berlin: Same. [laughter],

0:51:26.8 Kelly Johnson: How to make a payment, how to use the medication. I read the label off the bottle for the people I don't like, again, not giving medical advice, but I'm reading labels. And when it comes to my own pet, oh my gosh, how do I make a payment? How do I get the card in here? What button do I press? So how do I give this [0:51:44.5] ____? How often? What are the side effects? I know this stuff, but now I'm a client, and I'm an idiot. Well, I'm an idiot client.

0:51:56.5 Katie Berlin: Yeah. I'm a crazy person. I'm a crazy person as a client. I'm insane.

0:52:00.3 Kelly Johnson: Oh my gosh. So many questions. There's too much education. I know too many things to ask.

0:52:04.6 Katie Berlin: Yes.

0:52:08.8 Kelly Johnson: But remember, it's different on the other side of the desk and it's why it's

really good for us to be clients and patients away from our own hospitals sometimes.

0:52:16.8 Katie Berlin: Yeah. Kelly, oh my goodness. Like, you are just... You are a gift to all of the people that you serve in this way and to the team that gets to work with you. Thank you for sharing your gift with us today.

0:52:32.3 Kelly Johnson: Thank you. And if your hospital is especially those smaller hospitals, I know that you can't hire somebody, but you probably have larger hospitals in your area that offer support groups. There are lots of people who are interested and trained how to do this. Go online, I have my website, Veterinary Chaplaincy. And if MySpace is not the right one for you, there are so many others. The Association for Veterinary Pastoral Education or petchaplain.com, you can create some connections with people who can partner with you in this work. I know that it had been powerful at my other hospital, when they could hand them the brochure of my pet loss support stuff and say, if you need help, here's the help for you. They left a feeling like they had supported their client without having to take it on themselves without having to be the expert. So if you are interested in that, if your hospital cannot offer it, partner up with people who can. I guarantee you someone will take up that offer and be grateful for it.

0:53:48.2 Katie Berlin: Thank you, Kelly. I will put links to resources that you named in the show notes as well, and including your own site and your social media, so people can get ahold of you. And I thank you again for spending this time with us today and for all the work you do.

0:54:07.2 Kelly Johnson: Thank you so much. It's just such an honor to speak to all of you about a subject I know is really heavy, but also rewarding.

0:54:15.5 Katie Berlin: Yeah, absolutely. And thanks to all of you for listening. We'll catch you next time on Central Line.