

## ANALYSIS OF THE RELATIONSHIP BETWEEN HUMANS AND ANIMALS ACCORDING TO THE EXPERIENCES OF VETERINARY ONCOLOGISTS



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### ABSTRACT

The objective of this research was to know and understand the beliefs of the people involved in the care of cancer patients, as well as the emotional, social and ethical implications of the decision-making event related to the animal's health-disease process. This research was exploratory in nature, as it intended to point out behaviors and events of interest in the oncology veterinary clinic. To this end, a convenience sampling was carried out with four Veterinary Professionals, through a semi-structured interview with an average duration of 20 minutes. After analyzing the narratives, it became evident the need to invest in training for the communication of difficult news between Veterinarians and owners of dogs with cancer. It is suggested that protocols for communicating difficult news be developed, working in a multidisciplinary and interdisciplinary way in undergraduate, residency and graduate studies in Veterinary Medicine. Finally, it is considered essential to pay attention to the psychological health of oncologists, providing support to learn to face grief and to better deal with the impotence of losing their patients to cancer.

**Keywords:** Dog. Veterinarian. Oncology. Emotional Health.

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## INTRODUCTION

Brazil today comprises the world's second largest pet market, estimating a population of about 37.1 million domiciled dogs. In addition, cancer has gained remarkable importance in Veterinary Medicine, with studies showing, in recent decades, that the disease has remained among the two leading causes of death or reasons for euthanasia in dogs in different countries around the world (Daleck; De Nardi, 2016; Vail et al., 2020). In this context, it is observed that strengthening the bond between human and animal requires Veterinarians to provide more quality of life to their patients, in addition to greater commitment in their therapeutic choices and guidance. Especially, when the family is taking care of an elderly, sick or terminally ill animal (Villalobos, 2011; Barbosa, Boff, 2023).

For Hendren et al. (2012), human patients diagnosed with cancer have a reduction in quality of life during and after treatment to a greater or lesser extent, depending on their physical, social, economic and psychological state. Thus, the author states that the detection of these changes in quality of life caused by treatment is essential to survey the affected domains and plan the interventions of the health team together with the family members for the rehabilitation of these individuals, control of symptoms, adverse effects and reduction of mortality. A similar situation should be promoted when the patient is a dog and his "human family" will take care of him during cancer treatment.

However, special attention should be paid to the observations of Dóro et al. (2004) when investigating human cancer and its symbolic representation. These authors highlight that negative expectations cause harm, because the preconceived beliefs existing in society and in the medical field in relation to cancer cause direct harm to the patient. These authors point out that for the general population, cancer is synonymous with death and the treatment – whether by radiotherapy, chemotherapy or surgery – is drastic and negative and almost always has unpleasant side effects. The most devastating effect is that expectations are demarcated by the image of one's own pain and death, generating a kind of "self-elaborated prophecy". Instead of being able to accept the process and cope, difficulties are maximized (Dóro et al., 2004).

It must be considered that depending on the owner's affective relationship, the animals occupy a prominent position in the home and end up receiving a "right to choose" (Hill et al., 2008; Kennedy; Mcgarvey, 2008). But, at the moment when it is sick, the dog cannot express its preference, being subjugated to the preference of its guardian. Thus, it

is important to know in depth the experiences and representations that the people involved with this choice have of these life experiences, namely: Veterinary professionals.

The objective of this study was to describe and deepen the discussion about the social status of the dog patient cancer for the professional Veterinarian in addition to knowing the experiences, experiences and representations of the professionals involved in the health-disease process of dog cancer patient.

## **MATERIAL AND METHODS**

The research carried out had an exploratory qualitative character, as it is necessary to define the problem with greater precision and the phenomena observed, reported and experienced, being presented as a cut, which a priori, constitutes the present report and the object of reflections.

Data were obtained from the Veterinary Oncology Service - SOV of the Governador Laudo Natel Veterinary Hospital, UNESP/Jaboticabal, São Paulo, with data collection carried out in May 2016. Professionals working in the care of dogs with cancer patients were interviewed, and a convenience sampling was carried out with four Veterinary Medical professionals. The number of interviewees or the sample "N" was closed due to exhaustion, i.e., all individuals who were available on the days on which the interviews took place and who agreed to participate by signing the Informed Consent Form (ICF) were included. To ensure the anonymity of the interviewees, we introduced the statements through abbreviations using "VET" for Veterinarians specialized in oncology.

As inclusion criteria for this research, Veterinarians specialized in oncology were those professionals who work daily and exclusively in the area of oncology, whether in the clinic or in surgery. For the exclusion criteria, the following criteria were applied: General veterinarians or veterinarians with another specialty and oncology specialists with less than two years of experience in the area.

Due to its nature and technique of data collection, from the formulation of the guiding questions, the interview followed the course of the interviewee's thought, focusing and deepening the contents evoked related to the objects of representation. The interviews were grouped according to the guiding questions and then the words that were related to the research objectives were highlighted. Subsequently, the phrases or clauses were selected to carry out the analysis and interpretation of the content, seeking to highlight the context of which the message is a part. From this moment on, we sought to establish

articulations between the data and the theoretical references of the research, answering the guiding questions of the research based on its objectives. Thus, an attempt was made to promote relations between the concrete and the abstract, the general and the particular, theory and practice. For this research, three guiding questions were defined, referenced in Table 1.

Table 1 - Questions applied to the interviewed owners.

Number	Question
1	In your personal and professional context, what does it mean to have a dog?
2	What is it like to break the news that your patient (dog) has cancer?
3	What helps you decide which path to follow (treatment, euthanasia, leave it as it is) after cancer is confirmed?

It should be noted that during this study, all ethical standards for research with human beings were respected. After initial clarifications and once accepted, the participant signed the Informed Consent Form (ICF), receiving a copy of the same content.

This research was appreciated and approved by the Research Ethics Committee of the Regional University of Blumenau Foundation, Santa Catarina – CEP/FURB, via Plataforma Brasil, under Consolidated Opinion number 1,520,460.

## RESULTS AND DISCUSSION

Regarding the answers to guiding question 1, veterinarians recognize that the dog is a member of the family, understood as a companion that participates in people's intimate moments. It was possible to clearly and objectively observe that it is an affective relationship, based on fidelity and the dog's ability to provide happiness and awaken the feeling of acceptance, according to the responses described in Table 2.

Table 2 - Partial description of the answers to the guiding question 1.

Identification	Answer
MV-1	"A partner, a company that creates a bond and passes on a type of energy. [...] Faithful companion who will not betray you, fail you."
MV-2	"Mate. [...] As a child it is because I loved them very much. Now, it's more to satisfy a need of mine. [...] I took a pet because I felt lonely."
MV-3	"It's another member of the family. [...] It creates a very strong emotional bond."
MV-4	"It brightens the house, it brings people together inside the house. [...] I think they give lightness to our lives, it's a lot of happiness to have a dog, to have an animal."

Even though it does not address the power relationship that involves the ownership of a dog, this complex universe of the relationship between human beings and animals is part of the daily life of many families around the world. Surveys show that more than 83% of Australians have had a pet at some point in their lives (Eithne; Akers, 2011). Of Australian pet owners, 91% report that they feel "very close" to their pet. These data reinforce the conception that companion animals are effective members of the human family (expanded or multispecies), as these human beings share lasting emotional and affective relationships with their animals within a complex distribution of power.

Regarding the answers to guiding question 2, all MVs identify and emphasize that this moment of disclosure of the diagnosis is very difficult for both the owners and them. Throughout the narratives, it was possible to perceive that these professionals believe that for the owner this moment has a great impact and brings to light the real nature of the relationship between owner and dog. In other words, the revelation of the diagnosis can completely change the family's relationship with the animal in large part because the simple suspicion that the dog has cancer is enough to promote a lot of anxiety and anticipated suffering. On the other hand, the confirmation of the suspicion – positive diagnosis for cancer – requires a great commitment on the part of the owner, which is a fundamental part of achieving satisfactory results in the treatment. This moment or process of giving the news is also very tense for veterinarians, generating stress and even feelings of guilt, as observed in the answers in Table 3.

Table 3 - Partial description of the answers to the guiding question 2, part 1.

Identification	Answer
MV-1	"Sometimes I receive an owner I don't know and I end up apologizing for giving bad news."
MV-3	"We know that from that news it will be a great suffering. Most of the time it's bad news."
MV-4	"[...] We have to be realistic, I also try to give a little hope; It depends a lot on each situation. [...] If you say it right away: your dog has cancer, it will metastasize and last a month; I don't think it's right."

However, the common point was the concern about the impact of the news. Admittedly, the word cancer carries a very negative meaning and imagery. Different strategies were identified to mitigate this negative impact, as shown in Table 4.

Table 4 - Partial description of the answers to the guiding question 2, part 2.

Identification	Answer
MV-1	"I always try to use words that are more subtle, that are not strong words that do not imply cancer, it has a strong, aggressive connotation. I try to talk about tumor, neoplasm first and leave the word cancer for the end. And I see how the owner reacts, if he is well, understanding and in the end I say that it is a malignant tumor that means a type of cancer".
MV-2	"The patient is two things that cannot be divided: the owner and the patient; you mess with the unit. When you don't realize this, you start to make mistakes."
MV-3	"You have to know how to speak in the most sincere way possible, showing reality, but in a way that respects the owner's feelings."
MV-4	"I try to break the news by giving some solutions together so that the impact is minimized. Give information and indicate the best treatment and what he needs to do in the treatment".

In Brazil, there are models for announcing bad news adapted from the Buckman Protocol (Borges et al., 2012) and the SPIKES Protocol (Baile et al., 2000). It is important to analyze and adapt to the national reality the issues and steps that are pointed out by the two previous protocols, since they emerged in different cultures (Pereira et al., 2004). Thus, the PATIENT Protocol proposes the following anagram: (a) preparation; (b) evaluation; (c) invitation; (d) information; (e) emotion; (f) non-abandonment; and (g) outline a strategy (Pereira et al., 2004).

This process of giving bad news, in addition to being difficult for Veterinarians due to the non-standardization or lack of specific training of existing protocols, such as human medicine, is also difficult in our time to face death as a natural phenomenon. Because, with the advancement of science, there is a false idea of the supremacy of science – technique – technology over the natural events of life, namely, death. In this research, the Veterinarians narrated the strategies to mitigate this negative impact of the confirmation of the diagnosis of cancer, namely: (a) avoid using the word cancer; (b) sincerity; (c) respect for the owner's feelings; and (d) present solutions to minimize the impact of the news.

According to Borges et al., (2012) undergraduate education institutions in the area of health play a fundamental role in the training of future professionals in communication skills with the patient.

"[...] It is understood that the challenge of training institutions consists of: 1 – fostering the formation of communication skills and competences; 2 – integrate in the discussions about the clinical cases, in addition to the technical aspects, the emotional contents that emerge in the student from the contact with the patient; 3 – introduce interdisciplinary actions as soon as possible in order to favor the learning of teamwork; 4 – encouragement of the formation of skills through activities, such as mini-courses and lectures (Borges et al., 2012)."

For Andrade et al., (2014), when addressing the communication of difficult news between nurses and terminal patients, they emphasize that this task is difficult to be carried out, due to the lack of preparation to deal with the subjective aspects that involve this process, such as the suffering manifested by the professional and the patient's reactions. In this same study, the authors cited conclude that it was evident, through the testimonies of the study participants, "that nurses play a fundamental role in the integrality of care, by developing strategies that help patients to understand their current situation and adhere to treatment, promoting an effective interpersonal relationship". A similar situation occurs in Veterinary Medicine, where most of the time the Veterinarian is the one who takes care of the medication and the patient's follow-up, in addition to giving attention to the owner to face this period of treatment and uncertainties. However, our undergraduate and graduate courses do not prepare future professionals or qualify professionals present in communication focused on news related to the diagnosis, treatment and prognosis of diseases that affect animals.

Curiously, the confirmation of the importance of good communication within the profession is not recent, since Shaw et al. (2008) already pointed out that this is exactly the weak point of newly graduated veterinarians.

Regarding the answers to guiding question 3, when approached from the perspective of Veterinarians, it is important to verify whether the strategies of giving the news of the cancer diagnosis are allowing a greater influence and direction on the part of the professional, consciously or unconsciously, to induce the choice of the treatment that this professional considers most promising from a technical point of view. Next, the narratives of the group of Veterinarians are presented, pointing out this duel between the basic behaviors of care, in Table 5.

Table 5 - Partial description of the answers to the guiding question 3, part 1.

Identification	Answer
MV-1	"When I see that there is a chance, when there are things that are written [...] that we know are right, I try to reinforce this idea. I put more emphasis on the options that we know work."
MV-2	"You pass your technical decisions to the owner in the form of options and the owner chooses the option and makes the decision. [...] There is no way a Veterinarian will not induce. I try not to be so influential. But, we always sensualize an option so that the owner sees more advantages in it and makes the decision".
MV-3	"I think sometimes yes. Every time we talk, we always put it for the owner to choose. But, we always present the best option. Subjectively, I tend to influence him to the attitude that I think is best from a technical point of view."



MV-4	"Sometimes we end up influencing, yes. We already have in mind what the possible treatments are and say: this treatment is the most recommended. So, when he says that, he ends up influencing it."
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Again, it is necessary to highlight that the owner of the animal has the autonomy to decide what is best for his dog, for himself and for his respective family. In addition, for legal reasons, this autonomy should not be transferred to the Veterinarian, since he has ethical regulations that define his rights and duties. The observations made by the veterinarians interviewed when addressing this aspect of their actions, described in Table 6, should also be considered.

Table 6 - Partial description of the answers to the guiding question 3, part 2.

Identification	Answer
MV-2	"Every specialist forgets the whole. Then, when you forget the whole, you lose your way. And many times your option is oriented to that cancer, not to the patient".
MV-3	"I believe that depending on our words we have the power to influence".
MV-4	"But it's a good influence. Although not all owners accept it".

As verified in the narratives of the veterinarians, the principle of beneficence that appears in the professional oath is also present in the reflections on the strategies and professional actions pointed out in this research. The principle of beneficence indicates that we have an obligation or duty to promote the good. Thus, it does not depend on whether to desire or want, since it is a moral necessity imposed by the Code of Professional Ethics. However, it is believed that many times we forget to verify whether the good that is supposedly being taken by our action is truly a good for the one who receives this action. Because, if the action is not identified as good by the one who receives it (in this case the dog and the owner, in that order), the principle of beneficence will not be achieved. As pointed out above, at various times it is possible to identify that this principle is being practiced without this verification, without having this guarantee. Another important observation is that one principle does not cancel out the other, and there is still the need to respect the principle of the owner's autonomy as a moral obligation, since he has possession of the animal.

Despite the numerous discussions triggered by this topic, animals are the result of possession and are considered as movable goods – moving – and, in many cases, sentient. This reality and legal commitment led the Federal Council of Veterinary Medicine



- CFMV to publish in 2012 the "Brazilian Guide to Good Practices in Euthanasia in Animals - Recommended Concepts and Procedures".

At this point, it should be asked if the actions practiced are taking into account all these aspects or, again, are we hierarchizing the basic behaviors of care (compassion, competence, trust, conscience and commitment) pointed out by Roach (2002).

Inevitably, the theme of loss did not go unnoticed. A duality of feelings and justifications is identified that permeate this dramatic moment. The death of a patient during or after chemotherapy should not come as a surprise to the Veterinarians of the Veterinary Oncology Service – SOV. In other words, during the narratives of veterinarians, the loss of a patient was noted as a defeat for cancer. At times, the frustration of losing to cancer is clear, without analyzing the situation in which the animal was, the psychological and emotional burden of the owners or families, and the financial conditions of the owners, as observed in the answers contained in Table 7.

Table 7 - Partial description of the answers to the guiding question 3, part 3.

Identification	Answer
MV-1	"The saddest part is when I already have a bond with the owner and after a certain time I have to give the news of a metastasis. [...] And, in the end, you have to euthanize."
MV-2	"In cancer you don't change the fateful fate of the disease. You follow this process of the patient's death. You postpone this death, but you do not cure; prolongs life with quality".

Another aspect that appeared in the narratives of the Veterinarians was the impact of facing a terminal illness professionally. The psychological aspects of this specialty – oncology – should be treated with special attention in relation to the positive and negative impacts experienced daily in the clinical routine. These aspects are presented in Table 8 below.

Table 8 - Partial description of the answers to the guiding question 3, part 4.

Identification	Answer
MV-1	"I feel fulfilled. My effort is rewarded when I can tell the owner the right things, when I can explain the issue of tumors. [...] I feel frustration with cancer. A lot of things don't work out. But, it is a challenge. Being able to help more would reduce frustration."
MV-2	"I like dogs; that I like animals; that I want to cure, cancer is exhausting me. Losing, no matter how much you lose with dignity is not good. You have to win one that motivates you to keep fighting."
MV-3	"In the general balance it is always positive, despite having moments of embarrassment: closing the diagnosis, instituting treatment [...]".
MV-4	"When I have to suggest euthanasia, it's a very sad day that I don't like. This ends up affecting, we even feel loaded with these things".

It must be considered that the attitudes and behaviors of patients (in the case of veterinary medicine, clients) and also of professionals are subject to misinterpretations by both parties. In this way, these relationships are constantly changing, a fact that can generate even more stress for everyone involved. In the study conducted by Glasberg et al. (2007), 16% of the oncologists studied had emotional exhaustion, depersonalization and low personal fulfillment, symptoms compatible with moderate or severe levels of professional burnout syndrome or "Burnout" Syndrome. It is important to remember that scholars from different cultures give different definitions to mental health. As indicated by the World Health Organization - WHO, mental health is something more than the absence of mental disorders.

In an attempt to draw a parallel with the indications of Machado (1997) when he presented in his book "Doctors in Brazil: a portrait of reality", that 80% of physicians consider the activity exhausting due to overwork, low remuneration, poor working conditions, professional responsibility, area of expertise or specialty, doctor-patient relationship, charges and loss of autonomy. For Martins (1991), the monitoring of illness in human patients generates a great emotional burden for health professionals, due to the routine of care for terminal patients, in addition to the uncertainties and limitations of medical knowledge, counteracting the desire for certainties and guarantees of patients and family members. In view of this reality, it cannot be ignored that similar situations are happening with Veterinarians, especially veterinary oncologists. Thus, pretending that the problem does not exist can be another sign that the problem is bigger than it seems.

Satisfactorily and in a very positive way, a perception of comfort in difficult moments or lost battles appeared in the narratives of the Veterinarians. Although the concern with the health status and well-being of patients is unanimous, Veterinarians find encouragement in the relationships established with the owners, as explained below in Table 9.

Table 9 - Partial description of the answers to the guiding question 3, part 5.

Identification	Answer
MV-1	"I like to mess with this emotional aspect with the owner, he ends up becoming friends, he created a strong bond in the final stage of the dog and we follow it, this part is very beautiful. [...] To have helped people by helping dogs."
MV-2	"In oncology you end up creating a very strong bond not only with the dog, but with the owner. They became friends of his. [...] This is another kind of satisfaction."
MV-3	"We get used to helping the owner psychologically, we have an influence on that too."

MV-4	"These situations give me the strength to keep doing better and better. [...] Most of the owners we live with, although most stay for a short time due to their dog's illness, they are always grateful for the quality of life that we can give to the dogs".
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As pointed out by Dóro et al. (2004) when working with cancer and its symbolic representation in the human being, "the pain of dying brings the awareness that the professional cannot always avoid the realization of the greatest fear, that is, the confirmation of death, not even the one that illusorily belongs to him". Faced with this reality, the same author highlights in his work that the professionals studied also manifested an attention "of valuing life and changing values, due to the need to bring humanization to a context that requires care that goes beyond scientific knowledge".

Again, taking into account a research on the therapeutic relationship between human doctor and patient, Gabriel and Goto (2015) indicate that this relationship has been built throughout history as a relationship of friendship, always linked to the meanings and attributions about friendship itself, as well as its implications in therapeutic relationships.

In this way, it is possible to infer that the desired single health also involves the evaluation of our professional actions in relation to customers, animals and the environment, but also in relation to our own health and well-being. In this equation, the human relationships that will inevitably be built with our clients and patients are an important way to find satisfaction, professional and personal fulfillment, as well as feelings of accomplishment.

## CONCLUSION

Immediately, it is necessary to remember that this research is exploratory in nature, that is, it is not intended to establish definitive conclusions, but to point out behaviors and events of interest in veterinary clinic, especially in the specialty of oncology.

This research evidenced the need to invest in training for the communication of difficult news between veterinarians and owners of dogs with cancer, emphasizing that this task is difficult to be accomplished, due to the lack of preparation of these professionals to deal with the subjective aspects that involve this process, for example, the suffering manifested by the owner and the professional, in addition to concerns with the well-being of patients – dogs. In this way, it is suggested that protocols be developed for the communication of difficult news, such as terminal diseases, in addition to encouraging this area of knowledge to be worked on in a multi and interdisciplinary way in undergraduate,

residency and graduate studies in Veterinary Medicine. Within the communication process, it is considered essential to evaluate the promises of treatment and take into account the health conditions of the animal along with the financial conditions of the owners. It is also important to remember that compassion, competence, trust, awareness and commitment should not be hierarchical.

Equally important is to dedicate time and attention to the psychological health of Veterinary Oncologists, giving professional and personal support to learn how to better deal with the impotence of losing their patients to cancer.

For health professionals, including veterinarians, it is expected to contribute to the possibility of expanding their knowledge and reevaluating their therapeutic choices and orientations, taking into account the needs and preferences of dogs and not only the interests of their clients or their own interests. Animals are expected to improve their quality of life, help establish ethical relationships, promoting an environment capable of providing more health and well-being to all involved, especially the animal itself, the family and health professionals.

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