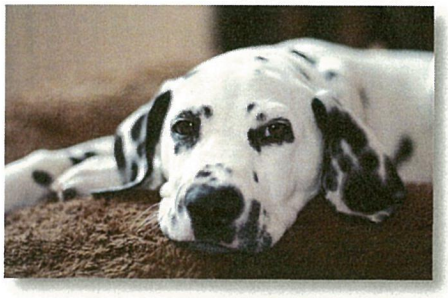
Cybele May

The Ghosts of the Euthanased



I am walking through a flat, open field. It is a plain and empty expanse. Short, vibrant green grass merges with a clear, blue sky. I walk through the void with even, measured steps towards a horizon I will never reach.

As I walk, I realise I am being followed. I pivot around. Behind me is a trail of animals – cats and dogs mostly. Almost 100.

I do not recognise any of them, but I knew them all. I euthanased them.

At this point I always wake, not with a start one might expect from a nightmare, but with a sense of uneasiness.

One year later, the dreams stop almost as quickly as they start.

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In my first anatomy prac, about 150 wannabe vets pour into a vast, sterile room. Nervous chatter echoes around the room, amplified by the hard, stark interior. A floor of terracotta-coloured tiles and high walls covered in grey super-gloss paint house rows of stainless-steel tables and a line of freezers.

As the canine bodies are brought out, there is an unspoken but shared understanding between the wide-eyed newbies: do not show weakness here – no fear, no nausea, no emotion. It is the first real test on the veterinary journey – seeing a dead body and cutting it open.

Split into groups of six, we stand around our frozen cadaver. We shuffle in our places and fidget with our dissection kits. The instruments are as cold and hard and silver as the table the body is on. They feel unnatural in my hand. But then, nothing seems natural about the room we are in and what we are about to do.

There is a musty smell, like a wet dog's fur. Then there is something more clinical – a dash of refrigeration and a splash of cleaning agent, something citrusy. But it is the main ingredient

that creates a stir in my gut – preserved flesh – just preserved a little too late.

I am glad I do not have to dissect a cat cadaver that day. My black-and-white moggy is the reason I am standing in this room. Growing up, she was my constant, stable, reliable companion. Black markings hooded her head to half way down her face – like batman – and she was my little hero. She was an additional member of my family, filling the vacant space left by the father I never knew well enough to ever miss.

My mother raised me, and my brother, on her own. In her early 20s, she set off to travel the world in an era when travel was not a common thing. From Japan, she ventured through Africa and Europe before eventually settling in Australia. Almost a decade later, she found herself with two young children, no grandparents to help out – and no husband. She was a strong, stoic provider. I guess she had to be. She was my rock – but rocks are not soft. To my mother, weakness is an unnecessary indulgence.

My mother's short, petite frame belies her formidable strength. When she told me she had breast cancer, she explained she was going to have a full mastectomy as though she was delivering a seminar. She informed me of the practicalities, like when she would be in hospital for the surgery, but she never spoke about how she felt.

When she first told me about the cancer, I was unsure about how to feel. I was 13-years old and old enough to know breast cancer was a big deal. My mother's behaviour towards me implied that it was not.

Back then, I wanted to show that I was scared of losing my mum, that I was upset. But my mother's indomitable silence made me keep it to myself. I took her lead. She taught me well. I was not always that controlled.

The blaze of the summertime sun entered my room. Not even the deep-blue of my bedroom walls could subdue the light. That morning, I was nothing like the sun, I was slow to warm up. I just lay there. Silence floated in the golden air. There was no real need to rise. I was eight-years old, and it was school holiday time. I waited for stirring in the house to propel me out of bed. In the end, it was the unnatural quiet that got me up instead.

I went to the kitchen. It was definitely the best place to start. The kitchen was like the engine room of my family's plain, two-storey brick house. In the mornings, my mother would usually be found there – but not on that day.

To get to the kitchen I had passed the lounge room, so I knew she was not there. I went to her bedroom. She was not there. I started to call out: "Mum."

My brother had been sent overseas, but my mother should have been home. I told myself that she must be downstairs. I searched and searched for her around the house. I entered each

room once, then twice.

At first I was just looking, believing she must be around. She did not say she was going out. She was supposed to be there. But her car was gone. She was nowhere. Looking progressed to distress. Then came guttural wails of confusion, of fear, of abandonment. I only had one parent left to lose. And she was nowhere to be found.

I'm not sure how long I was in this state, but this was how my mother – and the worried neighbours – found me. I didn't even hear her car return. I tried to splutter how I felt though my tears. She told me not to be silly. Her expression was incredulous. She told me I was being ridiculous. So I cried and wailed some more. This time from confusion and frustration – but also an unburdening sense of relief.

When I was in that hysterical state, my mother ignored me. She did not look at me or talk to me. So I sent myself to my room and curled up on my bed next to my cat. I buried my swollen face in her pillow of fur. She gave a trill in greeting. She wanted my company. She understood me. She was soft and warm, and she calmed me.

To my cat's soothing, rhythmical purr, I made an agreement with myself.

"Don't overreact. Don't be emotional. It gains nothing. It's silly. It's pointless. It's embarrassing."

Only when I emerged from my bedroom in my newly calmed state did my mother speak to me. She would not talk about what happened or about how I felt, but at least she acknowledged me. Composure was rewarded.

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Cutting through dog fur is surprisingly tough. It quickly makes my scalpel blade blunt. I never considered such things before coming into this prac. At least the frozen body is firm and unyielding against the pressure of the blade. Although, the body's chilled state does make separating the skin from the underlying muscle difficult. The fat between them is hard and adhesive.

I approach this exercise scientifically. I tell myself I am dissecting this animal so that one day I can treat others. I am calm and I am rational. This demeanour is almost second nature to me.

"Don't be emotional. It's silly, it's pointless, and it would be very embarrassing," I remind myself.

I am so proud when I get through it.

By the middle of the 5-year course, I had dissected each of the major organs from the all of

the common domestic animals – dogs, cats, pigs, chickens and cattle. I approach it all with a reserved, clinical curiosity. The surgery pracs in the fourth year of the course were master classes in emotional control.

What we did in these pracs was seen as controversial. We were told as much by the staff. We were told we should not speak of what happened in these classes to those outside the veterinary profession.

The classes were not even held on the main campus. They were held in a large concrete and tin shed located on a farm several suburbs away. This place was probably selected simply because of the availability of suitable space, but I couldn't help feeling that our sinister deeds were being hidden away.

The surgeries were performed in an old, dingy building that gave the impression of being rarely used. After all, only one type of class was taught here. The building's interior had that stark, clinical feel that I had come to know well, but it didn't seem as clean. It felt unfinished. Bare concrete served as the floor. Cream paint covered some of the unplastered brick walls, but in other areas, walls of grey blocks remained untouched. Fluorescent lights added a sweatshop glow.

The dogs that we practised our anaesthetic and surgery skills on were brought in from the pound. They were held in wire crates outside the building. There were dogs of all different breeds and ages. It seemed no trait was discriminated against in the recruitment process. One or two students from each group of about five would go outside and select a dog for surgery.

The cuter dogs were selected last. It was that little bit more confronting to euthanase them at the end, which was what we had to do.

For the dogs brought to this prac, their surgeries were for our benefit. The dogs never woke up. Their final experience before departing this world was a full general anaesthetic for a needless surgery.

Cutting into live animals was nothing like cutting up a cadaver. These animals were warm, they could breathe and they could bleed, until the end of the procedure.

Being novice surgeons, the surgeries did not always go to plan. In the last half hour of these classes, regardless of how far a procedure had progressed, the surgeries were stopped, and the dogs were stitched up.

Then, in this hastily reconstructed state, a simple injection would bring each dog's life to an end.

In these pracs I fell back on my usual, trusted justification. I told myself that I was doing the unthinkable so that I could learn to help other animals. These dogs were going to be euthanased by the pound anyway, I rationalised. They just had an anaesthetic and surgery beforehand in the name of veterinary teaching.

Sometimes my mind would wander, and I would consider what we were doing. I asked myself, "If I were sure I was going to die, would I want trainee doctors to practise surgery on me before my death?" I never answered this question. I would reign in my wayward thoughts before I could comprehend a response. Pondering hypothetical scenarios was fruitless. I needed to get the surgery done.

Once, during one of these pracs, a student did react. She stopped in the middle of abdominal surgery, dropped her instruments and ran outside. It seemed so sudden. In the moments before it happened, everything appeared to be going fine. The other students looked at each other, swapping confused expressions. Emotional mastery by this stage was assumed, so this behaviour baffled and bemused.

Her reaction was inappropriate, some said. Others said, "She needs to learn to control herself." The anaesthetised dog's abdomen lay open before us, so to some extent it was true.

But we all have our moments of weakness. Fragile moments come when you least expect them.

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In my first year as a vet I worked in a flash, inner-city hospital. It was new and spacious and full of natural light. The first time I saw it, I could picture myself working there. About 40 new-graduate vets applied for the job, and I got it. I was so proud. Be careful what you wish for.

One day my boss pulled me aside to have a chat about productivity. He said I was not meeting the targets he expected.

"You need to bill more for each client," he said, "sell each of them more drugs. You know, don't just send them home with tablets. Give an injection *and* send them home with tablets. Then you will make more money from each client," he said.

"And you need to spend less time with each client. I know you have 15 minutes, but if you aim to have most of them out in 10, then you won't fall behind if you're double-booked. It's a real skill getting people out fast, but still making them feel like they've had their needs met."

His monologues became familiar to me while I was under his tutelage. Speaking at me, he seemed to think repeating the phrases would have some kind of hypnotic effect; that I would internalise what he was saying and embrace it as my own. His bald, shiny head moved like a

metronome as he spoke his mantra. These speeches were his Yoda mind games.

"Even better would be to explain some things in one consult, and then get them to come back in another week for a follow-up, so you can explain more things. This way, you can spend less time with them at each visit and bill for two consults, not one," he said.

"And you are looking at the pet twice, which is a good thing for them."

My boss would always add the benefits to the animals as an afterthought, as though he was trying to convince me that the animals also benefit in the quest for the bottom line. I wondered if he actually believed it himself. To some extent I think he did. It was easier for him that way. It let him feel good about himself.

I didn't feel good. I needed to bill more in less time. I never asked for this. I was taught medicine and science, not business. I learnt how to diagnose and treat. Unfortunately, very few people actually want these for their pets. They're expensive, and no-one seems to plan for their pet's rainy day.

Most people euthanase their pet if the problem sounds too complicated or too expensive. I have come to learn that the definition of "too complicated" and "too expensive" is very subjective and does not always relate to someone's income.

Early in my first year of practice, I was treating a Dalmatian with otitis externa – ear infections, basically – both ears. The owner had persevered somewhat. I had seen her dog a few times over a month. The problem is, coming to the vet and hearing what's wrong and what needs to be done doesn't actually solve the problem. Owners need to give the treatment at home, and this is often a problem, particularly with ear infections.

It can be hard to give ear drops to a dog. It hurts them. They resent it, so they resist it. You can't tell them it's for their own good. They just feel the pain. Over time, the ears would become less painful, so the ointment would be easier to administer. But that takes perseverance.

I told the owner this. She seemed unconvinced. I understood. This would have been hard for her. Hers was a young, strong, big dog. He would have put up a good fight to resist the drops. It would have been frustrating and confronting for this late-forties woman, who looked too prim and pressed to be comfortable being roughed up getting it done.

"If you really can't give the drops yourself, then you could come into the clinic twice a day. The nurses can administer the drops free of charge for you. And we can start on antibiotic tablets," I said.

"The tablets will help to reduce the infection and the pain, so the drops will be easier to give. It will give us a better chance at getting this problem under control. But I do have to let you

know that, for a dog this size, it will be more than $200 for a course."

The woman looked at me. It was a look I have come to know well. It's a blank look mostly, with a dash of worry and a hint of guilt. It's a look that happens when an owner has reached their threshold. Things are too complicated or too expensive. Their mind has ventured down another path, to another option.

Some people will mention when they start to consider euthanasia, most will not. Instead they will find a way to reject every other treatment option put forward. When an owner says "I can't", "I can't" too many times, I now know to bring up the subject myself.

The woman did not want to be present for her Dalmatian's end. She signed the consent form, fixed up her account and left in her shiny, silver Lexus. She wanted me to deal with the body. I took her dog to the back of the clinic, and told the head nurse what we needed to do. Usually quite a chatty pair, we worked in relative silence.

"Which vein do you want to use? What size catheter do you want?"

These were the only words that broke the quiet. We were both stunned by the treatment option selected. But, like I said, "too expensive" and "too complicated" is subjective; people draw the line at very different places.

I have the animals lying on their side during the process. A lot of them are sick, so lying down is comfortable for them. Besides, the drug works fast, and they would fall if they were standing. My Dalmatian took his last stand. He refused to lie. He was not sick. He was puzzled and quiet, but strong and standing, always standing. No amount of coaxing could stop him from standing. I pushed the green liquid into his vein. My nurse caught him as he fell. He had no owner to weep over his dead body, so I did, and my nurse did. At no extra charge...

I don't weep over the bodies of others' pets anymore.

I had taken too long for all of this. I had clients waiting. I couldn't afford to cry. My boss couldn't afford it, really. He said that I would burn out if I cried over patients. He said I needed to protect myself. There is some truth to that. He said that, until people want to pay extra for tears, my approach has to be more clinical – with a bit of empathy so clients "still feel like they've had their needs met".

I mastered this approach. I would bill more money in less time, and I would not cry. But I didn't want to be a vet anymore.

I should have known I would feel this way about veterinary practice. I knew the realities of money coming before a pet's life years before I was ever a vet.

The sweat was dripping down my back. Only some of it was absorbed by my royal-blue shirt. The shop was too open for air-conditioning to be an option.

I wrapped the frozen bottles of water in towels and placed one in each of the pens. The pets were quick to lie on them. I did this for all of the animals in my section – the cats, dogs, guinea pigs, rats and mice.

I held one of the frozen bottles to my chest before wrapping it, and for a brief moment I imagined floating in cool water somewhere far away. I quickly shoved that temptation from my head. I was glad to be working. I needed to work as much as I could on the summer holidays. During the uni semester, I could only work on the weekend. And it was a great job. I got to work with pets while training to be a vet.

While I was willing myself to appreciate my perspiration-inducing situation, I was approached by a somewhat flustered lady.

She was short and in her early-forties, with an oversized floral shirt billowing over her frumpy frame. The frizz of her bottle-red hair was accentuated by the chin-length cut. As she spoke, she directed her words to me at the ground.

"I put my daughter's guinea pig in a hutch outside this morning and went to pick up some groceries," she explained.

"When I got home I found it lying on its side, barely moving. It was just shaking and breathing strangely," she elaborated.

"I don't know what has happened. It goes in that hutch all the time."

She shifted an expectant gaze onto me.

"It could be heat stress, especially if the hutch was in the sun," I offered.

"Where is the guinea pig now? You need to take it straight to a vet."

"Oh," she said, "I left it at home. I just wanted to come here for advice, see if there was anything I could buy for it. Vets are very expensive. It's just a guinea pig"

This behaviour was common – especially for the 'lesser pets'. To save a pretty penny, people would ask the pet shop staff for veterinary advice.

I tried to reason with the woman. If she went to a vet, at least she could have her guinea pig euthanased. Resigned, I leave her to her own devices.

About 10 minutes later, she was still there, but her tactics had changed.

"Are these all of the guinea pigs you have?" she asked.

"I need one with shorter fur than this. I think my daughter will notice the difference if the coat is this long."

"Are there any other pet shops nearby?"

I saw a flash of red. The muscles in my jaw clenched. So many comments I wanted to say to this woman flew through my head. None of them were polite enough to be considered professional. Frustrated, I ignored the knot in my gut. I talked about preventing heat stress, and again recommended she take her guinea pig to the vet.

She walked away.

Pets are cheap to buy, and cute, especially when they are young. A lot of people shouldn't have pets, yet they feel entitled. Then they struggle to pay for the day-to-day essentials, and euthanase and replace them if the pet gets sick. Veterinary care is expensive – and there is no Medicare to help foot the bill.

As a vet, eventually I learned to expect this behaviour. Expecting it helped to tolerate it. In veterinary practice, there is no place for anger and frustration – they achieve nothing.

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The sliding doors open as I approach the single-level, blue-green building. A burst of too-chilled air hits me just before entry. I walk down the grey-carpet corridor to my grey-painted office and sit at my grey-laminate desk.

Now my work mostly involves staring at a computer. It's still vet-related work, but at least I am not up-selling veterinary medicine to people who don't want to pay. I see it as a stepping stone on my way to something else.

It's hard moving on from something I have worked at for many years. Working with animals is really all I have ever known. My identity and feelings of self-worth, though, are not tied to my profession. I have friends who live and breathe veterinary work. It's who they are. They could never fathom looking beyond it.

For me, more than anything, it's just difficult to prematurely kill a lifelong dream.

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The road is wide and empty. Long blades of golden grass gather in tufts and fill the land as far as my eyes can see. Trees of hardy character are scattered about. Their nearly-bare branches jut bent into the air. In the distance, a hill rises suddenly from the dry, red-brown earth. Boulder formations decorate its sides.

The place is barren, yet striking.

I walk along this road to gather my thoughts. I have temporarily traded the grey of my office for this rustic scene, on a week long writer's retreat. The words have not been coming easily to me. I am back in my dream, walking with even, measured steps, then the same slow realisation that I am being followed. The animals are behind me. There is a beat on the bitumen created by four legs with nails. I am not sure how long the clipped sound has been there. I hesitate, then spin around quickly with a gasp of surprise. A young border collie cross is there – living and breathing. I bend down to greet her. She is ridiculously excited by our meeting, rolling over to expose her belly as a show of delight.

Her exuberance is infectious and something is unlocked within.

LIAM FERNEY

BORSTAL BITCHES

reality teen girls
in juvey on tv

or more tax

seems like a
no brainer to me