All Creations Great and Small, I Vow to Serve Them All:

The Four Noble Truths as a Path to Veterinary Well-being

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Abstract

Becoming a veterinarian is often the culmination of a lifelong dream. The veterinarian's vow is to serve all beings, not only the animals in their care, but also to protect and serve humans through various roles in public health, food safety, and research. As a caregiver to all beings, veterinarians face moral dilemmas and conflict as they must balance an animal's life and well-being with human life and well-being. Veterinarians are not immune to the negative effects of caregiving and are, in fact, at a higher risk of psychological distress and suicide compared to the general population. Regular exposure to emotional stress, moral conflict, vicarious trauma, and bullying in their work leads to serious negative effects on health, career, and ability to care for others. The cost to personal well-being is cited as one of the major reasons most veterinarians would not recommend a career in veterinary medicine. The veterinary profession is only beginning to acknowledge and investigate the impact these moral and emotional stressors have on veterinarians' well-being and caregiving ability. This thesis provides a framework to understand and transform veterinary suffering through the lens of Buddhism's Four Noble Truths. A Buddhist chaplain's guidance in skillful means, including attention, compassion and moral resilience practices, may be beneficial in transforming veterinary suffering.

1. Introduction

My intention in becoming a veterinarian was to alleviate suffering in animals and enhance the well-being of people and society. The Veterinarian's vow is to serve all beings, not only the animals in our care, but also to protect and serve humans through various roles in public health, food safety, and research. And of course, animals do not generally seek veterinary care on their own. The other end of the leash or halter is held by the animal's owner/guardian who is both emotionally attached and financially responsible. Veterinarians are expected to provide compassionate support to these human-animal caregivers as they traverse the emotional landscape of birth, health, aging, sickness, and death.

As a small animal veterinarian, I am used to dealing with life and death situations and decisions on a daily basis, sometimes performing multiple euthanasias per day. Our patients' life spans are finite and are often decided by the heart, hands, and even the wallet of their human owners. We not only diagnose, but offer options and counsel families facing end of life decisions that they may not be prepared to face. We are expected to hold them with a hand of compassion as they let go while we perform the euthanasia, even if our choice might have been different. We then remain present for them as they traverse the landscape of grief. At some time in the future, we happily greet them as they proudly arrive with their new pet; and the cycle begins again. We truly experience the full life span of our patients; sometimes literally from birth via caesarean section to death by euthanasia, and each step along the way. And yet, we are provided no formal training in how best to handle these situations in a manner that does not cause harm to ourselves or those we serve.

Often, in our role as veterinarians, we face moral dilemmas and conflict as we must balance an animal's life and well-being with human life and well-being. Is it possible to choose

one life over another without suffering moral injury to the person directing such a choice? How can uncovering our intention and ethical values build our moral capacity and reserve to protect our integrity? How can we create a healthy culture of belonging and interconnectedness that will help heal the veterinary profession? How might we open communication and build a community of support through council in order to enhance veterinary well-being?

To serve as a healing guide for others, one must first heal themselves through continued deep exploration and embodied practice. My own experience with empathic distress, moral suffering, burnout, and personal life events led me to train in mindfulness and meditation, embody my own practice, and ultimately to become a Buddhist chaplain so that I may serve as a guide to others in their quest for individual well-being and happiness. This paper will examine veterinary suffering through the lens of the Buddhism's Four Noble Truths to determine a path to compassion, resilience, well-being, and genuine happiness.

2. Background

2.1 Expectation Verses Reality

During its 2015 annual convention, the American Veterinary Medical Association (AVMA), unveiled its new slogan, "Our passion, our profession." Indeed, becoming a veterinarian is seen as a lifelong calling by many aspiring veterinarians. My exam room is often packed, not only with my animal patients, but with numerous curious and excited children who tag along to observe as if they were going on a field trip. I have learned over the years how important it is to encourage these impressionable young minds, allay their fears, as well as temper their enthusiasm so that I may perform my work in a calm and effective manner. It is a common dream of children to become a veterinarian. I am often told by proud parents that, "My child wants to be a veterinarian." Who wouldn't want a job where you work with animals all

day. Unfortunately, a veterinarian's work is "not all puppies and kittens," and expectations and reality are often not in alignment. Aspiring veterinarians may be so blinded by their passion and desire to do this work that they do not acknowledge the financial and emotional cost of entering the profession. Some of these impressionable minds do, in fact, grow up to fulfill their lifelong ambition, and are too often disillusioned by the harsh reality of veterinary practice. In actuality, veterinarians are exposed to a high level of emotional stress, moral conflict, and vicarious trauma that can have a serious impact on personal well-being and potentially lead to serious psychological distress and even suicide.

The profession is only beginning to acknowledge the impact these moral and emotional stressors have on veterinarians' well-being and caregiving ability. Many years ago, I reached my own tipping point and began to feel the impact of my job on my personal well-being. In an effort to alleviate symptoms of burnout, I sought help from within the profession. I nearly invested $2500+ towards a 10-month long course on work-life balance sponsored by the American Animal Hospital Association (AAHA). However, the description details revealed that the program's focus was productivity and marketing and not self-care and personal well-being. Even today, where there is dialogue about the deleterious effects of veterinary work, there is still little in the way of actual skills and programs that can ameliorate the suffering of veterinarians.

The impact of work related stressors on personal well-being is well recognized in human health care and has given rise to an expanding amount of research to understand the underlying causes and to provide methods for enhancing resilience and support clinicians. Compared to human medicine, the veterinary profession faces some unique logistical challenges that must be considered. For example, many human clinicians work in hospitals or multi-doctor offices and have specialized support staff for the delegation of responsibilities. This allows an environment

to share not only case load and work duties, but also stories. Whereas, many veterinarians are physically separated from each other, working alone and/or in small, rural communities that can manifest in feelings of isolation. Additionally, training opportunities are not as robust as in the human field and, in most cases, there is neither financial support nor continuing education credits offered for personal development and self-care programs. The physical separation of veterinarians also creates challenges for these type of trainings. Generally, humans have insurance to cover their own medical needs. However, most people do not have pet insurance and many are not financially prepared to provide the necessary care for their animals, resulting in high emotional reactivity including anxiety, guilt, shame, fear, and anger when faced with a medical crisis. These emotions are often misdirected outwards towards the attending veterinarian, including bullying and shaming them for expecting to be paid for their services and even wrongfully accusing them of lacking compassion and purposefully letting someone's animal die. Interdisciplinary expertise and research is needed to better understand the underlying causes of veterinary suffering and to provide methods for enhancing resilience and support for veterinarians.

Prioritizing personal and professional well-being is no longer optional for caregivers. Strengthening internal resources is essential to remaining compassionate, connected, and resilient. Interdisiplinary collaboration, support, and action is needed to heal those in the caregiving professions, as well as all the beings in our care.

2.2 Spirituality and the Dimensions of Well-being

It is only within the past few years that the AVMA has begun to acknowledge the suffering of veterinarians. Addressing the deficiency of self-care and the impact of professional stressors on the health of veterinarians is at a critical point. In an attempt to promote a more

holistic approach to individual health, the veterinary profession has begun to focus their efforts on well-being. According to the AVMA, there are nine dimensions of well-being involving different aspects of our lives that impact each other collaboratively to contribute to overall well-being ("Nine dimensions of wellbeing," 2018). From a Buddhist perspective, these dimensions can be viewed as interconnected, interdependent, non-linear co-arisings. The nine dimensions highlighted by the AVMA include occupational, intellectual, spiritual, social, emotional, physical, financial, creative, and environmental. See Appendix 1.

Other organizations, identified on a web search, identify anywhere from 4 to 12 dimensions of wellness (Stoewen, 2017; "Four Dimensions of Wellness," n.d.; "Dimensions of Wellness | Roger Williams University," n.d.; "Eight Dimensions of Wellness – Center for Psychiatric Rehabilitation," n.d.; "Seven Dimensions of Wellness | Grand Rapids Community College," n.d.; "The Six Dimensions of Wellness—National Wellness Institute," n.d.; "Simple Steps to Whole Person Wellbeing," n.d.; "Nine Dimensions of Wellness: Student Wellness Center," n.d.). Despite this discrepancy, it is important to point out that spiritual wellness is present across nearly all of the models. This emphasizes the universal importance of spirituality in supporting our individual and collective well-being. Well-being, our sense of wholeness, depends on our ability to find meaning and purpose through spirituality in our life and our work.

According to the AVMA, when we are aware of the factors that contribute to our well-being, we can begin to take ownership of our personal health and become intentional in our choices ("Nine dimensions of wellbeing," 2018). The AVMA appears to further recognize the integrative nature of well-being, pointing out that changes to any one dimension impacts the other dimensions, and the overall well-being. They also point out that there are always going to be unpredictable circumstances that we cannot control. A spiritual approach to well-being takes

a wider and unifying vision of health based on the root of who we are and what we stand for. Given that all other dimensions of well-being are interconnected, they will co-arise by taking a holistic approach to spiritual wellness.

The AVMA's 9 dimensions of well-being recognize the importance of spiritual well-being to overall health and wellness. While efforts to provide member support is commendable, there is currently a deficiency in viable tools and actionable plans, particularly in the area of spirituality. Resources to support the dimensions of well-being are provided for its members in a well-being section of its website ("Wellbeing and Peer Assistance," n.d.). Unfortunately, there are no specific resources for spiritual well-being. A few meditation and mindfulness resources are available in a section devoted to stress management ("Stress Management for Veterinarians," n.d.).

One of the tools that the AVMA endorsed to address the suffering of veterinarians in the profession is the Wheel of Well-being (The Wheel) ("Wheel of wellbeing," 2017), introduced at their annual conference in 2017. The Wheel generates 30 specific ideas that veterinarians can do to improve their well-being in 3 domains: physical, social, and emotional. Activities are based on time available from 1 minute to 45 minutes and include such suggestions as listening to your favorite song, petting an animal, or telling a joke. Although these activities may be fun and even provide temporary relief and mood enhancement, they do not address the root cause of veterinary suffering nor lead to sustainable, long term happiness. The Wheel suggests spending 10 minutes learning to meditate through the use of apps. This suggestion is beneficial, but disregards the importance of embodying a regular practice through the guidance of an experienced teacher and the support of a spiritual community, and is therefore, unlikely to lead to transformational change.

Another tool developed by the AVMA is 100 Healthy Tips to Support a Culture of Wellbeing (Healthy Tips) ("VetWellbeingSummit-100HealthyTips.pdf," n.d.). The guide provides suggestions to improve each of the 9 dimensions of individual and workplace well-being. The guide states that, "The spiritually well person seeks harmony and balance by openly exploring the depth of human purpose, meaning and connection through dialogue and self-reflection ("VetWellbeingSummit-100HealthyTips.pdf," n.d.)." Here, the AVMA does provide some suggestions on ways to improve one's spiritual well-being. These suggestions are certainly beneficial and can enhance overall well-being if the individual or organization has the understanding and means to implement them. In fact, some of the suggestions such as those relating to ethics, values, respect, and meditation are in direct alignment with Buddhist practice. However, the suggestions are missing adequate guidance and lack the level of inquiry and depth that is necessary to cultivate meaningful spiritual transformation.

Some may argue that spirituality does not have any role in the workplace. The absence of spiritual support in a profession fraught with moral and emotional stressors is the perfect storm leading to moral distress and suffering in veterinary caregivers. If the veterinary profession is to address the suffering of veterinarians and support transformative healing via the full spectrum of well-being, it is imperative that spirituality be included in the solution. By advocating for a workplace environment that supports the 9 dimensions of well-being ("Nine dimensions of wellbeing," 2018), the AVMA must be willing to address the spiritual health of the profession.

For over 2500 years, Buddhism has taught specific practices and skillful means, proven to end suffering and lead to nirvana or well-being. This thesis takes a holistic view of spiritual well-being through the application of The Buddha's Four Noble Truths. The Four Noble Truths, as a way to understand and end suffering, are at the very core of Buddhism. Kornfield (2008;

p.241), writes, *"The whole purpose of Buddhist psychology, its ethics, philosophy, practices, and community life, is the discovery that freedom and joy are possible in the face of the sufferings of human life."*

Buddhist chaplains can serve as a guide to lead veterinarians toward spiritual transformation and healing. Spiritual care provided by chaplains is nondenominational in its support of others. Through their gift of presence, the chaplain provides a safe, supportive, and autonomous space for others to openly share, recover, and heal. By listening to stories and witnessing the joys and sufferings of those they serve, the chaplain opens the door to transformation and then steps aside for others to pass through unimpeded.

2.3 The Four Noble Truths as a Medical Model for Well-being

The Four Noble Truths will be used as a lens to view the suffering of veterinarians and offer steps that may be undertaken to improve veterinary well-being. The Four Noble Truths were the first teaching taught by The Buddha after his awakening. They are considered to be the most important teaching of The Buddha and the foundation of Buddhism (Bstan-'dzin-rgya-mtsho & Lama, 1997). For those unfamiliar, Buddhism can be misconstrued as pessimistic with a focus on suffering. However, The Buddha's approach to The Four Noble Truths not only acknowledges the problem of suffering, it lays out a detailed approach to obtain genuine well-being and happiness from his own experience of enlightenment.

"Because I myself have identified suffering, understood suffering, identified the causes of suffering, removed the causes of suffering, confirmed the existence of well-being, obtained well-being, identified the path to wellbeing, gone to the end of the path, and realized total liberation, I now proclaim to you that I am a free person"(Nhất Hạnh, 2015, p. 7).

The first of the Noble Truths is that there is suffering. The Second Noble Truth is that

suffering has a cause. The Third Noble Truth acknowledges that suffering can cease and well-being restored. The Fourth Noble Truth, there is a path that ends suffering and leads to well-being is also know as The 8-Fold Noble Path (Nhất Hạnh, 2015).

The Buddha may be seen as a physician and The Four Noble Truths as a medical model (Kornfield, 2008; Batchelor, 1998). Veterinarians are trained to systematically work through clinical problems and symptoms using the acronym SOAP, which stands for Subjective, Objective, Assessment, and Plan. This methodology correlates well with The Four Noble Truths. The First Noble Truth looks at the symptoms and identifies what is the underlying problem or disease. The Second Noble Truth, assesses the underlying germ or infection as the cause of the disease. The Third Noble Truth develops a treatment plan to cure the disease and promote health and well-being. And finally, The Fourth Noble Truth is the actual medicine and treatment that leads to the cure of the disease and to improved health and well-being. See Appendix 2.

This thesis will apply The Four Noble Truths to explore the problem of veterinary suffering and offer possible steps on the path to veterinary well-being that may improve resilience, transform workplace culture, and ultimately enhance compassionate patient care and owner interactions.

3. Thesis Project: How can a Buddhist's View of Suffering Enhance Veterinary Well-being

This thesis draws from my personal experience as a veterinarian, as well as my contemplative practice, and the teachings I received during my chaplaincy training at Upaya Zen Center. This thesis applies the framework of Buddhism's Four Noble Truths to investigate and understand the suffering of veterinarians, as well as to propose a method to enhance veterinary well-being. The AVMA's 9 dimensions of well-being ("Nine dimensions of wellbeing," 2018) were utilized to demonstrate that spiritual care is necessary in a holistic approach to health. A

literature search was performed to assess the current understanding of veterinary mental health and well-being. Even though the suffering of veterinarians is multifactorial, this thesis focused on moral suffering as a primary cause. As can be see in its Three-fold trainings (Wisdom, Concentration, Ethics), Buddhism emphasizes the necessity of ethical grounding to genuine happiness. Steps to enhance veterinary well-being were presented in relationship to The Eightfold Noble Path. A proposal for Buddhist chaplains to offer compassion and moral resilience practices may be beneficial in transforming veterinary suffering. An in-person peer to peer support group of a small number of Maine veterinarians was hosted in collaboration with Maine Veterinary Medical Association (MVMA). The support group utilized a council process.

4. The First Noble Truth: The Problem of Veterinarian Suffering

What is the problem? The Buddha taught, that we must first recognize and acknowledge that there is suffering before we can transform and extinquish its flame. Unless we understand the root causes of our suffering, we will not be able to offer viable, long term solutions leading to transformation and genuine well-being. We begin our investigation into veterinary suffering and well-being with the First Noble Truth - There is Suffering.

What then is the problem facing today's veterinarians and what are the symptoms of suffering? The current understanding of veterinary mental health and well-being was assessed through a review of recent studies of US veterinarians. Evidence shows that veterinarians are suffering from an increased suicide rate, psychological distress, and diminished well-being (Tomasi et al., 2019; Nett et al., 2015; Volk, Schimmack, Strand, Lord, & Siren, 2018). Each of these will be discussed in the following sections.

4.1. Suicide

Over half of US veterinarians ranked the suicide rate as one of their top professional

concerns (Volk, Schimmack, Strand, Lord, & Siren, 2018). Veterinarians are suffering from an increased rate of suicide compared to the general population (Tomasi et al., 2019). Tomasi (2019) assessed the proportionate mortality ratio (PMR) of suicide among US veterinarians between 1979 to 2015. The study concluded that male veterinarians were 2.1 times more likely to die from suicide than the general population. The PMR was even higher in female veterinarians at 3.5 times the general population.

Veterinarians consider suicide at a higher rate than the general population with 17% of vets having suicide ideation after leaving vet school, and 25% throughout their lifetime (Nett et al., 2015; Volk, Schimmack, Strand, Lord, & Siren, 2018). The rate was even higher (37.4%) in those who are depressed (Volk, Schimmack, Strand, Lord, & Siren, 2018). However, fewer veterinarians had previous nonfatal suicide attempts (1.4 to 1.6%) compared to the general population (5.1%) (Nett et al., 2015; Volk, Schimmack, Strand, Lord, & Siren, 2018). One potential reason cited for this discrepancy is that veterinarians may be less likely to survive a suicide attempt as a result of their clinical knowledge and accessibility to lethal drugs (Nett et al., 2015; Volk, Schimmack, Strand, Lord, & Siren, 2018). There is some basis for this theory as pharmaceutical poisonings account for 39% of veterinary suicides, a rate 2.5 times higher than in the general population (Tomasi et al., 2019). Pharmaceutical poisoning was the most likely cause of suicidal death in female, and the second most likely cause in male veterinarians (Tomasi et al., 2019). Additionally, veterinarians in a clinical position had an increased number of pharmaceutical poisonings compared to those in a nonclinical role (Tomasi et al., 2019). Researchers have also pointed out that prevelance of pharmaceutical methods for suicide may underestimate PMR as the result of an intentional death being ruled accidental. Additionally, they postulated that the social standing of veterinarians in the community may decrease the

likelihood of suicide being listed as the cause of death, further underestimating the PMR of this population (Tomasi et al., 2019).

4.2. Serious Psychological Distress

How widespread is mental illness in the veterinary profession? There has been some speculation that veterinarians may be suffering from a higher than normal rate of mental illness that is predisposing them to depression, burnout, compassion fatigue, addiction tendencies, and suicide. This has led to many questions regarding the causes of psychological distress within the profession including: Is the profession attracting individuals that are predisposed to mental illness? Is the veterinary school admission criteria leading to the selection of candidates who are prone to perfectionism and mental illness? How is the veterinary curriculum and training impacting the mental health of veterinary students? How might the professional demands of the job be eroding mental health?

Recent studies have attempted to determine the prevalence of mental illness, also referred to as serious psychological distress, in US veterinarians. Two large scale surveys of US veterinarians have been inconsistent in their findings although both have found certain veterinary demographics to be at higher risk for serious psychological distress. Nett (2015) found that 9.3% of those surveyed currently suffered serious psychological distress, nearly twice that of the general population (4.7%). Conversely, the Merck study reported the incidence to be significantly lower at 5.3% (Volk, Schimmack, Strand, Lord, & Siren, 2018). Veterinarians in this study did not have a significantly higher rate of serious psychological distress compared to the general population. This study concluded that veterinarians, when evaluated as a single group, are experiencing a normal rate of mental illness. Unfortunately, certain veterinary demographic populations such as women and younger veterinarians were found to have a

significantly higher prevalence of serious psychological distress.

4.2.1. Depression/Anxiety

Several studies have indicated that veterinarians have a high prevalence for suicidal risk factors (Nett et al., 2015). Depression and anxiety are risk factors for suicide. As summarized by Nett (2015), state surveys have self reported depression rates as high as 66%, with nearly 1/4 of respondents having suicidal ideation. Another state survey found 22% of veterinarians had sought help for depression, 10% had clinical depression, and 10% had clinical anxiety. Nearly 1/3rd of those surveyed by Nett (2015) had experienced depressive episodes since becoming a veterinarian. Of those that responded affirmatively, 36% had depressive episodes prior to or while in school, 13% had suicidal ideation, and 1-3% had attempted suicide, prior and during school, respectively. These numbers were much lower for the population that responded negatively to the prior question. Similarly, high rates of depression and suicidal ideation in veterinarians have been reported in other countries (Nett et al., 2015).

4.2.2. Stress, Burnout, and Compassion Fatigue

The profession of veterinary medicine is not only physically and mentally demanding, it is very stressful. What role do the demands and stress of practice have on mental well-being? Occupational stress can play a role in depression and psychosocial workplace dynamics can be factors in suicide. Prolonged exposure to emotional and interpersonal occupational stressors can lead to burnout, feelings of exhaustion, cynicism, and ineffectiveness (Nett et al., 2015). The Merck study reported that even veterinarians who were found to be mentally healthy with high well-being had experienced depression, anxiety, compassion fatigue, and burnout related to their work (Volk, Schimmack, Strand, Lord, & Siren, 2018). Two-thirds of veterinarians reported experiencing depression, anxiety, panic attacks, compassion fatigue, or burnout within the past

year. The rate was higher for associate veterinarians (79%), and in those having serious psychological distress. In the later group, 94% reported experiencing depression, 88% compassion fatigue, and 83% anxiety or panic attacks. An older study, as reviewed by Volk (2018), found 67% of female US veterinarians had symptoms of burnout or compassion fatigue, and 87% of respondents reported that their job was stressful.

4.3. Diminished Well-being

The Merck study did not report a measurable difference in veterinarians with serious psychological distress compared to the general population (Volk, Schimmack, Strand, Lord, & Siren, 2018). However, the researchers recognized that one does not have to be suicidal, or have serious psychological distress to be suffering. Thus, the study also evaluated veterinary well-being. Well-being was viewed as a more holistic approach to health and life satisfaction and as separate from mental health. Respondents were grouped into 3 categories of well-being: flourishing, getting by, and suffering. This measurement importantly acknowledges that well-being may be more variably impacted by situational events, and that a person may be mentally healthy, but still suffer with low well-being. In fact, only about 1/4 of those categorized as suffering had serious psychological distress (Volk, Schimmack, Strand, Lord, & Siren, 2018).

The study found that the well-being in US veterinarians was only slightly less than the general population (Volk, Schimmack, Strand, Lord, & Siren, 2018). Those defined as suffering accounted for 9.1%, compared to 7.3% in the general population. Again, there were differences found in certain demographic categories. A much higher gender discrepancy was found in veterinarians compared to the general population. Women were once again found to suffer more from lower levels of well-being. Nearly 11% of female veterinarians fell into the suffering category, whereas only 6.8% of male veterinarians did so. In fact, not only were men found to

suffer less than the general population (7.3%), they actually flourished at a higher rate (67.1% vs 61.7%). Whereas, a lower percentage of women flourished (51.2%), compared to the general population (60.8%). Age was again an important factor in veterinary well-being, with younger veterinarians found to have lower well-being. Older, experienced, and, in particular, male veterinarians, were actually found to have higher levels of well-being than the general population. Inclusion of these demographics in the overall veterinary group, skews the appearance that veterinarians are not suffering. Clearly, there are certain populations within the profession that this is not the case. Also interesting is that this particular "flourishing" population is the demographic that attended a peer to peer support council that I recently hosted, bringing into question whether this population is truly flourishing or if maybe they are less likely to participate or share vulnerabilities in surveys. This council is discussed in a later section.

5. The Second Noble Truth: The Causation of Veterinary Suffering

What is the source of suffering? Once we are able to recognize and acknowledge that there is suffering in the veterinary profession, we must next ask the question what is causing this suffering? Just like treating an infection, we need to first perform a culture to identify what bacteria is underlying the disease in order to ensure that the chosen antibiotic will be efficacious. We cannot provide treatment and longterm relief from suffering until we can understand its root causes. We can now continue our investigation into veterinary suffering and well-being through the lens of the Second Noble Truth - Suffering has a Cause.

What is causing veterinarians to suffer from an increased suicide rate, psychological distress, and diminished well-being. Veterinary medicine is unique in that veterinarians are trained to address the medical needs of animal patients. However, animal patients typically do not arrive at their doorstep without a human attached physically, emotionally, and financially.

The veterinary curriculum is not designed to train veterinarians in human interaction, communication, conflict, and grief. There is virtually no training in how to manage professional stressors and personal well-being. The demands of clinical practice regularly expose veterinarians to moral and emotional stressors in their work leading to serious negative affects on health, career, and ability to care for others. This paper will highlight moral suffering as a likely leading cause of veterinarian suffering.

5.1. Moral Suffering

Most veterinarians are all too aware of the challenges of veterinary practice and the cost to personal well-being. Yet, little attention has been given to how ethical conflict and moral suffering impact veterinary well-being. The veterinary profession has some unique ethical challenges to our ability to live within our values and uphold our personal and professional integrity. Ethical dilemmas occur in situations where there is conflict between obligations and moral values such that the right course of action is unclear (Moses, Malowney, & Boyd, 2018). Veterinary medicine is ethically complex and structured in a manner that generates ethical challenges for those who take the oath to work in this field. Moral conflict begins with the difficult, if not impossible efforts to uphold our oath. The Veterinarian's oath obligates veterinarians to protect and serve not only animals, but society as well.

Veterinarian's Oath:

Being admitted to the profession of veterinary medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health and welfare, the prevention and relief of animal suffering, the conservation of animal resources, the promotion of public health, and the advancement of medical knowledge.

I will practice my profession conscientiously, with dignity, and in keeping with the principles of

veterinary medical ethics. I accept as a lifelong obligation the continual improvement of my professional knowledge and competence ("Veterinarian's Oath," n.d.).

Veterinarians regularly face moral dilemmas and conflicts in their work, as they must balance an animal's life and well-being with human life and well-being. Is it possible to choose one life over another without causing moral suffering to the person directing such a choice? As a veterinarian for nearly 20 years, I would argue that it is not possible. In one affirming survey, 60% of veterinarians felt the need to prioritize human client needs over their animal patient, and 78% felt conflicted in this situation (Moses, Malowney, & Boyd, 2018).

Suffering is defined as the anguish in response to threats to our intentions, commitments, identity, purpose, and sense of wholeness (Rushton, 2018). Moral suffering can occur in situations of adversity, harm, wrong, failure, or stress of a moral nature. Caregivers hold the intention to relieve pain and suffering of others. Despite this best intention, they regularly perform or witness actions that result in harm to those in their care. These conflicts between intention and outcome lead to moral suffering, pain, and psychological disequilibrium. Moral suffering can be further subdivided into four categories: moral distress, moral injury, moral outrage, and moral apathy (Rushton, 2018).

Moral distress is defined as when we know the right thing to do in a conflict situation, but are unable to do anything about it (Rushton, 2018). In human medicine, it has been found to measurably impact mental health, professional quality of life, compassion fatigue, and patient safety (Moses, Malowney, & Boyd, 2018). It is likely to have a similar link in veterinary medicine as well. Moral distress can occur at an institutional or system level. An example at this level would be a veterinarian who is forced to perform a procedure, such as declawing a cat because of company policy for fear of losing their job. Moral distress also happens at the

personal level. For veterinarians, this occurs regularly as the result of client choices or financial limitations. Veterinarians often have to euthanize an animal that they have the capability to medically treat and cure the underlying conditions, if only the owner would so choose. An example of this is a young, otherwise healthy male cat presenting with emergency life threatening urethral obstruction due to urinary crystals and stones. Not only could this condition most likely have been prevented if the owner had heeded the advice of their veterinarian regarding proper diet and environmental factors, this is typically an easily treatable medical condition. Unfortunately, all too often the client is financially unprepared for this medical crisis and elects euthanasia over treatment. Pathological altruism may play a role in this scenario in that the veterinarian may offer to take ownership of the cat or to perform the procedure at a deep discount or even for free in order to save the cat's life. Even more complicated, these are scenarios that will often trigger extreme emotional reactions on behalf of the client and result in bullying or shaming of the veterinarian. In a similar scenario, I have actually been physcially assaulted requiring my staff to contact the police for my safety.

Moral injury is the shame and guilt that we fear due to witnessing or participating in egregious or harmful acts (Rushton, 2018). The last cat that I ever declawed was a white, male cat with some aggressive biting behavioral issues that had been adopted from a shelter by a family. I originally declined to perform the procedure as it was not in the cat's best interest. In light of his temperament, I explained to the owner that I did not think he would be happy, and that it might even increase his aggressive tendencies. I counseled the owner on other alternatives and encouraged her to return the cat to the shelter to find a more appropriate home situation for him. Unfortunately, about a month later, she arrived back with the cat for his declaw procedure schedule by a new employee against my recommendation. I spoke with the owner and explained

my position once again. However, the owner became unreasonably hostile and threatened to have the cat euthanized elsewhere if I did not perform the procedure. I felt personally bullied into performing the procedure. I suffered moral injury for what I did to that particular cat on behalf of its owner. However, I vowed that day that I would never declaw another cat under any circumstance. I still carry the moral residue of this injury.

Moral outrage is the anger and disgust that we feel towards those who violate principals and cause harm (Rushton, 2018). Moral outrage can be felt in both of the scenarios above. Another example that I have had the unfortunate experience of having to perform is the euthanasia of a young healthy dog for aggressive tendencies. Professional socialization, obedience, and behavioral training are routinely recommended by veterinarians to owners of new pets, particularly in puppies, rescue animals, high risk breeds, and animals with known behavior problems. This recommendation is often met with the skeptic response that it is too expensive, time consuming, and that they are training the pet themselves. Behavioral issues are one of the main causes of relinquishment and death in animals (Haug, 2011). The majority of these behavioral issues are preventable and some even manageable with proper training and care ("Behavioral Euthanasia fact sheet.pdf," n.d.). Unfortunately, once a dog has developed a history of aggression towards people or other animals, especially if the incident involves a child, there is little recourse to intervene. Sometimes, the animal is even legally required to be euthanized. Reminding ourselves that the veterinarian's responsibility is not only to protect the animal, but it is our duty to euthanize the animal in order to protect public health ("Veterinarian's Oath," n.d.). There is no question that taking a life in this manner triggers moral outrage towards those who had it within their power to prevent this tragic occurrence. Available resources are more to assist the client in processing this tragic situation than to support the veterinarian who is

actually performing the euthanasia ("Behavioral Euthanasia fact sheet.pdf," n.d.). This example may also lead us into the feeling of moral apathy. Moral apathy is when we avoid the situation, or have experienced so much moral suffering that we shut down and become numb (Rushton, 2018). Is moral apathy a factor underlying the response given by over 60% of veterinarians who felt like they were "just going through the motions" (Moses, Malowney, & Boyd, 2018)?

5.2. Ethical conflict and moral distress in veterinary practice

Even though ethical conflicts leading to moral suffering are common occurrences within veterinary medicine, this subject is not well documented. Nor, is it regularly discussed and acknowledged within the profession as a potential cause of veterinary suffering, stress, burnout, compassion fatigue, and diminished well-being. It has been proposed that despite frequent exposure to ethical conflicts in their work, veterinarians rarely label them as ethical or moral (Moses, Malowney, & Boyd, 2018). In fact, veterinarians appear to view ethical conflict and moral distress as intrinsic aspects of their work without recognizing, acknowledging, or mitigating the cumulative damage of these occurrences (Moses, Malowney, & Boyd, 2018). Without training, they may not link the trigger of ethical conflict to their feelings in emotionally distressing situations. Despite over 85% of veterinarians reporting that they have experienced a conflict of opinion with owners regarding patient treatment at least some of the time, over 70% of veterinarians reported having no training in how to resolve these differences (Moses, Malowney, & Boyd, 2018).

A study by Moses (2018), found ethical conflict and moral distress to be widespread and prevalent within the veterinary profession. Financial limitations and external pressures were the most common reasons veterinarians felt they were not able to do what was right in the situation. Sixty-two percent of veterinarians were in this situation at least sometimes and 99% reported

feeling at least mild distress (21% mild, 50% moderate, 28% severe) as a result. Many veterinarians indicated that they are disturbed by client requests. Over half of veterinarians report being asked by clients to perform duties beyond their skillset and that the request resulted in conflict. Over half of veterinarians responded that they had been asked to do something that felt wrong, even though only 23% reported that they never complied with these requests. Some felt professionally obligated to provide care based on an owner's decision, even when it conflicted with their own personal values. The authors suggested that this perception may stem from systemic or cultural conflict arising from within the profession, as well as the disparity regarding the legal status of animals as property verses being perceived as a family member (Moses, Malowney, & Boyd, 2018). I would propose that the fear of being threatened, shamed, or bullied by clients who do not get their way may also play a role.

Euthanasia is often discussed as a major factor in veterinary suffering. Veterinarians indicated they were sometimes (27%) and rarely (64%) requested to perform unnecesary euthanasia (Moses, Malowney, & Boyd, 2018). The request caused distress 96% of the time. The majority of veterinarians responded to these requests by never (40%), rarely (38%), or sometimes (11%) complying with the request. Most veterinarians (79%) indicate that they have been asked by owners to provide patient care in futile situations. The vast majority of veterinarians (85%) will discuss euthanasia with owners, even if they had indicated they would not consider it, or have not brought it up.

The study found an association between moral distress and feelings of burnout and compassion fatigue, highlighting the role moral distress may have in veterinary mental health and suffering (Moses, Malowney, & Boyd, 2018). Nearly 1/3rd of veterinarians reported feeling that the empathy they felt towards pet owners had diminished over time. Most surprisingly,

another 1/4 reported feeling a similar decline in empathy toward animal patients (Moses, Malowney, & Boyd, 2018). The majority (87%) reported feeling distressed and anxious in their work. The report also confirmed that veterinarians tend to suffer in silence as they rarely seek outside professional help and support (Moses, Malowney, & Boyd, 2018). The majority elected they talk to a partner, friend, or collegue when ethically challenged and distressed, and many do nothing. Over 78% of veterinarians reported having no training in self-care (Moses, Malowney, & Boyd, 2018).

There is an obvious void in ethical instruction and self-care in veterinarians. Moses (2018) highlighted a clear disparity between veterinary school curriculums and practicing veterinarians regarding ethical training. Even though 60% (18/30) of veterinary schools listed a dedicated ethics course in the curriculum, 71% of surveyed veterinarians reported that they had not received any training in navigating ethical conflict or conflict resolution (Moses, Malowney, & Boyd, 2018). Not only have veterinarians not received adequate training in how to recognize and negotiate ethical conflicts, they also have not received training in how to apply self-care to decrease the impact of these emotionally trying situations on their mental health and well-being. Seventy-nine percent of veterinarians reported having received no training in self-care (Moses, Malowney, & Boyd, 2018). Further, most veterinarians, asked about their coping methods, indicated they are reluctant to seek professional help through these distressing situations. This is the third of 3 strikes: 1) Strike one, no training in ethical literacy; 2) Strike 2, no training in self-care; and 3) Strike 3, not seeking outside professional help. Thus, we have a perfect storm to erode the very foundation of veterinary integrity and wholeness.

6. The Third Noble Truth: The Restoration of Well-being in Veterinarians

What would it be like if the problem was no longer there? Now that we have recognized

and acknowledged the suffering of veterinarians and explored moral suffering as a potential cause, we may now envision what it would look like if there were no longer any suffering in the profession. In understanding that veterinarians do not have to suffer, we can explore veterinary well-being through the lens of the Third Noble Truth - Suffering Can End. This section will explore integrity as the healthy manifestation of ethical grounding in the cultivation of well-being.

6.1. Integrity

Suffering has been defined as the anguish resulting from injury or threats to one's sense of self, including one's integrity, composure, meaning or intentions (Rushton, 2018). In the previous section, moral suffering was discussed as a significant cause of veterinary suffering and diminished well-being. Integrity stands at the opposite, healthy side of moral suffering, where we must be firmly grounded in order to remain resilient and whole (Halifax, 2018). Integrity is defined as, "the state of being whole and undivided" (Halifax, 2018, p. 260). It is an essential component of human flourishing that impacts all the dimensions of a person's well-being, including physical, emotional, behavioral, and spiritual (Rushton, 2018). All dimensions of a person must be in harmony and balance in order to feel whole and to thrive.

As previously discussed, the practice of veterinary medicine poses some unique and complex ethical dilemmas that challenge the personal and professional integrity of those who work in the profession. Veterinarians, like all humans, will find it impossible to sustain moral perfection and utopian alignment with our values in our complex clinical role. Maintaining integrity is more about remaining true, to the best of one's ability, to those intentions, vows, commitments, and moral principles that serve to reduce harm and increase compassion (Rushton, 2018). It is important to constantly reexamine our beliefs and choices in the context of

situational challenges, in order to act in the most compassionate manner, with the least harmful moral outcome for ourselves, and those we serve. Integrity requires that we acknowledge our mistakes and failures where we have caused harm, so that we may forgive and seek forgiveness. In this way, we learn to correct course and adjust our responses without bearing the weight of past harms (Rushton, 2018).

Applying the skill of mindfulness, we reflect, refine, and discern our responses in situations that test our integrity (Rushton, 2018). Rushton (2018) believes that the presence of integrity neutralizes fear and cultivates the conditions for compassionate action to arise. When we feel whole, we feel more free to act with courage and compassion even in the most challenging of situations. According to Rushton (2018), when we act with integrity, we cultivate self-respect, inner balance, and ease. We are willing to be more transparent, humble, and open in our interactions with others, which allows us to build relationships and connections based on trust and gratitude.

7. Discussion

7.1. The Fourth Noble Truth: Steps on the Path to Veterinary Well-being

What medicine will prevent and cure veterinary suffering? How do we create the conditions for veterinary health and well being?

The Buddha's first three Noble Truths teach us to look at our suffering and its causes, so that we can envision its end. In the Fourth Noble Truth, The Buddha lays out the steps on the path that lead to the ultimate well-being, known as nirvana. We continue our quest for veterinary well-being guided by the Fourth Noble Truth - There is a Path to End Suffering. This is the Eightfold Noble Path.

The Eightfold Noble Path is sometimes described as the Path of Eight Right Practices.

"Right" can be translated as straight, upright, and beneficial (Nhất Hạnh, 2015). From a secular perspective, the steps on the path can be defined as skillful (Gunaratana, 2001). The path is non-linear as the steps on the path are interconnected (Bodhi, 2000). The steps are Right View, Right Intention, Right Effort, Right Mindfulness, Right Concentration, Right Speech, Right Action, and Right Livelihood. The steps may be subdivided into what is known in Buddhism as the Three-Fold Training of Wisdom (Prajna), Concentration (Samadhi) and Ethics (Sila) (Senauke & Halifax, 2018; Bodhi, 2000; Tsering, 2005). The path relies on the unification of wisdom, concentration, and ethics to transform our own lives, the lives of others, and the systems in which we co-exist. Similarly, the steps correspond to the Three Tenets of the Zen Peacemaker order (Senauke & Halifax, 2018). The Three Tenets are useful to help us bring our whole self into situations where there is a lot of suffering. The Three Tenets are Not Knowing, Bearing Witness, and Compassionate Action (Glassman, 2003). Appendix 3 provides a summary of the steps on the Eightfold Path. This section will examine each step on the path as a method to enhance veterinary health and well-being.

7.1.1. Right View

The cornerstone of the path is Right View. As we start our journey on the path, we first must "wipe the dust from our eyes," to see clearly into the true nature of reality (Surya Das, 2009). From the Buddhist perspective, having a Right View refers to an intimate understanding of the Four Noble Truths establishing the universal nature of suffering, its causality, and the belief that it can cease by following a certain path (Nhất Hạnh, 2015). Right view sees the impermanent and interconnected relationship of cause and effect. It is not attached to seeing oneself as separate from other beings and the environment in which we exist. It cultivates a Not Knowing mind that remains curious and open to learning from others without attachment to

having the answer (Senauke, 2018). It is a wide angle view that sees things from diverse perspectives. Right view realizes there is not a fixed correct view, but that things constantly change and look different from different angles.

When we can begin to understand the ubiquitous nature of suffering and then see the interconnected nature of reality, we realize that our well-being is codependent on the well-being of others. This invites the selfless motivation to free all beings from suffering through compassionate social action. The culmination of the path also circles back to Right View with the understanding that no matter how expansive our view, we are unable to see the whole picture. There will always be something missing from our field of vision (Senauke, 2018).

7.1.1.1. Spiritual Well-being . Looking through the lens of the AVMA's Nine dimensions of well-being ("Nine dimensions of wellbeing," 2018), Right View corresponds to the dimension of spiritual well-being. According to the AVMA's Healthy Tips being, "The spiritually well person seeks harmony and balance by openly exploring the depth of human purpose, meaning, and connection through dialogue and self-reflection" ("VetWellbeingSummit-100HealthyTips.pdf," n.d.). To consider oneself spiritual does not necessarily require that one subscribe to a particular faith or religion. Whereas spirituality involves one's personal belief system and values, religion can be seen as the active means of engaging spirituality to uphold those beliefs and values through specific behaviors ("2_DefiningWellness.pdf," n.d.). Spirituality seeks to understand the sacred meaning and purpose of life by inquiring, "Why are we here?" and "What is our role in the universe?" (Melnyk & Neale, 2018; "Nine dimensions of wellbeing," 2018). Spiritual wellness seeks to find inner peace and freedom through harmony, connection, and unity with oneself, others, community, environment, and ultimately to a higher purpose and meaning (Gp, 2010).

Spiritually well individuals live life in alignment with their guiding principles and ethics with the best intentions, but are still able to recognize that the outcome remains a mystery. Thus, humility and forgiveness are also important practices. Practicing humility, respect, and reconciliation in relationships is a strong correlate of professional wellness (Doolittle, Windish, & Seelig, 2013).

"Is there really a distinction between psychological or spiritual distress? Psychology and Buddhism are two different traditions with a shared truth: As long as you stay unconscious, asleep at the switch of your own life, true happiness will prove elusive" (Surya Das, 2009, p.118).

Spirituality has been shown to decrease psychological distress, depression, anxiety, and burnout in human healthcare workers (Ho et al., 2016). Religion and spirituality are related to physician well-being, risk of burnout, moral distress, and compassion fatigue (Mitchell et al., 2016). Spiritually well medical students report more life satisfaction and less psychological distress and burnout compared to those having lower spiritual well-being. Having strong daily spiritual experiences may further protect medical students from burnout (Wachholtz & Rogoff, 2013). Medical residents who engage in spiritual practice and cultivate humility and healthy relationships also demonstrated protection against burnout (Yi et al., 2006). Whereas, medical residents having poor spiritual well-being and religious coping were more prone to depression.

Interestingly, other demographics and commonly recommended factors and coping skills did not demonstrate any positive reduction in burnout (Doolittle, Windish, & Seelig, 2013). In fact, some, such as humor were actually shown to increase the risk of burnout. Thus, spiritual well-being appears to be an extremely important dimension to intentionally focus professional efforts. Since the dimensions of well-being are holistically, interconnected and interdependent co-arisings, cultivation of spiritual well-being will effectively contribute to improving overall

health and well-being.

Spiritual practice is a process of healing the body, heart, and mind (Kornfield, 2009). Addressing the spiritual needs of veterinarians may reduce psychological distress and burnout and improve overall well-being. The veterinary profession would be wise to heed the recommendation of Ho (2016) , *"Efforts should be made to increase workers' awareness of spirituality and promote their spiritual growth."* Mitchell (2016) argues that as healers, moral and spiritual development are important factors for physicians to develop. This very same argument should be made for veterinarians. Mitchell (2016) advocates for incorporation of spirituality into physician stress reduction programs to enhance worker well-being and reduce burnout. Effective trainings and interventions for veterinarians may focus on self-care, self-awareness, and moral and spiritual development.

Efforts are needed to improve the spiritual well-being of veterinarians. Among the recommendations to improve spiritual well-being, the AVMA encourages contemplating your life purpose and place in the universe. They suggest that actively working in alignment with our purpose in life can safeguard our well-being and serve as a shield from burnout and depression ("VetWellbeingSummit-100HealthyTips.pdf," n.d.). They further recommend that veterinarians find support and encouragement through participation in a spiritual community. Buddhist chaplains, acting in a nondenominational way, would be useful guides to veterinarians on the path to spiritual well-being.

7.1.1.2. Spirituality and Religion of Veterinarians. There is little to research available to demonstrate the spirituality of veterinarians. In one recent survey, 47 animal care workers from animal shelters and veterinary hospitals responded to questions about spiritual belief and its role in personal and organizational systems of support relative to difficult emotional or ethical decisions and actions (Leaf, 2018). The survey included responses from 16 veterinarians. Although the survey did not specifically separate veterinarians in a question about religious beliefs, 36% (17) of the participants identified as non-religious and another 36% (17) identified as spiritual, but not religious. Of those that identified a religion or faith, spiritual, but not religious was the most popular answer. Christian was the second most popular response, followed by Buddhist and Jewish. Muslim, Hindu, and Mormon had one response each.

Leaf (2018) concluded from her research that, "Spiritual care can provide a source of comfort and strength in facing the emotional and ethical difficulties in animal shelter and veterinary care." The Leaf (2018) survey highlighted some interesting points regarding the frequency of moral stress to which veterinarians are subjected. Not surprisingly, veterinarians comprised nearly 65% of the respondents that were responsible for making difficult emotional or ethical decisions (11/17) and actions (10/16) on a daily basis. And yet, only 1/16 veterinarians (6%) responded that their organization provided any type of support. A higher percentage of veterinarians did engage spirituality for self-care (20% often, 47% sometimes). Still, 1/3rd rarely or never applied spirituality in self-care. Meditation and mindfulness was the most common method chosen for how all participants (including non-veterinarians) engaged spirituality in self-care, followed by prayer, and community

Spiritual care was not present within the organizations where respondents (including non-veterinarians) were employed. As mentioned previously, the majority of veterinarians are

among those respondents whose job required them to perform difficult emotional or ethical decisions or actions more frequently. Within this subset of respondents, 42% felt that spiritual care would be beneficial within organizations, when including answers that emphasized spiritual verses religious care. Another 38% were uncertain, while 19% did not think it would be beneficial. Once again, mindfulness and meditation was selected as the most common means of spiritual care to potentially benefit to both the organization 54% and individual respondents 71%. This is not too surprising, given the popularity of secular mindfulness practices in the West. Grief support was also a well favored answer. Other popular answers included counseling, sacred space, and prayers and blessings.

This survey points to a deficiency of veterinary spiritual care where intervention is essential to strengthen moral resilience and enhance well-being. Buddhist chaplains possess the skillful means to offer spiritual guidance and support that can effectively meet this need.

7.1.1.3. Clinical Humility. In the clinical setting, Not Knowing does not require that we let go of all our training and medical expertise. Rather, it allows us to practice with clinical humility, where we are able to set aside our assumptions and narrow views that might cause us to overlook things (Halifax, Back, & Rushton, 2018). We can rest in the assurance that, despite our training and experience, we do not, nor can we possibly, know everything. Thus, it is better to ask ourselves, “What else might be true that I have not thought of?” (Halifax, Back, & Rushton, 2018). When we are able to see each case from a fresh perspective, we can be more open minded such that the diagnostic “zebras” continue to excite and surprise us and lead to better patient care and outcomes.

This brings to mind one of my previous cases. Maggie was a 5 year old female yellow lab whose owner brought her to see me because she had been limping in her left hind leg for 3

days after playing ball outside. This case was so easy to diagnose that my veterinary technicians had already drawn blood to run a 4DX Plus to rule out lyme disease and were preparing for possible sedation and radiographs of her stifle to rule out a torn cruciate ligament. "Hold on," I told them, "let's at least let me go in and examine her first!" What doubt they had in their faces when I exited the room and ordered full bloodwork along with abdominal x-rays. Until, of course, I diagnosed her with pyometra (uterine infection) and ordered them to prep her for the emergency surgery that would save her life. Indeed had I presumed to "know," what was wrong with her, Maggie would have certainly died.

7.1.2. Right Intention

Right Intention is about living our life by vow. It is about connecting to our deepest values at the core of who we really are, and allowing these moral principals to support and guide us in our actions. It is about creating connections and building relationships, as we aspire to bring our best and most compassionate self to each moment of life, in every engagement and interaction. We offer our best without clinging to any expectation or attachment to outcome. It is essential to stabilize your mind, know what it is you stand for, and have the courage to become self aware of your own biases and triggers in order to cultivate the moral character necessary to uphold respect and integrity and avoid harming ourselves and those we serve (Halifax & Senauke, 2019).

From the Buddhist perspective, Right Intention is grounded in the Four Bodhisattva Vows ("The Four Great Bodhisattva Vows," n.d.).

Creations are numberless, I vow to free them.
Delusions are Inexhaustible, I vow to transform them.
Reality is boundless, I vow to perceive it.
The awakened way is unsurpassable, I vow to embody it.

Another rendition of the Bodhisattva vows comes from the Dalai Lama's morning prayer as inscribed by Shantideva ("The Dalai Lama's Morning Prayer," 2019; Kornfield, 2008, p. 355):

Bodhisattva Prayer for Humanity

May I be a guard for those who need protection
A guide for those on the path
A boat, a raft, a bridge for those who wish to cross the flood
May I be a lamp in the darkness
A resting place for the weary
A healing medicine for all who are sick
A vase of plenty, a tree of miracles
And for the boundless multitudes of living beings
May I bring sustenance and awakening
Enduring like the earth and sky
Until all beings are freed from sorrow
And all are awakened.

The Veterinary Oath instills the universal responsibility to serve as advocates for all beings, animals and humans alike, to relieve their suffering regardless of their personal beliefs and limitations. Living a life in alignment with our vows requires self-awareness, vigilance, and fearless compassion, both for our self and for those we serve.

7.1.2.1. Moral Compass. There is an internal feeling of "moral wholeness," that involves the capacity to live in accordance with our values (Rushton, 2018). In order to embody and uphold our values with integrity, we must be intimately aware of who we are and what we stand for. This is difficult, as most people are more able to state what they stand against. Turning the question on its head helps people reconnect to the essence of who they are and invites them to question how they want to show up for life (Halifax, Back, & Rushton, 2018).

Our North Star precept is a vow that defines what we stand for (Senauke & Halifax,

2019). It involves asking ourselves, “What do I stand for?,” and “Where do I stand?,” It is our own personal mission statement, arising from our authentic nature, that lights our way through the dark challenges to our integrity. Our North Star precept is a vow that is central to our living a life of integrity, consciously aligned with our deepest values and connected to who we really are (Halifax, 2018).

When we are guided by our internal moral compass, we can choose to act in ways that will maintain our balance on the healthy edge of integrity (Rushton, 2018). Without the guidance of a strong moral compass, our integrity can be more easily compromised, causing us to feel torn, divided, and separated, literally causing us to suffer physically, emotionally, or spiritually without knowing the cause or having a sense of why we are ill (Halifax, 2018). Having a deep understanding and connection to what we stand for, affords us the ability to recognize when our integrity is being challenged or jeopardized so that we may intentionally adjust course to lessen the damage. Being more in tune with our somatic experience of integrity, may provide advanced warning when we might be slipping over the edge to the side of suffering. Using skillful means and moral resilience practices, we can then reground ourselves and follow our moral compass back to the high ground of integrity and wholeness.

7.1.2.2. Veterinary Intention. In order to remain healthy and whole so that we may continue to show up for and serve all of life, we must start by clarifying our vision as veterinarians. Our embodied intention is a wellspring of energy that opens a doorway for insight and compassion to enter and guides us to appropriate, prosocial action (Halifax, Back, & Rushton, 2018). This is not a passive practice. We need to explore our deepest values and moral orientation and keep them engaged as they act out in our everyday interactions. Values are our moral radar that helps us navigate through life and show us our edges. They serve as a resource to enhance our moral resilience, which is defined as that capacity to preserve or recover our integrity (Rushton, 2018). By cultivating a greater moral sensitivity, veterinarians can begin to notice when they are out of alignment with their values and be more likely to scrutinize the relational conditions that cause the misalignment and lead to moral distress.

We can bring clarity to our vision and our values by asking ourselves the following questions. "Why did I become a veterinarian?" "What do I want to do as a veterinarian?" "How do I want to be as a veterinarinan?" My personal intention in becoming a veterinarian was to alleviate suffering in animals and to enhance the well-being of people and society. It is important to point out that my personal well-being is not separate from my intention to do good and not cause harm. In order to continue to serve, I must also take care of myself so as not to not inflict self-harm.

The AVMA's Healthy Tips being encourages all of its members to contemplate their own values ("VetWellbeingSummit-100HealthyTips.pdf," n.d.). They further point out the need to respect others values even when they are different from our own. Finally, they support being intentional in our choices and beliefs. Introspective practices can be facilitated by Buddhist chaplains to assist veterinarians in uncovering their North Star values.

7.1.2.3. Ethical Literacy. This paper argues that there is an association between moral suffering and diminished well-being and psychological distress in veterinarians. Although most veterinarians are well aware of the conflicts they face in their daily work, the ethical nature of these dilemmas is not well recognized. Improving ethical literacy among veterinarians is an essential first step in alleviating moral suffering and building moral resilience (Moses, Malowney, & Boyd, 2018). Providing tools and training for veterinarians to begin to understand the nature of moral stressors and conflicts in their work and how to successfully navigate them while maintaining personal and professional integrity is of critical importance to enhance veterinary well-being. The AVMA's Healthy Tips, suggests instituting ethical discussion groups to allow it members to share challenges and coping strategies with each other ("VetWellbeingSummit-100HealthyTips.pdf," n.d.). Additionally, they recommend having grief and bereavement resources available. This is a place where the veterinary profession would benefit by working alongside chaplains to provide these type of services to owners as well as staff.

Veterinarians do their best to compassionately care for patients and their owners with the intention of alleviating their pain and suffering with a beneficial outcome. Despite our best moral intention and action, we cannot control the outcome of the situation and may cause harm to those we serve. It is vital that we recognize that we can only do our best in the moment with what we are given and that the outcome is outside of our power to control. It is also essential that we develop strong coping skills to process these moral grievances so that we do not continue to carry the toxic manifestations from them in our conscious and subconscious bodies and minds.

7.1.3. Right Effort

Right Effort is about cultivating our wholesome qualities, while mitigating those that are

unwholesome (Senauke, 2018). Right Effort involves doing "something positive with a clear and strong motivation" (Tsering, 2005, pp. 131-132). We need to be able to diligently keep our intention at the fore front of our mind, moment by moment, despite the circumstances. Our habits and opinions are strongly ingrained and it takes tremendous effort to not continually succumb to their influence and become disillusioned. We engage Right Effort to become aware of those habitual thoughts, behaviors, and actions that are causing harm to ourselves and others so that in time we may begin to loosen their grip and replace them with more beneficial ways of being.

Right Effort aligns with the Paramita of Joyous Effort or Enthusiastic Perserverance (Virya) (Tsering, 2005; Wangmo & Valk, n.d.). Bringing joy to our life through reaching toward our heart's goals requires constant hard work and persistence. Of course, we will also need to have a clear view and understanding of what drives our motivation and brings us joy. It is impossible to climb the mountain if we do not know where and why we are going. Life is not an easy journey, but once we know where we are headed and can see the top, we must diligently step one foot in front of the other as we continually stumble over loose rocks in treacherous conditions to reach to the summit of happiness and well-being. The Dalai Lama has stated that with joyous effort, failure can be just another step toward success, danger just an inspiration for courage, and affliction just an opportunity to practice compassion and wisdom (Wangmo & Valk, n.d.).

7.1.3.1 Work Hard, Practice Harder. The often lifetime goal of becoming a veterinarian is not accomplished without a tremendous amount of effort and commitment. It takes years of training through study, practice, and experience. Developing a strong relationship with teachers and mentors is vital to lead us on the path and closer to our goal. Veterinarians understand that they must work hard getting in and during school, and practice harder after graduation, if they are to be successful and respected in their work. Unfortunately, some veterinarians lose sight of their intention along the way, causing them to wonder what all of this effort was for. Without clear purpose, the sacrificed effort seems too great. Over time, many lose touch with their beloved community of guiding peers, mentors, and teachers and become isolated and alone in their disillusionment. Without healthy engagement through a sense of meaning and purpose, they are easy prey to the stress and pressures of work. They may continue to overwork themselves, pushing themselves beyond their limits, sometimes in toxic work environments, to pay down the heavy burden of student loan debt. This is a recipe for burnout, depression, psychological distress, and diminished well-being.

It is absolutely essential that Right Effort be grounded in a higher meaning and purpose. Thus, we circle back to Right View and Right Intention to discover our vision and values. Once we have identified and uncovered what is truly important and gives meaning to our life, we can apply our Right and Joyous Effort to hold on to them like a beacon to light our path through the dark times of our lives. Spiritual transformation requires genuine effort, training, commitment, and discipline on a systematic path in order to let go of old unwholesome habits and cultivate new beneficial ways of seeing (Kornfield, 2009).

7.1.4. Right Concentration

Right Concentration is about staying present and not moving no matter how

uncomfortable (Senauke, 2018). Without honed attentional balance, we get caught by our thoughts and emotions, lose track of our purpose and values, and fall victim to our own unskillful habits and reactivity. Buddhism teaches us that the mind can be tamed and transformed through meditation. Meditation is a way to practice patience and train for the challenges we face in real life, off the cushion. In meditation, we learn to meet ourselves in each moment, coming face to face with our own suffering, while we practice holding our seat in an effort to train and steady the mind (Senauke & Halifax, 2019). We cultivate the strength and patience to endure hardships without losing our composure so that we may remain fully engaged and respond constructively. During Upaya's chaplaincy training, Sensei Alan Senauke pointed out that if we are unable to sit steadily in the relative quiet and safe space of our own mind, we will have a difficult time meeting the challenges in life and the suffering of others (Senauke & Halifax, 2019). Through training the mind to penetrate higher wisdom and compassion, we seek to uproot mental distortions and misperceptions, and to cultivate attention, composure, tranquility, and joy (Wangmo & Valk, n.d.).

7.1.4.1. Multitasking. Attentional balance is critical for compassion to arise (Halifax, Back, & Rushton, 2018). This is critical to understand because our society, with all its technology and busyness, supports the conditions for us to be inattentive and reactive. Without mind training, our default attention is ineffectively programmed to be divided, distracted, and dispersed (*The Neuroscience of G.R.A.C.E. (Part 1): Compassion at the Edge*, 2018). Not only is this fragmented attention stressful, inefficient, depleting, and more likely to promote errors and impact patient care (Jazaieri et al., 2015), it actually prevents compassion from emerging (Halifax, Back, & Rushton, 2018).

Despite the popular belief, multitasking is not only inefficient and ineffective, it is

actually impossible (Goleman & Davidson, 2017). It does not help us get more done, but in fact, makes us less likely to complete things. Letting go of multitasking allows our bodies and minds to slow down and creates the space and conditions to let happiness in. Not only does focused attention lead to more joy, we actually get more done. Having a trained and stable mind through concentrative meditation can improve our clarity and calmness even in difficult situations.

7.1.4.2 Running on Empty. Multitasking is just one of many reasons that veterinarians should train their minds in concentration and attention. A day in the life of a small animal clinical veterinarian can be chaotic, emotionally draining, and overwhelming. There just never seems to be enough time in the day. Veterinarians run from one appointment to the next with no time to down regulate and process what just happened. They have to routinely switch their attention back and forth between highly emotional appointments such as those involving the overwhelming sadness and grief of euthanasia, to the joyous experience of a new puppy or kitten, and the fear and anxiety of an emergency. Most learn to suppress their emotions in an effort to get through the daily demands and variability in appointments. The profession would greatly benefit from training in how to effectively maintain stable concentration and skillfully shift attention while remaining openhearted, compassionate, and resilient.

Although, there are numerous methods proposed by Western society to focus the mind, meditation is the recommended Buddhist mind-training method. Meditation is even recommended by the AVMA as a method to support well-being. In The AVMA's Healthy Tips, they recommend using meditation apps to try even 5 minutes of mindful breathing or hiring someone to lead guided meditations during breaks or staff meetings ("VetWellbeingSummit-100HealthyTips.pdf," n.d.). Unfortunately, the recommendation appears to be more focused on the benefits of relaxation, rather than on the mind training aspect of

meditation. While, relaxation is extremely important and helpful, it is not the ultimate reason for engaging in meditation. It would be very beneficial for a Buddhist chaplain to provide guidance and support in teaching and developing meditation practices for veterinarians.

7.1.5. Right Mindfulness

Right Mindfulness is a method to notice what is happening within and around us by paying close attention to body, feelings, mind, and phenomena (Wallace, 2011; Gunaratana, 2014). Engaged mindfulness requires that one be open and present to whatever is arising in each moment without distraction or judgement. Although, it is often referred to as being only in the present moment, it also involves the application of memory (Wallace, 2011). It requires the focused attention of Right Concentration and is founded on the Right Intention of non-harming. Mindfulness is an important component in mental balance and compassion. With applied mindfulness, there is more space to pause so that we may more skillfully and constructively respond to situations as they arise. Training in mindfulness promotes equanimity and calm under pressure and reduces reactivity and overwhelm.

7.1.5.1. Empathic Attunement. Mindfulness can help us be better veterinarians. By learning to attune to our bodies, emotions and mental states and then by attuning to our patients and our clients, we can be more responsive and understanding of the most compassionate action.

In her G.R.A.C.E.® Model for cultivating compassionate interactions, Roshi Joan Halifax engages mindfulness in clinical experiences by teaching how to “Attune to self and others” (Halifax, 2013). Attunement is another term for empathy in 3 domains: somatic (body), emotional (affective), and cognitive (thought) (Halifax, Back, & Rushton, 2018). These 3 domains of body, heart, and mind are first investigated within oneself and then in resonance with another.

The attunement process begins at the somatic level, opening up awareness to our body where so much information is stored (Halifax, Back, & Rushton, 2018). Western culture and clinical training promote disassociation from the body and blocks physical sensations from our awareness. Developing body literacy and paying attention to the physical sensations as they arise in our body is like going to a prescreening of forthcoming movie about our feelings, emotions, and mental states, giving us more space to respond constructively to situations. Next we attune to our affective domain (Halifax, Back, & Rushton, 2018). We become familiar with the language of feelings and emotions, learning how and where they are felt in the body, as we observe them arising and transforming. Caregivers, including veterinarians are often are told to bypass, suppress or even stop their own emotions in order to serve others. However, emotions are involuntary and outside of our control (Ekman, 2007). Attempts to suppress and not feel emotions erodes well-being by storing these toxic emotions in the body and increasing stress levels (Halifax, Back, & Rushton, 2018). Finally, attunement investigates the cognitive level or the language of thoughts (Halifax, Back, & Rushton, 2018). Turning our awareness to our mental states, we see clearly our own perceptions, biases, and judgements and assess how they might impact our interactions. Attunement then moves to the environment and the other person in the same somatic, emotional and cognitive domains (Halifax, Back, & Rushton, 2018). Taking cues of body language, speech, emotional resonance, mirror neurons, and memory, we do the best we can to construct a simulation of the other person's experience, while acknowledging that we can never truly know.

This process of attunement is radically different from the traditional understanding of empathy (Halifax, Back, & Rushton, 2018). The more common definition of empathy is "putting yourself in someone else's shoes." Given this "out of body" experience (*Talk 7: Attuning to Self*

and Other: Compassion at the Edge, 2018) and that we are not trained to regulate our own empathic response, it is no wonder that empathic over arousal is a common outcome of being confronted with another's suffering. Veterinarians have reported feeling less empathy toward their patients and clients over time (Moses, Malowney, & Boyd, 2018; Schoenfeld-Tacher, Kogan, Meyer-Parsons, Royal, & Shaw, 2015). Without self-awareness and regulation of our empathic response, over arousals become stored in our consciousness, predisposing us to empathic distress and burnout, and eroding our personal well-being and hindering compassion. In healthy empathic resonance, we maintain the distinction between self and other, remaining firmly grounded in our own body/heart/mind awareness while exploring and expanding our subjective experience to include that of another (Halifax, Back, & Rushton, 2018).

Veterinarians appear to be open to learning and practicing mindfulness skills and meditation as a means for spiritual self-care (Leaf, 2018). Mindfulness has it origins in Buddhism. Buddhist chaplains are ideally suited to teach mindfulness practices to veterinarians. G.R.A.C.E.® is a model that was originally developed for clinicians in the end of life care field (Halifax, Back, & Rushton, 2018). Compassionate interactions, as taught in the G.R.A.C.E.® model, have direct application to enhancing veterinarian-client-patient relationships and care. Implementing G.R.A.C.E.® Training for veterinarians would likely serve to strengthen their empathy and compassion skills, enhance veterinarian well-being, and improve patient-client centered veterinary care.

7.1.6. Right Speech

Right Speech is the first step in Sila, as it has the most potential for harm (Senauke, 2018). It requires that we remain diligent through Right Effort to observe our thoughts and actions with Right Mindfulness. Our words are used to communicate with others what we think,

believe, and feel. We must be aware the relational impact of how we use our words through what we say and how we say it (Tsering, 2005). Words arise out of our perceptions and thought patterns. Thus, we apply Right View to recognize that our understanding is always inaccurate and incomplete. This allows us the opportunity to listen to others with an open mind and to give ourselves permission to remain silent when appropriate. Kindly speaking what is true only at the time when it is necessary and beneficial (Halifax, 2018, Section on The Five Gatekeepers of Speech p. 164). Wrong speech includes is harsh, divisive, or false speech, as well as idle gossip (Tsering, 2005).

7.1.6.1. Communication. Studies indicate that veterinarians and students lack skills to effectively engage pet owners in courteous and compassionate communication (Shaw, Adams, Bonnett, Larson, & Roter, 2008). Veterinarians have been shown to have a predominantly paternalistic style of communication with clear deficits in empathy, collaboration, and motivation in veterinarian-client interactions (Bard et al., 2017; Shaw, Bonnett, Adams, & Roter, 2006). This type of directive communication style places the veterinarian in a dominant, power-over position, and maintains the client in a passive role. Veterinarians appear to assume that the values of the client are in alignment with their own, or that they need to persuade the client to see their point of view. Rather than engaging in a bidirectional communication approach that utilizes perspective taking, they direct and perform most of the talking and minimize client participation by using closed ended questions (Bard et al., 2017; McArthur & Fitzgerald, 2013; Coe, Adams, & Bonnett, 2008). Further, they rarely use statements that demonstrate any empathy towards the client (Shaw, Adams, Bonnett, Larson, & Roter, 2012; McArthur & Fitzgerald, 2013). Their approach is different between problem-oriented visits verses those focused on wellness (Shaw, Adams, Bonnett, Larson, & Roter, 2008) They appeared more rushed in problem-oriented visits

and engaged a more persuasive style that focuses on biomedical disease management. This type of approach is more likely to overshadow other client lifestyle concerns that could affect patient outcome and client satisfaction (Shaw, Bonnett, Adams, & Roter, 2006; Shaw, Adams, Bonnett, Larson, & Roter, 2008; Bard et al., 2017).

Communication during history taking and data gathering is a place for clinical humility. As reported by Shaw (2008), studies in human medicine have indicated that the over half of physicians have already determined a diagnosis after taking a history, and the vast majority when they also have performed a physical exam. Inadequate communication has been suggested as a primary reason for owner noncompliance (Shaw, Adams, Bonnett, Larson, & Roter, 2008). Given how important history taking is to clinical accuracy and patient outcome, effective strategies to enhance the quality of data collected through improved veterinary-client communication should be paramount. This will also serve to improve overall experience satisfaction.

Client satisfaction is related to the how well the client feels they are listened to in clinical interactions (Coe, Adams, & Bonnett, 2008). Failure to listen can delay or prevent learning about relevant clinical information and client concerns that can impact patient outcome. Effective communication and client satisfaction can also be hindered by different perceptions about what is of most concern. In a report by Coe (2008), owners expressed a need to understand the financial aspect of their pets care in relation to outcome, whereas the veterinarian focused on educating owners about the value of their service. Coe (2008) reports that this discrepancy of needs contributed to the pet owner feeling dissatisfied that their concern was not addressed and the veterinarian feeling undervalued by the client.

Empathy, listening, and communication skills are essential skillful means that

veterinarians need to develop (McArthur & Fitzgerald, 2013). Relationship-centered communication skills can help veterinarians make better connections with their clients, ameliorate veterinarian-client respect, increase client compliance, and improve patient outcome. Additionally, these skills will likely increase overall job satisfaction, strengthen motivation and moral resilience, and enhance self-esteem and well-being (Shaw, Adams, Bonnett, Larson, & Roter, 2012; Bard et al., 2017). Buddhist chaplains have beneficial experience that could provide veterinarians much needed training and guidance to develop these necessary skills in listening, empathy, and perspective taking, including nonviolent communication, compassionate interactions, and conflict transformation. The G.R.A.C.E.® Model, developed by Roshi Joan Halifax (Halifax, 2013), is a practice that would likely be beneficial for veterinarians to learn and practice. Chaplains may also consider facilitating veterinarian-pet owner councils to open a space for sharing different perspectives and building trust and support around expectations and patient outcomes.

7.1.6.2. Social Media. The private Facebook group known as Not One More Vet ("Not One More Vet Homepage," n.d.) has emerged as one of the support mechanisms for veterinarians dealing with personal and professional challenges including psychological distress and suicidal ideation. The group was established 5 years ago. At the time of this writing there were 21,000 members. The group aspires to be a safe place for veterinarians to discuss their personal feelings around challenges they face. The vision of the group is that through on-line sharing, veterinarians will find a supportive community in which to learn they are not alone.

These are admirable goals, and the group has helped many veterinarians through difficult times. However, this platform should be thoroughly researched as to its actual benefits, or whether it may potentially lead to more negativity and harm. Although the group has rules and

guidelines and aspires to be a positive container, some of my colleagues have shared with me that posts on the group's Facebook page have triggered them to emotional episodes such as crying and anger, and mental distress including depression. Interestingly, the Merck study demonstrated that >1hr per day on social media was a significant contributor to diminished well-being (Volk, Schimmack, Strand, Lord, & Siren, 2018).

Many of the on-line discussions involve unhealthy negative comments towards clients that demonstrate a lack of empathy for those we serve. Recently, Chan (2019) reviewed stories shared by veterinarians through social media as a way to assess the formation of veterinary professional identity. Although this type of social media dialogue was intended as a support for veterinarians, a clear opinion and behavior pattern was observed in the colleague discussions that singled out the "client as the enemy" (Armitage-Chan, 2019). Sharing on-line stories that create the perception of the client being difficult or unreasonable in challenging emotional and moral situations may offer temporarily relief. However, these types of views only spur separation and actually prevent empathy and compassion from manifesting in veterinarian-client-patient relationships. Further, they lead to identity confusion, prevent career satisfaction, and ultimately lead to long term negative effects on mental health and well-being (Armitage-Chan, 2019).

Seeking vindication with speech and actions is not an activity that is healthy for veterinary well-being. Venting and retaliation with blame, shame, anger, contempt, disrespect, and indifference towards those we serve as a means of coping with and protecting oneself from emotional and moral distress in not constructive and leads to further harm of oneself. Venting negatively impacted the sense of personal accomplishment, a factor in burnout, in a study of medical residents (Doolittle, Windish, & Seelig, 2013). Humor, often used in posts on NOMV, was another negative coping strategy that increased emotional exhaustion and depersonalization,

two other criteria for burnout. Other negative coping strategies identified were denial and disengagement. Such negative coping behaviors would be better replaced by those identified positive coping behaviors including humility, acceptance, active coping, and positive reframing.

Practicing humility, respect, and reconciliation in relationships is a strong correlate for professional wellness (Doolittle, Windish, & Seelig, 2013). Having the capacity to develop positive client relationships in difficult situations leads to happier and more resilient veterinarians (Armitage-Chan, 2019). Veterinarians would be better served by engaging practices that build relationships and cultivate humility, forgiveness, and compassion towards self and others. Buddhist chaplains can serve as a guide for veterinarians to cultivate these skillful means that have a more positive impact on well-being and happiness.

Constructive methods for veterinarians to share and witness each other's stories that promote acceptance and healing are desperately needed in the profession. The next section investigates Council as a potential practice to meet this need.

7.1.6.3. Building A Community of Support. Workplace culture and practice environment seldom allow conducive opportunities for sharing, not only case load and work duties, but also stories to support personal and professional well-being. Many veterinarians are physically separated from each other, working alone and/or in small, rural communities that can manifest feelings of isolation and overwhelm.

As part of this thesis, council was explored as a method to provide a confidential and caring space for peer to peer support and sharing. Council is an ancient and universal form of group communication that creates connections and builds trust and community among participants (Zimmerman & Coyle, 2009). It provides a safe and confidential container to allow people to learn about each other through the practice of speaking and listening. Within the circle,

specific guidelines are honored to create and hold a safe space in which to share our stories. It has been used in numerous settings including education, health care, conflict transformation, restorative justice, and business (Pranis, 2015).

A facilitated council of peer support was offered in collaboration with the Maine Veterinary Medical Association's (MVMA). In an effort to provide resources for its members who might be dealing with burnout, compassion fatigue, emotional stress, and trauma, MVMA sent an email invitation to its members on 4 separate dates (October 9, 17, 23, 24, 2019). The email offered preregistration as well as walk-in participation. The invitation included only veterinarians and did not extend to support staff. The event was held at the MaineHealth Scarborough Learning Resource Center.

There were four veterinarians who preregistered for the council. Three others expressed interest, but were unable to attend. One of these individuals was located several hours away in a remote area of Maine. Demonstrating the need for a practice that can be held in a variety of locations or through an on-line platform. Only two veterinarians actually participated. Both were male practitioners with over 10 years of practice experience, and both had a history of being practice owners. Curiously, this is the demographic presumed to be “flourishing” in the Merck study on well-being (Volk, Schimmack, Strand, Lord, & Siren, 2018). Neither had ever participated in a council before.

Council began with a grounding meditation followed by a brief introduction and history of council. The following council guidelines were reviewed and agreed upon: listening from the heart, speaking from the heart, being lean of expression, spontaneity, confidentiality, and not engaging in cross talk (Zimmerman & Coyle, 2009). The council kit (altar) was explained and permission was given to offer silence. A dedication to the health and well-being of all

veterinarians was offered while one participant lit a candle and the other rang a bell to open the council. The first question invited introductions and intentions for joining the circle. A second round question, "What is a lesson you have learned from an animal in your care?," was designed to inspire gratitude. The third round was more designed to be more open in its questions: "What has surprised you about being a veterinarian?," or "What is alive for you in this moment?" After the closing of the council, participants were invited to share their experience and fill out a brief questionnaire.

Participants were asked to rate 7 statements on a scale of 1 to 5, with 5 being"strongly agree" and 1 being "strongly disagree." The participants strongly agreed that they felt safe sharing, as well as listened to and supported in the circle. Their intentions for joining the circle had to do with feeling the need to improve their own well-being, as well as their desire to support other colleagues. The survey inquired whether they were supported by people in their personal and professional life with whom they could share personal stories and challenges. One participant appeared to not have adequate support, ranking professional support 2/5 and personal support 3/5. The other participant ranked both of these questions 4/5. Participants were asked about the need for compassion practices aimed at strengthening moral resilience in veterinarians, as well as whether they felt council was a useful practice to develop peer to peer support, and if they would participate in council again. They ranked all of these questions the same, with one participant selecting 3/5 and the other participant choosing 5/5. When asked what they liked best about participating in the circle, they responded, "hearing what others are feeling in their lives," and "opportunity to be present for myself and other veterinarians." They both felt the council would have been improved with more participants, but both felt it was a beneficial and were grateful for the experience. They shared their verbal appreciation for the format and felt that the

formality of the process created a safe container in which to share.

This initial council had a very small turnout. However, the feedback was encouraging and positive. Council may be a practice that can help build a veterinary sangha, a community of peers, to support each other in a safe and nonjudgmental container that will ultimately enhance well-being, compassion, and resilience. It may also serve as a method for veterinarians to practice communication skills that appear to be deficient in the profession, such as empathetic listening, perspective taking, and conflict transformation.

Building this type of support structure is going to require time and patience. It is my intention to continue to offer council practices to veterinarians through the MVMA on a regular basis. I plan to rotate the location and also offer on-line council through Zoom to encourage more inclusivity and regularity in participation. My hope is that if this demonstrates to be beneficial to MVMA veterinarians, over time the circle may expand outwards to include other locations and groups. Opening the circle to include veterinary support staff would be an important next step. I also envision training other chaplains or veterinarians to facilitate their own councils in other states. Over time, council could be used to reduce the amount of misunderstanding, disrespect, and conflict between veterinarians and animal owners. Forming interdisciplinary councils, across other caregiving fields, may help to reduce the feeling of separation and isolation across all healing professions.

7.1.7. Right Action

Right Action is about how we interact with others in relationship (Senauke, 2018). Also known in Zen as Compassionate or Appropriate Action, it naturally arises out of Not Knowing and Bearing Witness (Halifax & Byrnes, 2018). It is guided by our ethical values and our vow to not only end harm but to do good. We aim to conduct ourselves in close alignment with our

moral compass so as not to create more suffering in ourselves and others. Right Action is engaging in wholesome and honorable conduct with the Right Intention to reduce harm to ourselves and others. Applying Right Mindfulness, we consider how our actions, virtuous and non-virtuous, manifest in each moment. What wants to emerge in this moment? Sometimes it is the action of no action.

7.1.7.1. Compassion. Compassion is often misunderstood in western society. Compassion is very often confused with empathy. Terms like "compassion fatigue" have been detrimental to those in caregiving professions, in particular (Halifax, Back, & Rushton, 2018). Unfortunately, the veterinary profession is still referring to "compassion fatigue" as an umbrella term often in relation to burnout or empathic distress. These types of misinterpretations have promoted self-protection, separation, and boundaries which have only served to increase the deficit of compassion in caregivers and society as a whole, leading to further suffering. The reality is that the effects of witnessing, giving, or receiving compassion are all positive (Halifax, Back, & Rushton, 2018). By fully understanding and cultivating compassion in our lives, we can move beyond resilience and toward genuine human flourishing.

What is compassion? How it can be applied to foster compassionate interactions? What are the obstacles to compassion? Compassion is *feeling for* along with aspirating to beneficially act to relieve the suffering of another (Halifax, Back, & Rushton, 2018). Compassion is comprised of non-compassion elements trainable through the G.R.A.C.E.® Model that was first developed by Roshi Joan Halifax (Halifax, 2013). Originally, it was used as a tool used by clinicians in the end-of life care field to enhance resilience through compassionate engagements. The steps of G.R.A.C.E.® are **G**ather attention, **R**ecall intention, **A**ttune to self/other, **C**onsider what will serve, **E**ngage and end (Halifax, 2013).

Clinicians, therapists, chaplains, social workers have applied G.R.A.C.E.® to engender compassion in clinician/patient interactions (Halifax, Back, & Rushton, 2018). It offers those entangled in stressful situations a resourced way to remain open and centered in the presence of suffering and to better respond with compassion. Regularly practicing G.R.A.C.E.® enhances self-monitoring skills and builds inner resources. The G.R.A.C.E.® Model would be very beneficial for veterinarians and one that I have personally applied in my veterinary-client interactions.

7.1.7.2. Compassionate Action. Sometimes, it seems there is no right answer to the moral and ethical dilemmas a veterinarian faces in the everyday practice. How then can a veterinarian know what is the Right Action to take in the situation? This is why it is important to have a complete spiritual practice to guide and support us through the difficult and seemingly impossible times. Right Action is the Compassionate Action that naturally arises out of Not Knowing and Bearing Witness. We are not expected to know nor think our way to the right answer or action. Instead, we learn to let go, to open ourselves up as a witness to the experience from different views. Only then will we intuitively understand what is the Right Action in this moment.

In the G.R.A.C.E.® Model, Compassionate Action is what arises when we Consider What will Serve (Halifax, 2013; Halifax, Back, & Rushton, 2018). Considering what will serve is a quality of insight that unfolds from our capacity to see things from a wider vantage point, free from the cloud of our own opinions. Opening up space for curiosity and surprise, we seek a mind of not knowing that is cultivated from a heart of humility Halifax, Back, & Rushton, 2018). Asking, “What else might be true or possible here?” Without fully casting aside our training and experience, we willingly recognize the limits of our own knowledge and training. From an

ethical ground, we open a field of wise discernment with a systems perspective, in order to move towards the best outcome possible in the situation. We must acknowledge our own discomfort in the presence of suffering so that our actions arise from a place true compassion and not from selfish prosocial behavior Halifax, Back, & Rushton, 2018). Fast, unskillful reactions, void of reflection and insight, inevitably lead to harm. Allowing time and space for reflection, even if only a micromoment, is essential for compassion to arise.

Compassionate actions require some process of internal completion so that we can reset and not carry forward the effects of one experience into another Halifax, Back, & Rushton, 2018). We need to let go of the encounter so that it does not become permanently embedded as a toxin in our nervous system. Even though our best varies, we must be willing to acknowledge that we did the best we could in the situation, knowing that sometimes we still cause harm Halifax, Back, & Rushton, 2018). Ending involves acceptance and appreciation of what has transpired, as well as taking responsibility and asking forgiveness, both of ourselves and others, where appropriate.

7.1.8. Right Livelihood

Right Livelihood is about having livelihood that does not cause harm to other beings (Senauke, 2018). As human beings, despite best intentions, it is inevitable that we will bring harm to other beings. We seek to minimize the harm that we cause by asking, “How might we live in such a way to reduce the harm that we cause? We not only consider the impact of our personal livelihood but also, how our consumption and actions affect the livelihood of others.

7.1.8.1.Euthanasia. It is outside the scope of this paper to delve into the ethical dilemma euthanasia places on Right Livelihood. Euthanasia, meaning good death, is used to describe the taking of life in a way that eliminates pain and distress (Leary & American Veterinary Medical

Association, 2013). Veterinarians tendency is to view euthanasia as a compassionate act that relieves suffering. There are certain to be different opinions of whether a veterinarian who performs euthanasia is practicing Right Livelihood. Some, especially in the Theravada tradition, may hold the view that any Livelihood where one intentionally takes life cannot be Right Livelihood ("personal practice—Right Livelihood and Veterinarians," n.d.; Gethin, n.d.). From this viewpoint, it is impossible for euthanasia, an intentional killing, to be a compassionate act. From a Mahayana perspective, compassionate intention underlying euthanasia would be relevant to engage this argument. This debate is important. The ethical dilemma of euthanasia and how it might contribute to the moral suffering of veterinarians should be considered further. For the purpose of this paper, the complexity of euthanasia in determining Right Livelihood will not be considered.

7.1.8.2. Job Satisfaction. Veterinary medicine is a healing profession of animals that also strives to protect human health and the environment ("Veterinarian's Oath," n.d.). Veterinarians serve as advocates for the animals who are unable to speak for themselves. Many veterinarians have a sense of being called to this work, which may very well be the fulfillment of a lifelong ambition. Having a strong connection with animals and the desire to help relieve their suffering often underlies the dream. A child's first exposure to death often involves an animal. For some, this grief and sense of helplessness may manifest into a desire to heal animals. Childhood experiences growing up on a farm or around pets or wildlife often plays a role.

Many young people aspire to be veterinarians because of their deep felt connection to animals. The dream may overshadow the reality, leaving some unnerved by the actuality that this profession is very much about serving the human caregivers at least as much as the animals themselves. Veterinarians must learn to love, accept, and care for all beings if they are to

maintain any sense of wholeness in their chosen livelihood. Leaf (2018) discovered that veterinarians were more likely than other study participants to acknowledge the role people play in the joy and satisfaction they feel in their work experiences.

Unfortunately, many veterinarians are unhappy in their work and the majority of veterinarians would not recommend the profession (Volk, Schimmack, Strand, Lord, & Siren, 2018). Citing the personal toll of veterinary practice, as well as financial factors as reasons for not recommending the profession. Other significant reasons included work-life balance, client related issues, expectations verses reality, and workplace factors (Volk, Schimmack, Strand, Lord, & Siren, 2018). Those with serious psychological distress and younger veterinarians were significantly less likely to recommend the profession (Volk, Schimmack, Strand, Lord, & Siren, 2018). Overall, veterinarians (41%) are much less likely to recommend the profession compared to physicians (51%) and US adults working in other college educated careers (70%) (Volk, Schimmack, Strand, Lord, & Siren, 2018).

As a predictor of well-being, veterinarians who report feeling satisfied with their work have a higher correlation with well-being than that of the general population (Volk, Schimmack, Strand, Lord, & Siren, 2018). In other words, veterinarians who are happy in the job are also likely to be happy in their life. This may signify the importance of pursuing the right vocation as well as being truthful about the realities of veterinary practice to those aspiring to enter this livelihood (Volk, Schimmack, Strand, Lord, & Siren, 2018).

7.1.8.3. The System of Veterinary Medicine. The system of veterinary medicine must be modified in order to promote the conditions for veterinary well-being. Its current structure only serves to perpetuate the conditions of suffering. Veterinary medicine is an established system that is uniquely self-governed, privileged, independent, and isolated from other

caregiving fields. The highly competitive veterinarian school admission requirements creates the conditions for a perfection mindset of impossibly high standards in aspiring veterinarians. Survival within the veterinary curriculum and later clinical success after graduation leads to further intolerance of vulnerability, weakness, and mistakes. This is likely a factor in the apparent reluctance of veterinarians to seek professional help in dealing with psychological stressors. Veterinarians are trained, possibly inadvertently, to compartmentalize, bypass, and suppress emotions in order to do their jobs effectively and "manage" their own reactions. This is a dangerous habit, as emotions are involuntary and outside of our control. Overtime, attempts to not feel and process emotions only serves to increase personal stress levels as toxic emotions end up being stored in the body and subconscious.

Transforming the veterinary profession from a system that supports suffering to one that promotes well-being will not be easy. By design, all systems seek to repair and restore themselves back to their original form. However, systems rely on the complacency and cooperation of those comprising the system to preserve the status quo. Thus, change in the system begins with us. We are the first leverage point in the system. We must be willing to transform ourselves in order to create beneficial change the profession in which we work. This type of holistic transformation will require a big vision, strong commitment, and a tremendous amount of courageous effort within a supported and beloved community. The Four Noble Truths can serve as our guide along this big vision that leads us out of suffering and to happiness and well-being.

8. Conclusion

Buddhism has many commonalities to medicine and the vow to relieve suffering. It has been applied to human health in the form of enhancing holistic patient care, as well as a guide for

human clinicians in their personal and professional lives (Kalra et al., 2018). Veterinary medicine would likewise benefit from a closer relationship and application of Buddhist principles to increase spiritual well-being. Spiritual care is a necessary component of holistic health and well-being. Buddhism's Four Noble Truths is a valid framework to investigate and understand the suffering of veterinarians, as well as to propose methods to enhance veterinary well-being. Moral suffering is a factor in the psychological distress and diminished well-being of veterinarians. Buddhism emphasizes the necessity of ethical grounding to genuine happiness. Compassion and moral resilience practices that serve strengthen and protect personal and professional integrity and foster relationships are necessary to transform veterinary suffering.

Prioritizing personal and professional well-being is no longer optional for veterinarians. The tipping point can be sudden and unexpected, impacted by both personal and professional pressures. Strengthening internal resources is essential to remain compassionate, connected, and resilient. It is vital that we remain open to more innovative methods to join together in support of each other in order to heal this profession, as well as all the beings in our care.

9. References

2_DefiningWellness.pdf. (n.d.). Retrieved October 28, 2019, from http://www.geog.uvic.ca/wellness/wellness/2_DefiningWellness.pdf

Armitage-Chan, E. (2019). 'I wish I was someone else': Complexities in identity formation and professional wellbeing in veterinary surgeons. *Veterinary Record*. https://doi.org/10.1136/vr.105482

Bard, A. M., Main, D. C. J., Haase, A. M., Whay, H. R., Roe, E. J., & Reyher, K. K. (2017). The future of veterinary communication: Partnership or persuasion? A qualitative investigation of veterinary communication in the pursuit of client behaviour change. *PLOS ONE*, *12*(3), e0171380. https://doi.org/10.1371/journal.pone.0171380

Batchelor, S. (1998). *Buddhism without Beliefs*. Retrieved from http://www.myilibrary.com?id=717971

Behavioral Euthanasia fact sheet.pdf. (n.d.). Retrieved November 12, 2019, from https://vet.osu.edu/vmc/sites/default/files/import/files/documents/pdf/vmc/Behavioral%20Euthanasia%20fact%20sheet.pdf

Bodhi. (2000). *The noble eightfold path: Way to the end of suffering*. Seattle, WA: BPS Pariyatti Editions.

Bstan-'dzin-rgya-mtsho, & Lama, H. H. the D. (1997). *The four noble truths: Fundamentals of Buddhist teachings*. Retrieved from http://api.overdrive.com/v1/collections/v1L2BMAAAAEQPAAA1Q/products/a9f004f6-55a8-4751-a57b-5154f54c83e5

Coe, J. B., Adams, C. L., & Bonnett, B. N. (2008). A focus group study of veterinarians' and pet owners' perceptions of veterinarian-client communication in companion animal practice.

Journal of the American Veterinary Medical Association, *233*(7), 1072–1080. https://doi.org/10.2460/javma.233.7.1072

Dimensions of Wellness | Roger Williams University. (n.d.). Retrieved October 3, 2019, from https://www.rwu.edu/undergraduate/student-life/health-and-counseling/health-education-program/dimensions-wellness

Doolittle, B. R., Windish, D. M., & Seelig, C. B. (2013). Burnout, Coping, and Spirituality Among Internal Medicine Resident Physicians. *Journal of Graduate Medical Education*, *5*(2), 257–261. https://doi.org/10.4300/JGME-D-12-00136.1

Eight Dimensions of Wellness – Center for Psychiatric Rehabilitation. (n.d.). Retrieved October 3, 2019, from https://cpr.bu.edu/living-well/eight-dimensions-of-wellness/

Ekman, P. (2007). *Emotions revealed: Recognizing faces and feelings to improve communication and emotional life* (2nd Owl Books ed). New York: Owl Books.

Four Dimensions of Wellness. (n.d.). Retrieved October 3, 2019, from https://www.edwards.af.mil/Home/4DW/

Gethin, R. (n.d.). Can Killing a Living Being Ever Be an Act of Compassion? *Journal of Buddhist Ethics*, 37.

Glassman, B. (2003). *Infinite circle: Teachings in Zen*. Retrieved from https://www.overdrive.com/search?q=5DC4EA66-A01A-4453-B6A9-99E09F09693C

Goleman, D., & Davidson, R. J. (2017). *Altered traits: Science reveals how meditation changes your mind, brain, and body*. Retrieved from http://link.overdrive.com/?websiteID=243&titleID=3148845

Gp, C. B. (2010). *A self-help approach to recovering, sustaining and improving wellbeing*. *7*(1), 5.

Gunaratana, H. (2001). *Eight mindful steps to happiness: Walking the path of the Buddha*. Boston, MA: Wisdom Publications.

Halifax, J. (2013). G.R.A.C.E. for nurses: Cultivating compassion in nurse/patient interactions. *Journal of Nursing Education and Practice*, *4*(1), p121. https://doi.org/10.5430/jnep.v4n1p121

Halifax, J. (2018). *Standing at the edge: Finding freedom where fear and courage meet* (First edition). New York: Flatiron Books.

Halifax, J. (2018, August). *The Shadow Side of Caregiving (Edge States)*. Presented at the Chaplaincy Core Training Intensive, Upaya Zen Center, Santa Fe, NM.

Halifax, J., Back, A., & Rushton, C. H. (2018, March). *G.R.A.C.E.®: Training in Cultivating Compassion-based Interactions*. Presented at the Chaplaincy Elective Training, Upaya Zen Center, Santa Fe, NM.

Halifax, J., & Byrnes, J. (2018, August). *Three Tenets*. Presented at the Chaplaincy Core Training Intensive, Upaya Zen Center, Santa Fe, NM.

Halifax, J., & Senauke, A. (2019, March). *The Precepts as an Ethical Baseline for Chaplaincy*. Presented at the Chaplaincy Core Intensive Training, Upaya Zen Center, Santa Fe, NM.

Haug, L. I. (2011, November 1). Treat or euthanize? Helping owners make critical decisions regarding pets with behavior problems. Retrieved November 12, 2019, from Dvm360.com website: http://veterinarymedicine.dvm360.com/treat-or-euthanize-helping-owners-make-critical-decisions-regarding-pets-with-behavior-problems?date=&id=&pageID=1&sk=

Ho, R. T. H., Sing, C. Y., Fong, T. C. T., Au-Yeung, F. S. W., Law, K. Y., Lee, L. F., & Ng, S. M.

(2016). Underlying spirituality and mental health: The role of burnout. *Journal of Occupational Health*, *58*(1), 66–71. https://doi.org/10.1539/joh.15-0142-OA

Jazaieri, H., Lee, I., Mcgonigal, K., Jinpa, T., Doty, J., Gross, J., & Goldin, P. (2015). A wandering mind is a less caring mind: Daily experience sampling during compassion meditation training. *The Journal of Positive Psychology*, *11*, 1–14. https://doi.org/10.1080/17439760.2015.1025418

Kalra, S., Priya, G., Grewal, E., Aye, T. T., Waraich, B. K., SweLatt, T., … Kalra, B. (2018). Lessons for the Health-care Practitioner from Buddhism. *Indian Journal of Endocrinology and Metabolism*, *22*(6), 812–817. https://doi.org/10.4103/ijem.IJEM_286_17

Kornfield, J. (2009). *A Path with Heart: A Guide Through the Perils and Promises of Spiritual Life*. Retrieved from http://ebook.3m.com/library/BCPL-document_id-fywr9

Kornfield, J. (2008). *The wise heart: A guide to the universal teachings of Buddhist psychology*. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=745720

Leaf, S. (2018). *All Beings Exploring Buddhist Chaplaincy in Veterinary and Animal Shelter Care*. Chaplaincy Training Program Upaya Institute and Zen Center.

Leary, S. L., & American Veterinary Medical Association. (2013). *AVMA guidelines for the euthanasia of animals: 2013 edition*. Retrieved from https://www.avma.org/KB/Policies/Documents/euthanasia.pdf

McArthur, M. L., & Fitzgerald, J. R. (2013). Companion animal veterinarians' use of clinical

communication skills. *Australian Veterinary Journal*, *91*(9), 374–380. https://doi.org/10.1111/avj.12083

Melnyk, B. M., & Neale, S. (2018, January 10). Wellness 101: 9 dimensions of wellness. Retrieved November 13, 2019, from American Nurse Today website: https://www.americannursetoday.com/9-dimensions-wellness/

Mitchell, C. M., Epstein-Peterson, Z. D., Bandini, J., Amobi, A., Cahill, J., Enzinger, A., … Balboni, M. J. (2016). Developing a Medical School Curriculum for Psychological, Moral, and Spiritual Wellness: Student and Faculty Perspectives. *Journal of Pain and Symptom Management*, *52*(5), 727–736. https://doi.org/10.1016/j.jpainsymman.2016.05.018

Moses, L., Malowney, M. J., & Boyd, J. W. (2018). Ethical conflict and moral distress in veterinary practice: A survey of North American veterinarians. *Journal of Veterinary Internal Medicine*, *32*(6), 2115–2122. https://doi.org/10.1111/jvim.15315

Nett, R. J., Witte, T. K., Holzbauer, S. M., Elchos, B. L., Campagnolo, E. R., Musgrave, K. J., … Funk, R. H. (2015). Risk factors for suicide, attitudes toward mental illness, and practice-related stressors among US veterinarians. *Journal of the American Veterinary Medical Association*, *247*(8), 945–955. https://doi.org/10.2460/javma.247.8.945

Nhất Hạnh. (2015). *The heart of the Buddha's teaching: Transforming suffering into peace, joy, & liberation: the Four Noble Truths, the noble eightfold path, and other basic Buddhist teachings*. Retrieved from http://rbdigital.oneclickdigital.com

Nine dimensions of wellbeing: Holistic health for the veterinarian. (2018, March 7). Retrieved August 29, 2019, from AVMA@Work Blog website:

https://atwork.avma.org/2018/03/07/nine-dimensions-of-wellbeing-holistic-health-for-the-veterinarian/

Nine Dimensions of Wellness: Student Wellness Center. (n.d.). Retrieved October 1, 2019, from https://swc.osu.edu/about-us/nine-dimensions-of-wellness/

Not One More Vet Homepage. (n.d.). Retrieved November 14, 2019, from Not One More Vet website: https://www.nomv.org/

personal practice—Right Livelihood and Veterinarians. (n.d.). Retrieved November 14, 2019, from Buddhism Stack Exchange website: https://buddhism.stackexchange.com/questions/7908/right-livelihood-and-veterinarians

Pranis, K. (2015). *Little Book of Circle Processes: A New/Old Approach To Peacemaking.* Retrieved from http://qut.eblib.com.au/patron/FullRecord.aspx?p=1922368

Rushton, C. H. (2018). *Moral resilience: Transforming moral suffering in health care*. New York, NY: Oxford University Press.

Senauke, A., & Halifax, J. (2018, March). *The Four Noble Truths*. Presented at the Chaplaincy Core Training Intensive, Upaya Zen Center, Santa Fe, NM.

Senauke, A. (2018, August). *The Eightfold Path*. Presented at the Chaplaincy Core Training Intensive, Upaya Zen Center, Santa Fe, NM.

Senauke, A., & Halifax, J. (2019, March). *Chaplaincy Fundamentals—The Six Paramitas*. Presented at the Chaplaincy Core Intensive Training, Upaya Zen Center, Santa Fe, NM.

Seven Dimensions of Wellness | Grand Rapids Community College. (n.d.). Retrieved October 3, 2019, from https://www.grcc.edu/humanresources/wellness/sevendimensionsofwellness

Schoenfeld-Tacher, R. M., Kogan, L. R., Meyer-Parsons, B., Royal, K. D., & Shaw, J. R. (2015). Educational Research Report: Changes in Students' Levels of Empathy during the

Didactic Portion of a Veterinary Program. *Journal of Veterinary Medical Education*. https://doi.org/10.3138/jvme.0115-007R

Shaw, J. R., Adams, C. L., Bonnett, B. N., Larson, S., & Roter, D. L. (2012). Veterinarian satisfaction with companion animal visits. *Journal of the American Veterinary Medical Association*, *240*(7), 832–841. https://doi.org/10.2460/javma.240.7.832

Shaw, J. R., Adams, C. L., Bonnett, B. N., Larson, S., & Roter, D. L. (2008). Veterinarian-client-patient communication during wellness appointments versus appointments related to a health problem in companion animal practice. *Journal of the American Veterinary Medical Association*, *233*(10), 1576–1586. https://doi.org/10.2460/javma.233.10.1576

Shaw, J. R., Bonnett, B. N., Adams, C. L., & Roter, D. L. (2006). Veterinarian-client-patient communication patterns used during clinical appointments in companion animal practice. *Journal of the American Veterinary Medical Association*, *228*(5), 714–721. https://doi.org/10.2460/javma.228.5.714

Simple Steps to Whole Person Wellbeing. (n.d.). Retrieved October 3, 2019, from Wellness website: https://wvumedicine.org/wellness/programs-and-classes/simple-steps-to-whole-person-wellbeing/

Stoewen, D. L. (2017). Dimensions of wellness: Change your habits, change your life. *The Canadian Veterinary Journal*, *58*(8), 861–862.

Stress Management for Veterinarians. (n.d.). Retrieved October 3, 2019, from https://www.avma.org/ProfessionalDevelopment/PeerAndWellness/Pages/stress-management.aspx

Surya Das. (2009). *Awakening the Buddha within: Eight steps to enlightenment : Tibetan wisdom for the Western world*. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=745988

Talk 7: Attuning to Self and Other: Compassion at the Edge. (2018). Retrieved from https://shambhala.instructure.com/courses/276/pages/talk-7-attuning-to-self-and-other?module_item_id=33849

The Dalai Lama's Morning Prayer. (2019, May 1). Retrieved November 13, 2019, from The Sacred Science website: https://www.thesacredscience.com/the-dalai-lamas-morning-prayer/

The Four Great Bodhisattva Vows. (n.d.). Retrieved November 13, 2019, from Upaya Zen Center website: https://www.upaya.org/teachings/liturgy/four-great-bodhisattva-vows/

The Neuroscience of G.R.A.C.E. (Part 1): Compassion at the Edge. (2018). Retrieved from https://shambhala.instructure.com/courses/276/pages/the-neuroscience-of-g-dot-r-a-dot-c-e-part-1?module_item_id=33854

The Six Dimensions of Wellness—National Wellness Institute. (n.d.). Retrieved October 3, 2019, from https://www.nationalwellness.org/page/Six_Dimensions

Tomasi, S. E., Fechter-Leggett, E. D., Edwards, N. T., Reddish, A. D., Crosby, A. E., & Nett, R. J. (2019). Suicide among veterinarians in the United States from 1979 through 2015. *Journal of the American Veterinary Medical Association*, *254*(1), 104–112. https://doi.org/10.2460/javma.254.1.104

Tsering, G. T. (2005). *The Four Noble Truths*. New York: Wisdom Publications.

Veterinarian's Oath. (n.d.). Retrieved October 21, 2019, from https://www.avma.org/KB/Policies/Pages/veterinarians-oath.aspx

VetWellbeingSummit-100HealthyTips.pdf. (n.d.). Retrieved October 3, 2019, from https://www.avma.org/professionaldevelopment/PeerAndWellness/Documents/VetWellbeingSummit-100HealthyTips.pdf

Volk, J. O., Schimmack, U., Strand, E. B., Lord, L. K., & Siren, C. W. (2018). Executive summary of the Merck Animal Health Veterinary Wellbeing Study. *Journal of the American Veterinary Medical Association*, *252*(10), 1231–1238. https://doi.org/10.2460/javma.252.10.1231

Wachholtz, A., & Rogoff, M. (2013). The relationship between spirituality and burnout among medical students. *Journal of Contemporary Medical Education*, *1*(2), 83–91. https://doi.org/10.5455/jcme.20130104060612

Wallace, B. A. (2011). *Minding Closely: The Four Applications of Mindfulness.* Retrieved from http://public.ebookcentral.proquest.com/choice/publicfullrecord.aspx?p=4634875

Wangmo, T., & Valk, J. (n.d.). *Under the Influence of Buddhism: The Psychological Well- being Indicators of GNH*. 29.

Wellbeing and Peer Assistance. (n.d.). Retrieved October 1, 2019, from https://www.avma.org/ProfessionalDevelopment/PeerAndWellness/Pages/default.aspx

Yi, M. S., Luckhaupt, S. E., Mrus, J. M., Mueller, C. V., Peterman, A. H., Puchalski, C. M., & Tsevat, J. (2006). Religion, Spirituality, and Depressive Symptoms in Primary Care House Officers. *Ambulatory Pediatrics*, *6*(2), 84–90. https://doi.org/10.1016/j.ambp.2005.10.002

Zimmerman, J. M., & Coyle, V. (2009). *The way of council*. Las Vegas: Bramble Books.

Appendix A

Appendix A: Dimensions of Well-being

Well-Being Dimension	Description
Occupational	Being engaged in work that brings you personal satisfaction and aligns with your values, goals and lifestyle
Intellectual	Participating in learning activities that foster critical thinking and expand your world view
Spiritual	Seeking inner harmony and balance through self-reflection and exploration of your role in the universe
Social	Surrounding yourself with a network of support based on mutual trust, respect, and compassion
Emotional	Identifying and managing the full range of your emotions, and seeking help when necessary
Physical	Getting enough sleep, eating a well-balanced diet, engaging in adequate exercise, getting regular medical check-ups, and practicing other healthy habits
Financial	Being cognizant of your personal finances and adhering to a budget that enables you to reach your financial goals
Creative	Participating in diverse cultural and artistic experiences that give you a deeper appreciation for the world around you
Environmental	Recognizing your interconnectedness with nature, and taking an active role in preserving, protecting and improving the environment

("Nine dimensions of wellbeing," 2018)

Appendix B

Appendix B: The Four Noble Truths as a Medical Model

4 Noble Truths			Medical Model	Analytical Tool
Truth of Suffering	dukkah	Attachment 5 aggregates	Disease	What is the problem?
Cause of Suffering	samudaya	Craving	Germ/ infection	Where does it come from? What is the source/ root?
End to Suffering	nirodha	Cessation	Health	What would it look like if the problem was no longer there?
8 Fold Path	magga	The way	Cure	How do we get there?

(Senauke & Halifax, 2018)

Appendix C

Appendix C - The Noble Eightfold Path

Eightfold Path	Description
Right View	Foundation, 4 Noble Truths, view of reality, impermanence, interconnectedness, flexible, fluid, wide
Right Intention	Connection, compassion, 4 bodhisattva vows
Right Effort	Avoiding unwholesome and cultivating wholesome
Right Mindfulness	Recollection and remembering, paying close attention, body, feeling, mind, phenomena
Right Concentration	Staying present and not moving no matter how uncomfortable
Right Speech	Words lead directly from our perception and thoughts, most potential for harm, may need silence, listening
Right Action	Wholesome, honorable conduct
Right Livelihood	No livelihood that brings harm to other beings

(Senauke & Halifax, 2018)

Appendix D

Appendix D - Components of the Eightfold Path

8 Fold Path	3 Tenets	3 Fold Training	Integrity
Right View Right Intention/ Thought	Not Knowing	Prajna (Wisdom)	Head
Right Effort Right Mindfulness Right Concentration	Bearing Witness	Samadhi (Concentration)	Heart
Right Speech Right Action Right Livelihood	Compassionate action	Sila (Moral and Ethical Precepts)	Body

(Senauke & Halifax, 2018)

Appendix E

Appendix E - Edge States

Veterinarians are regularly exposed to emotional stress, moral conflict, vicarious trauma, and bullying in their work leading to serious negative affects on health, career, and ability to care for others. In her book, *Standing At the Edge,* Halifax (2018; 2019) identified five edge states that impact caregiver well-being and resiliency. All five of these edge states are potential causes and conditions of veterinary suffering. These toxic edge states are pathological altruism, empathic distress, moral suffering, disrespect, and burnout. Although, reference to these other edge states are scattered throughout, due to time constraints, this paper was mainly focused on moral suffering as a potential major cause of veterinary suffering. It is this author's belief that all five of these toxic edge states are significant contributing factors to diminished veterinary well-being. It is therefore recommended that further research and investigation into these edge states be conducted.

The edge is the middle point to stand where we can lean or tip in one direction or the other. Thus, on the opposite side of the edge from the toxic symptoms, lies healthy manifestations. These healthy edge states are altruism, empathy, integrity, respect, and engagement. The scope of this paper was restricted to exploring integrity as the healthy manifestation of ethical grounding in the cultivation of well-being. It is possible for veterinarians to achieve genuine happiness and well-being and continue to serve all beings by returning to and remaining firmly balanced on the healthy side of the edges states. In order to improve veterinary health and well-being, it is recommended that practices to cultivate all of the healthy manifestations of these edge states be investigated.

Edge State	Virtue	Toxic Shadow	Over the Edge

Altruism	Unselfish, seamless actions to benefit others	Pathologic Altruism	Harm ourselves in order to help others, selfish prosocial behavior
Empathy	somatic, emotional, and cognitive/ empathic resonance	Empathic Distress	Inability to distinguish self from others, secondary trauma, sensory overload leading to shutdown, loss of moral grounding
Integrity	Capacity to live within our values	Moral Suffering	*Moral distress* see a path through harm but unable to do it *Moral Injury* shame/ guilt due to witnessing/ participating in egregious/ harmful acts *Moral outrage* anger/ disgust towards those who violate principals and cause harm *Moral apathy* avoid/ numb
Respect	valuing ourselves, others and our principals	Disrespect	Horizontal hostility Vertical violence - top down, bottom up
Engagement	whole-hearted, sense of meaning and purpose	Burnout	overwork toxic work environments

(Halifax, 2018)

Appendix F

Appendix F - Healthy Tips

VetWellbeingSummit-100HealthyTips.pdf. (n.d.). Retrieved October 3, 2019, from https://www.avma.org/professionaldevelopment/PeerAndWellness/Documents/VetWellbeingSummit-100HealthyTips.pdf

Appendix G

Appendix G - Chaplaincy and Veterinary Medicine

Veterinary medicine, like chaplaincy, is not for the timid, as it requires a strong back to sit in the presence of suffering. Meeting suffering with a soft front, requires self awareness, vigilance, and regulation to avoid tipping over our edges. In the chaplaincy training at Upaya, Roshi Halifax has told us how the Buddhist Three Fold training of Prajna, Sila, and Samadhi are integral to the development of principled, grounded, and compassionate chaplains. I would argue that these same training principles are equally important to the formation of healthy, compassionate, and resilient veterinary caregivers. She also stressed the importance of chaplains practicing deep mind training and upholding the ethical precepts within a community of accountability and support. This is also sound advice for veterinarians. Chaplains are not trained to sit on the sidelines of despair, but to step forward in dark places as advocates for humanity. Chaplaincy comes with a universal responsibility within the religion of kindness to serve all suffering beings regardless of faith. Veterinarians should heed this advise as well. The Veterinary Oath instills the universal responsibility to serve as advocates for all beings, animals and humans alike, to relieve their suffering regardless of their personal beliefs and limitations. It is us who must train ourselves in compassion, self-awareness, and resiliency so that we may remain seated in the fire of suffering without getting burned by the flames.