

FEARLESS

The Cost of Hiding Our Humanity

When veterinarians withdraw to protect themselves, pet owners often experience it as indifference.

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I vaguely remember the view of Lake Michigan and the feel of the stiff chair when the oncologist began to speak. We had just received the news that my mother's chemotherapy had minimal effect on her glioblastoma and that we should consider hospice. What I remember vividly: the oncologist's monotone delivery, crossed arms, and matter-of-fact "OK?" at the end of his sentence. He hadn't said anything wrong. But nothing he said felt right, either.

I hadn't anticipated how little my mother's doctor seemed to care about his delivery. That moment made me proud to be in veterinary medicine, where bedside manner shapes our relationships. It also made me aware of how close we are to losing this art.

I Thought I Understood Medicine

When my mother was diagnosed, I believed my veterinary training gave me an advantage in navigating her care. I was wrong about the nature of that advantage. What I was best at was observing verbal and nonverbal communication. And what I observed was how emotional tone can build a relationship or quietly erode one.

Throughout her illness, we encountered the full spectrum. Some physicians were brilliant but distant: efficient, precise, almost rehearsed. Others brought more humanity: a softer pause, leaning



forward to convey the gravity of a moment, and eye contact that said "I see you." The difference in clinical quality among these doctors was barely perceptible. The difference in how we felt when they left the room was profound.

Some visits left us feeling alone despite a technically flawless care plan. Others changed everything. A physician who offered a hand on the shoulder and said with sincerity, "I'm so

sorry you're going through this," left us carrying that warmth for days. Those moments didn't improve my mother's prognosis. But they changed how we managed it.

The "Professionalism" Lie

In medicine, there's an unspoken belief that showing emotion is risky — that it makes us vulnerable, less credible, less efficient, and more prone to burnout. Out of self-preservation, we compensate by becoming more clinical, more neutral, more distant. Sometimes we call it professionalism. Sometimes it's simply survival. Both feel true.

Emotional regulation is a necessary skill. The ability to remain steady while making decisions in life-threatening situations is what makes us valuable. But there's a line. When self-preservation tips into emotional suppression, the doctor-client relationship begins to erode. In medicine, neutrality can look indistinguishable from indifference, and that carries its own kind of harm.

The Veterinary Translation

Several family members grew tired of my "In veterinary medicine, we'd handle this differently" comparisons during my mother's illness. But we do handle it differently, and her care made me reflect on how our profession is uniquely shaped by this dynamic and equally vulnerable to overcorrecting away from it.

We don't simply treat patients. From the first puppy exam to the final goodbye, we become active participants in the human-animal bond. We build relationships with clients who love their animals the way they love family.

Veterinarians do this work amid staffing shortages, rising client expectations, and a reckoning with burnout. The most common adaptation I see is emotional distancing: a flatter tone, diminished eye contact, or a reliance on facts alone during end-of-life conversations. What clients experience as

coldness is usually a highly sensitive person building walls to survive.

But those walls exact a cost. In a profession where relationships are the foundation of everything, disconnection leaves lasting consequences that are rarely intended and often invisible.

How to Stay Present Without Burning Out

The goal is not to become emotionally porous, absorbing every client's grief as your own. The goal is connection without depletion. You want to express empathy without internalizing pain. Here are three ways you can do that.

1 Use Structured Empathy

One of the most persistent misconceptions about empathy is that it must feel raw to be genuine. It doesn't. The most sustainable form of clinical empathy is intentional: a few phrases that acknowledge the client's experience without requiring you to share it.

- ▶ "This is a really hard decision — you're not alone in feeling that way."
- ▶ "I'm so sorry for what you're going through."

These take seconds to deliver, require no emotional vulnerability on your part, and tell the client that you see them. The clinicians who stood out during my mother's illness weren't the most emotionally expressive. They were the most present.

2 Let Your Tone Match the Moment

Clients don't only listen to what you say. They read how you say it. A few adjustments can carry enormous weight:

- ▶ Slow down during difficult conversations. Speed signals discomfort.
- ▶ Soften your tone when delivering serious news. It costs nothing and communicates everything.
- ▶ Pause after delivering hard information. Allow the moment to land before moving forward.



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One of the most powerful exchanges I witnessed during my mother's care was not a long conversation. It was a pause. A senior resident delivered difficult news about her biopsy, looked at us, and held the silence for several seconds. That pause communicated more than any explanation could have. We do not need to immediately pivot to next steps or treatment plans. Silence, held with intention, conveys the weight of the moment more honestly than words.

3 Set Emotional Boundaries

Many clinicians fear that opening the door to emotion means losing control of the room. That concern is valid. But boundaries don't require emotional withdrawal. They require clarity about your role.

You can acknowledge a client's grief without taking responsibility for it. You can offer support without becoming their primary emotional outlet. Warmth and limits are not contradictions; they coexist in every skilled clinician.

Conversations grounded in clear boundaries reinforce your role as a clinical guide. They offer reassurance without overstepping the pet owner's autonomy. They hold space without consuming it. The best physicians I observed during my mother's illness were not the most emotionally expressive. They were the most grounded. They neither withdrew nor overextended. They saw us as people, not cases.

Why This Matters More Than Ever

Veterinary medicine is at a turning point. As a profession, we are more willing than ever to discuss burnout, mental health, and career sustainability. That's important work. But we must be careful not to conflate emotional distance with emotional health. One protects you. The other creates the illusion of protection while undermining the reasons you chose this work. Caring doesn't have to be overwhelming. It doesn't require extended conversations or emotional disclosure. But it does have to be visible.

The clinicians who stayed with my family were not the ones who spoke the most. They were the ones who made us feel that we were not alone. In a profession built on relationships, that is not a soft skill. It is the skill. **TVB**

THE POWER OF THE PAUSE

In a 2022 study of 226 inpatient palliative care consultations at two academic medical centers [bit.ly/47falJiz], researchers audio-recorded and coded over 6,700 pauses of two seconds or longer. Among those, they identified "connectional silences" — pauses involving emotional acknowledgment or invitation — and found that slow response times were associated with patients feeling heard and understood.