Barks ‘n Bytes 2019 Articles (VDA South Africa)

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Ivermectin Toxicity – A Cautionary Tale

(Article 536)

It is practice policy in Dr A's practice to deworm pregnant bitches prior to whelping. Dr A is experienced in breeding and is located in an area renowned for its resistant worm population. Dr A's experience is that doramectin is an effective dewormer, and that the health benefits (in treating morbidity and in preventing mortality from verminosis) outweighs the risks of side-effects.

Mr X had presented his dog for a checkup and she was confirmed to be pregnant. Dr B, who was a new graduate and an assistant at Dr A's practice, gave instructions in the clinical notes for the practice nurse to administer an injection of doramectin to the dog. Unfortunately, this is where it all went wrong, as Dr A later conceded that, while doramectin was routinely given, little thought had been applied in this case to the breed of the dog – an Australian Shepherd. The possibility of this dog having the mutation on the MDR-1 gene is quite common with herding-dog breeds. Also, no one had thought to adjust the routinely given dose of the doramectin – which was administered at 1mg per kg, instead of following the common school of thought; starting the dose at 0.1-0.2mg/kg (100 to 200µg/kg) and then observing the patient for any ill-effects.

Just over a day later the dog began showing tremors and was treated symptomatically at Dr A's practice. When her condition worsened, she was transferred to another veterinary practice that had 24 hour monitoring. However, she aborted her foetuses, her condition deteriorated further, and the owner eventually chose to euthanize her.

The body was submitted for post-mortem examination to the local veterinary school.

MDR-1 Gene

The dog was diagnosed as having the MDR-1 gene. However, according to the autopsy report, it is not possible to conclude that Fluffy suffered toxicity simply because she had the MDR-1 gene. The point being that not all Australian Shepherds have the MDR-1 gene, and even those that do don't all suffer toxicity when given Ivermectin.

Mr X

Mr X wrote to Dr A expressing his grievances and demanding compensation of more than $45 000. This demand was transparently opportunistic, given that a bitch and litter of pups with no breeding value has a low to zero market value.

VDA comments

One of the reasons for writing this article is to highlight the MDR-1 gene mutation and toxicity of ivermectins, because it appears that this issue is not as well-known as it ought to be. There are at least three professionals in this story that could have stopped the injection or decided to follow a different path in managing this pregnant bitch's verminosis issue. While the VDA was willing to settle the medical

bills and offer reasonable compensation for the loss of the bitch and puppies, the VDA was not prepared to be exploited.

Having said this, the VDA is acutely aware that, while the MDR-1 to ivermectin toxicity link is well accepted in the veterinary world, many well-accepted theories are proven wrong in time. As one specialist the VDA consulted put the matter: "About half of the theories that I was taught at university have been debunked". It reminds us of the condition the VDA has named ITENS, the real cause of most of the "burn" cases that occur following the use of electric or microwave heating pads on animals during surgery or anesthetic recovery. Whereas the rest of the veterinary world seems to still believe these to be thermal burn cases, the VDA has proved that they are not. And whereas liability would follow if the cause had been due to the negligent use of heating pads, there is no liability in the case of ITENS. The VDA suspects that the MDR-1 gene theory might go the same way. It seems too simplistic that a mutant gene = ivermectin toxicity, especially considering that not all dogs that carry the mutant gene develop ivermectin toxicity.

Which brings us to another issue highlighted in this story – who is professionally responsible: obviously the two veterinarians are the peak professionals who bear overall responsibility – but the nurse read the clinical notes and administered the injection. The point is that many boards are registering nurses as professionals in their own right and holding them professionally liable for their conduct. Therefore, nurses need their own professional protection.

Another important point is that the doramectin was used off-label (in Dr A's practice) as it is not registered for use in dogs. A VDA Informed Consent to treatment form was not used in this case, nor was the VDA Off-Label Use form used when the doramectin was injected. Therefore, none of these protections offered in law are available to this veterinarian and his practice. While they may not necessarily absolve liability, these protections facilitate negotiating a fair and reasonable settlement.

The vast majority of animal owners do not understand that an adverse outcome is not proof, per se, of negligence. The ADR process that the VDA offers is a useful tool to explain to a pet owner what the law requires they must prove in order to be entitled to recompense, and provides them with information specific to their case in simple, written form that they can read and re-read, digest and consider. This process is often complete on provision of a single explanatory letter, but sometimes the pet owner will have more information to provide, or questions that they seek answers to, and so the explanation occurs over the space of multiple letters. The VDA will write as many letters as is necessary to either be comfortable that the pet owner is indeed entitled to some sort of recourse (following which we can assist with negotiating a suitable settlement), or be comfortable that the pet owner is not entitled to recompense, in which case we will defend as necessary.

<u>"Pet Abandonment" newsletter - comment:</u>

Regarding the following VDA Advice excerpt from our "Pet Abandonment" newsletter, No. 178:

"Include a pet abandonment clause in the Informed Consent to Treatment form; for example: In case of abandonment of an animal, the hospital will dispose of it as deemed best. After expiration of xxx days

from notification, at the address given, if there is a failure to remove the animal, the same shall be considered abandoned", one of our Consultants would like to add a word of caution.

He says:

"From a psychological standpoint, if a person is faced with this abandonment clause right at the start of the relationship and procedure, it may either give them the idea to abandon and cause you financial loss; or worse, put their back up so much at the idea that they may abandon their beloved fur-baby that they may not proceed, and they may go elsewhere.

I think a far better protocol is to make sure you have valid contact details, including their email address.

Then if they [do] abandon [their pet], you can then send this wording. [The Abandonment Clause].

Abandonment is quite rare. And the law accepts this procedure in this rare occurrence".

If you are considering using the Abandonment clause on your forms, you are welcome to contact one of the VDA Consultants to discuss if this is the right decision for you.

VDA festive season closing dates

Dear VDA member,

The VDA will be closing for the festive season from 25 December 2019 to 1 January 2020.

Please take note that members are still welcome to send urgent messages during that short period via the info address (info@vetdefenceco.com), or to leave a message on our phone system, which will be attended to as soon as a Consultant is available to assist. We do have Consultants on standby, but their response may be slightly delayed.

Warm Regards and Season's greetings,

The VDA team.

Good News

We are so happy when we have a good outcome for a member, and even more so when they respond like this!

"Thank you all so very much for all of your help. You have been truly excellent and I cannot thank you enough for what you have done for me.

You have been perfect through a time of such particular stress. I really cannot express my gratitude enough.
Thank you from the bottom of my heart."

Thank you, Dr X, for your kind remarks.

Published 2019-12-05

Pet Abandonment

(Article 535)

Pets being abandoned at a veterinary practice is a common problem. The veterinarian gets stuck with an animal at their practice, taking up space and resources, all the while not being paid. Presenting a pet for treatment and then refusing to pay is fraudulent and places veterinarians in an invidious and unenviable position, since they are naturally empathetic to the animal's plight but still have to maintain a businesslike approach.

In the past couple of weeks the VDA has had to assist in two cases of abandonment.

Case History 1:
Dr A contacted the VDA to address the issue of a young dog with a fractured tibia that appeared to being abandoned at his practice. The owner, Mr X, had been told that the account for treatment would need to be settled at the time of discharge of the animal. After the treatment, Mr X stated that if he had known how much the surgery and treatment would have cost, he would have requested euthanasia instead.

Dr A assured the VDA that he had been crystal clear when explaining the costs to Mr X at the time the dog had been admitted. Dr A further explained that he regularly followed the VDA's advised policy regarding taking a full deposit from new clients; however this client had re-presented his dog and the staff member who had admitted the dog had overlooked taking the deposit.

Five days later, after a protracted silence, Mr X's mother contacted the hospital and offered to pay a portion of the fees owed and to collect the dog. This added insult to injury, as Dr A was now placed in the position of being forced to heavily discount his work, as well as having to pay the costs of boarding and treating the dog for the time it has been left at the hospital, or risk being dumped with the animal!

Case History 2:
Dr B has had a deceased canine in her freezer for three months. She has had trouble contacting the owners, who made her life difficult by giving her three different names in their contact details. The owners were eventually traced and they requested that their dog be cremated - but they have not yet paid the cremation fee or arrived to collect the ashes, and since have not responded to any communication.

Why are animals abandoned at the vet?
There are a few circumstances in which animals get left at a veterinary practice, for example:
+The owner becomes unreachable
+The owner cannot, or refuses to, pay
+The animal has died and the owner does not wish to pay for expenses
+The animal is presented by a "friend" or "family member" who assures the practice staff that the owner will be in to settle the bill and collect their pet; but this does not happen.

From a **legal standpoint**, a pet is an "object", owned by a person - similar to a piece of furniture or a motor car. The veterinarian's legal remedy is then to withhold the animal until the owner pays the account. This is known as a "lien". In the same way that a repair shop can hold a lien (garageman's lien in some jurisdictions) over a car that has been serviced or repaired for unpaid bills, then sell or dispose of the car if the debt is not settled after a certain period has elapsed, so can a veterinarian withhold release of the animal and then "sell" or dispose of the animal after a certain period for unpaid bills. This period varies by jurisdiction; please contact the VDA for specific advice for your jurisdiction.

Although there may be differences in the enforcement of the lien laws, the general rule is that if the debt is not paid within 5-28 days of giving proper notice to the owner, the veterinarian or caregiver may sell the animal, or, in some cases, euthanize the animal or turn it over to a humane society. In most states or countries, a lien attaches once the debt becomes due.

The VDA recommends

Take deposits equal to the estimated cost of treatment before the animal is admitted, most especially when dealing with first-time clients. It takes a lot of effort to install this protocol - but as one of the VDA staff, the owner of a 24/7 veterinary emergency centre, found - if he had not put such a protocol in place, he would soon have gone insolvent.

If there is an early indication that the pet owner cannot or will not pay for services rendered, the alternative is to immediately refer the client to a welfare society. However, should the pet require emergency treatment, you are obliged by your ethical rules to render emergency treatment before referral to a welfare society. If the client has no money at all, then you must offer pain relief as a minimum and offer euthanasia as an alternative.

Include a pet abandonment clause in the Informed Consent to Treatment form; for example: I*n case of abandonment of an animal, the hospital will dispose of it as deemed best. After expiration of xxx days from notification, at the address given, if there is a failure to remove the animal, the same shall be considered abandoned.*

If an owner has stated that they no longer want the animal, you may attempt to get the owner to sign a release, relinquishing ownership and possession to you. It is unlikely that you will get them to do this, so the next best thing would be to communicate with them a date by which the animal needs to be collected; otherwise they transfer rights, ownership and possession to your practice, as well as any outstanding fees which may be handed over for debt collection.

If a client states that they can't pay the full fee, then consider making them sign an agreement that they are indebted to you, and hand them back their dog. Then if they don't pay, one option is to sue them in the local small claims court. For a full explanation of how to go about a small claims court application, contact your local VDA Consultant.

You are in a void if a client doesn't pay for a dog to be cremated, because they may not be considered,

legally, to have abandoned the dog. Until they do, and you are sure of this, you can't actually dispose of the remains.

You may claim for disposal fees for an abandoned body. Consider charging for all costs involved, as you may later be able to write this off against your taxable income. Your accountant will be able to give you more specific advice.

Communication must take place by any and all means possible, such as registered letter, sms, and email (and remember to keep a copy, as proof of attempting to contact the owner).

You then have the option of banning the client from your practice, in order to prevent future problems.

One must always keep in mind that up to 50% of owners suffer from mental illness, and to be wary of their responses. Over the years we have had members assaulted, punched in the jaw, and even being shot at. There are very real safety issues for the veterinarian and staff when clients become unhinged over their pets.

Please contact the VDA as soon as you think you may have an abandoned pet so we can help you manage the situation without delay.

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Developing Coping Skills

(Article 534)

This article is a follow on from the previous article “Mental health concern- when should we worry?”

Veterinary medicine is an incredibly stressful occupation, where professional people have to face more than their fair share of traumatic events. With recent revelations of high suicide rates in veterinarians, we need to address possible preventative methods.

Veterinarian Dr Sara White from Vermont, did a study on Veterinarians’ Emotional Reactions and Coping Strategies for Adverse Events in Spay-Neuter Surgical Practice (published in 2018), explains, “*Successfully coping with adverse events is important not just for the mental health and peace of mind of individual vets, but for their future patients as well*.”

Our physical and psychological well-being is largely determined by our strengths and resources for coping. In the Western world, coping is seen as an ability to push through and to keep going at all costs - but what if this understanding needs revision? What if coping is actually about being honest with yourself and those closest to you about how you feel and what you need? What if it meant knowing when to say “no” and actually being able to follow through with the relevant actions? What if it meant slowing down and reworking your expectations, and being “mindful”?

Recent psychological studies have confirmed that the ability to cope and be more resilient can be learned. Coping skills are the daily strategies that we use to manage both positive and negative external situations and are essential to building a healthy and sustainable lifestyle. Spending the necessary time developing coping strengths has the ability to change your brain function and structure so that it responds more easily with helpful strategies, rather than stressing out and shutting down.

Attempting to develop coping skills involves finding healthy ways to navigate through problems instead of giving in to them, and developing a healthier lifestyle overall in order to fuel growth and a positive outlook.

It has been observed that some veterinarians are not able to recover from the trauma associated with their jobs, while others are able to transform incidents into learning experiences and opportunities for growth. Veterinarians who cope most effectively are those who are able to talk openly with colleagues about incidents and who place loss or negativity into perspective.

<u>How to improve coping skills and build resilience</u>

Problem solve: Trying to work out what you need to do now to get over what has happened to you. Simply thinking about the practical steps required to solve difficult situations or perhaps finding a support group are constructive problem solving techniques. A key factor here is the ability to problem solve under pressure without falling to pieces.

Keep calm: Regulate emotions by staying calm and clearing your head, rather than reacting violently with tears, anger or fear. Just the awareness (mindfulness) of attempting to be in a state of calm will prove to be a massive help and over time, and with practise, this becomes easier. Using relaxed breathing helps to control anxiety (breathe deeply through the nose and slowly exhale from your belly through your mouth). Practicing physical relaxation techniques can assist a calm mental approach; for example, yoga and light exercise.

Remember, it is your life: There is no need to behave a certain way because our history dictates this - such as coming from an alcoholic family or from poverty. Once we are aware that this is our life to live, we come into a sense of power, where we are in charge of our actions.

Be proud of surviving: When something bad happens, look back and try to find things about what you did or how you responded that you can be proud of. Find your strengths in situations where you could have been weak and build your self-esteem from them.

Develop insight: The ability to ask questions and give honest feedback assists in bouncing back faster. We can ask questions about what happened, the effects it had, how other people reacted, your feelings on this, and other contributing factors.

Use humor: Joking and using humor has the ability to make worries disappear. Be careful to use this technique at appropriate times.

Be realistic, not dramatic: A common mistake is to focus on the worst possibility which creates unnecessary stress and anxiety. A solution is to look at both the best and worst in a situation and create a middle ground (realistic) option. Stop the negative and dramatic thinking as early as possible.

Get support: The most resilient people tend to have a strong family (and friend) support system and they openly seek and receive help from others when they need it. It is also rewarding to be the person who gives support. Learning through the mistakes and situations that others go through, and being able to provide emotional relief is a character-building process. The ability to talk about our problems and open up is incredibly difficult for most people at first; however, learning to use vulnerability as a means to become stronger is a great tool and becomes easier the more it is done.

Don't look for blame: People may make the mistake of blaming themselves and thinking that what has gone wrong was their fault. Others make the mistake of blaming everything that goes wrong on somebody else. Resilient people don’t blame themselves or others for everything that goes wrong; instead they take responsibility for their own part in it. The simplest way to accomplish this is by asking questions, such as how others may have contributed to the problem, and alternatively how you may have contributed to the problem.

Perseverance: The ability to keep going and keep trying to achieve your goals is a skill that can be learnt. People who persevere are more likely to succeed. Failure only happens when you give up.

Flexibility: In a rapidly changing world where we are faced with different challenges on a daily basis, we need to have more than one coping strategy under our belts.

Self efficacy: This is one of the personal qualities that help the most when handling change and is defined as: The beliefs that we have about our abilities will affect our actual outcomes. Or, as Henry Ford said, “If you think you can do a thing or think you can’t do a thing, you’re right”.

Do something to help yourself!

The most important part of coping and being resilient is taking action. Whether it is in unseen ways, such as being mindful and asking questions, or by physical means such as writing down what has happened, or doing yoga.

Developing coping skills is not an easy or quick process; however, the resources spent are well worth the rewards to be gained.

Please contact the VDA should you have any questions or need guidance.

Suicide is a very serious problem in the veterinary world. Please inform the VDA or a mental health practitioner if you have any concerns regarding work colleagues or if you are having suicidal thoughts.

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Mental health concern- when should we worry?

(Article 533)

This article is written by Kylie Smit, a new addition to the VDA team. Kylie has a BA Psychology degree, a BA (Hons) degree in psychology and is currently undertaking counselling courses. She is particularly interested in the mental health and the reasons for high suicide rates in veterinarians.

Nowadays, mental health issues are being addressed more tenaciously. The VDA has been focussed on mental health in veterinarians, as well as in the mental health of veterinary clients, for many years, long before this became a "trend". We, as veterinarians, need to take special heed, since we are more at risk than most other professions, of suffering mental health concerns. Poor mental health is closely associated with the stresses of professional life, such as excessive work hours, poor work-life balance and student/other debt. Practice owners and chief veterinarians need to look out, not only for themselves, but for staff members as well.

What Is Mental Health?

Mental health encompasses our emotional, psychological, and social well-being and affects how we think, feel, act, handle stress, relate to others, and make choices.

Contributing factors include:

*Biological factors, such as genes or brain chemistry and personality
*Life experiences, such as trauma or abuse
*Family history of mental health problems

Mental health problems are common and may be overwhelming, but the good news is that people with mental health problems can recover completely.

Mental health as a Concern in the Veterinary Profession

"V*eterinarians today cope with a physically and emotionally demanding occupation that is undergoing changes, from increased competition to the declining ability of clients to pay for veterinary care. Moreover, veterinarians often find themselves giving up the things that improve wellbeing and provide a healthy balance in life, such as family, friends and time for self-care*"- Jen Brandt, American Veterinary Medical Association director of wellbeing and diversity initiatives.

As vets, we spend our working days caring for others. But who cares for you? Your mental and physical well-being depends on your ability to care for yourself in addition to your patients. You are the one who has to prioritize your own care because if you are not taking care of your wellbeing, your ability to care for your patients and your loved ones will be affected. Hence, this is an ethical responsibility.

A 2018 AVMA/Merck Animal Health study found the following:

- *Only 27% of younger vets (below 45 years old) would endorse the profession to others. This is shocking as this is the future of the veterinary world.
  1 in 20 vets are suffering from serious psychological distress. Again, younger vets (more often, female vets) struggle the most here and are impacted more by the financial and emotional stresses of professional veterinary life, compared to older male vets. Depression, burnout and anxiety are the most frequently reported conditions.
- *High student debt was the top concern voiced by US vets, with 67% rating it as a critically important issue. In 2017, the average veterinary student graduated with debt more than twice the annual average starting salary for a vet, creating a significant financial strain on new vets. Other serious issues facing young vets are stress levels (reported by 53%) and suicides rates or ideation. Worryingly, only half of the vets who indicated serious psychological distress are seeking help.
- *6.8% of males and 10.9% of females in the vet profession have a serious mental illness and have suffered from feelings of hopelessness and worthlessness since graduation from vet school. This statistic equates to vet males having twice the prevalence and vet females having three times the prevalence compared to those in other professions.
- *24.5% of males and 36.7% of females in veterinary medicine have experienced depressive episodes since leaving veterinary school.
  14.4% of males and 19.1% of females in the veterinary profession have considered suicide since leaving veterinary school. This is three times more than other professions.
- *The three primary stressors identified are the demands of veterinary practice; veterinary practice management responsibilities; and professional mistakes and client complaints.

But why does the veterinary profession have such a high rate of mental health problems - particularly suicide, or suicidal ideation?

Dealing with death: Vets deal with the death of their patients frequently and often on a daily basis; sometimes they may be involved in multiple euthanasia procedures in a single day. This is taxing for people who love animals and are in a healing profession; however, there are the even more psychologically devastating “convenience euthanasias” where the needs of the client outweigh the well-being of the patient. This can be traumatizing for a vet.

Unfamiliarity with failure: Vets tend to be a success-driven group. They are high achievers and succeed at all they endeavor. New veterinary school graduates encounter many new situations that they could perceive as failure including: angry clients, difficulties with coworkers, clients devastated because of the loss of a beloved pet, and medical or surgical blunders that result in negative consequences.

Financial factors: Following graduation, vets are unable to pay their bills despite working long hours. The ratio of debt to income for the average new vet is roughly double that of M.D.s. Competition can be fierce, especially in locations where there are multiple vet clinics in an area.

Work-related stressors: Vets tend to work hours in excess of what is considered “full time hours”. It can be difficult for vets to find the time for a successful work- life balance such as family time, a healthy diet,

regular exercise, a social network, and recreational activities. Other work-related stressors include: conflicts with coworkers, inadequate professional support, after-hours on-call duties, unrealistic client expectations, concerns about the possibility of client complaints and litigation, negative social media reviews, and lack of adequate training in client communication.

Stigma of mental illness: There is a stigma surrounding mental illness which is problematic for vets who identify with the role of "helper" rather than the role of being one in need of help. Vets experiencing mental health distress may avoid seeking help because they fear negative career ramifications.

Access to drugs: Vets have ready access to drugs that can cause severe harm and even kill. These provide the means for suicide, and it may mean that attempted suicides are more likely to result in death.

Suicide contagion: Refers to increased vulnerability as a result of the suicidal behavior of others. Perhaps this is a contributing factor to the increased risk amongst veterinarians.

What should we do?
It is critical that we address mental health in vets. We can no longer afford to ignore the steadily climbing rates of mental health problems and the associated ramifications.

Education about risk factors for mental health and substance abuse as well as stress management are vital. Some veterinary schools are now incorporating mental health education and discussion into their curricula.

We should be encouraging vets to intervene should they sense a colleague's distress rather than ignore the symptoms. Mental illness is NOT a weakness that should be stifled or overcome. It's a real medical condition that must be treated.

Self-reflection is a great aid in remembering where we are and what we need to start and/or continue doing. This is an activity that should be done every day as a matter of habit.

Wellbeing is a choice that requires prioritization and accountability. Being aware of your wellbeing and recognizing that there are things you can do to improve it, are the first steps in taking ownership of your mental and emotional health. Wellbeing isn't a single measure of health; rather it is composed of nine dimensions that touch upon every aspect of our life, working together, and collaboratively contributing to our overall wellbeing (when one area is lacking, the others will also be impacted):

- *Occupational - Being engaged in work that gives you personal satisfaction, and aligns with your values, goals, and lifestyle
- *Intellectual – Learning new things; Participating in activities that foster critical thinking and expand your worldviews
- *Spiritual - Having a sense of inner harmony and balance

- *Social - Surrounding yourself with a network of support built on mutual trust, respect, and compassion
- *Emotional - Being able to identify and manage your full range of emotions, and seeking help when necessary
- *Physical – Taking care of your body e.g., getting enough sleep, eating a well-balanced diet, exercising regularly, etc.
- *Financial - Being aware of your personal finances and adhering to a budget that enables you to meet your financial goals
- *Creative - Participating in diverse cultural and artistic experiences
- *Environmental - Taking an active role in preserving, protecting and improving the environment.

In each area, assess where you are currently, and decide if you are satisfied with how you are doing. You can then identify areas to target for improvement. Don't forget to continue nurturing the areas where you're already doing well.

Positive mental health is clearly the state we would all like to be in, at all times. The ways to maintain positive mental health include: getting professional help when and if you need it; connecting with others; staying positive; getting physically active; helping others; getting enough sleep; and developing coping skills.

Look out for a future article focusing on developing coping skills.

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Vets Treating Stolen Property

(Article 532)

Dr A, a VDA member and practitioner in a small town, contacted the VDA for advice and guidance regarding a sticky situation in which one of her clients, Mrs X – acting as the local rescue group - had "saved" an injured dog by taking it to Dr A. Dr A was uncertain as to who was responsible for the dog and its well-being and who should act for it.

The dog had been 'confiscated' from the owner's property by Mrs X. The dog was suffering from wounds and hindquarter paralysis. He had clearly been left this way for some time as the injuries were old.

Mrs X subsequently admitted to Dr A that the dog had been removed without the owner's consent. In her haste to provide care to the animal, Dr A had omitted to 'drill down' with Mrs X to establish the circumstances that had led to this dog being presented to her. Dr A was in a serious predicament as, while the dog needed urgent care, she was treating a dog that had effectively been stolen. Dr A had provided pain relief and supportive care but, in her opinion, the dog should be euthanized as he had no voluntary control over urination and defecation and there was no sign of this improving. Mrs X wished for the dog to be taken to a specialist instead. Of course, Dr A had no idea what the owner's intentions were. Dr A was reluctant to saddle the specialists with the same predicament as Mrs X had placed her in and declined.

At this point, Dr A contacted the VDA for assistance, where she was advised to hand the dog over to the RSPCA. By doing so, she would be transferring the dog to an establishment that could lawfully make the decision to provide veterinary care or to euthanize the dog. It also provided her with a reasonable defence in the event that she was sued or one of the parties involved filed a veterinary board complaint against her. In terms of animal protection law, the RSPCA has the authority to investigate, uncover, and hand over for prosecution any cases of animal cruelty.

Underlying the situation was the fact that there was no branch of the RSPCA or any other recognised welfare organisation in the area, and the RSPCA had previously refused to drive the distance required to collect strays and injured animals in Dr A's town. Mrs X was a long-standing client of Dr A's practice, and in the absence of a recognised welfare organisation in the area, had done good work in the past for animals in need. Furthermore, she represented substantial financial income for Dr A's practice. On the other hand, Mrs X had been a constant strain on Dr A, as Mrs X regularly tried to push Dr A into compromising her ethics, as well as her boundaries. And Dr A was understandably frustrated with Mrs X for having landed her in the current situation.

On further enquiry, Dr A discovered that the Department of Agriculture and Fisheries in her state acted on certain occasions for the RSPCA, depending on the case and the location. Dr A contacted the department, but was advised that they "could not touch" this dog. They also advised her that, legally, the dog was now her property and her responsibility as it was in her care - "the same as if she had

picked the dog up off the side of the road". The representative told Dr A that his "legal advice" was to "call the police and tell them that she was in possession of what she believed to be stolen property". This advice was of course, completely wrong and misleading and prejudicial to Dr A. It appears that the department's 'legal expert' had no qualifications or legal knowledge.

Dr A contacted the RSPCA and was initially told that the RSPCA could not touch the dog and that the dog now belonged to Dr A because she "had taken delivery of it". More wrong legal advice.

In the meantime, Mrs X had reported the owner of the dog to the same government department as well as to the local town council, as he apparently had a large number of dogs in poor condition. It seemed to escape Mrs X that by doing so, she had effectively provided the owner with proof that she had entered his property illegally and had unlawfully dispossessed him of his animal.

Dr A then discovered that the Department for Agriculture and Fisheries had been attempting to get the owner to sign over ownership of the injured dog to Dr A - without Dr A's knowledge or consent.

The VDA advised Dr A of the potential implications and to persist with the RSPCA in order to get this animal out of her clinic. Mrs X, the local council and the Agriculture Department were all acting illegally outside of their jurisdiction and powers, and were trying to foist the liability on Dr A, thereby setting up Dr A for a fall. The greatest risk for her was a veterinary board complaint. Veterinary boards are often grossly incompetent when it comes to applying veterinary law and ethics, and Dr A would not be the first vet to find herself convicted by her state veterinary board for professional misconduct in such circumstances.

Furthermore, Dr A had no idea whether the actions of Mrs X and the authorities against the owner had been fair and proper. The owner has the right to take legal action against them, including Dr A. And, compared to the State department and the local council, Dr A was the softest target. It could have landed Dr A in a protracted legal process (which could stretch for years) in which she would be put at risk and would have to fight for her integrity and her rights. The VDA reminded Dr A that as a private veterinarian, she did not have the rights and powers of a welfare organisation. The VDA urged Dr A to get the dog away to a recognised welfare organisation as soon as possible. Dr A eventually got the RSPCA to take the dog away. The dog was subsequently euthanized at the RSPCA.

Predictably Mrs X took great offence at Dr A's actions, despite Dr A explaining the situation to her. Mrs X shared with social media how Dr A had "condemned this dog to death", and made further threats regarding legal action that she planned to take against Dr A.

The VDA's comments

A similar case springs to mind: a Veterinary Surgeons' Board prosecuted a vet because he didn't hold on to a stray dog for "long enough" according to the owner - and to the VSB. The vet held onto the stray animal (which had been brought into his clinic by a good Samaritan) for 5 days, then sent it off to the RSPCA, who subsequently euthanized it. This vet had nothing to do with the decision to euthanize the dog. The owners appeared at his practice three weeks later, looking for their dog. These people were not even clients of his - he had never seen the owners or the dog before. And yet, they felt the sorry

incident worthy of complaining about to the VSB, and the VSB found the complaint substantial enough to prosecute the vet! After a long and gruelling veterinary board hearing, the vet was reluctantly exonerated, but not after some bizarre and inappropriate cross-examination by the veterinary board members, who were clearly looking for any excuse to convict him. The vet walked out of the hearing vowing to never allow another stray animal into his clinic. Hardly in the best interests of animal welfare or the public, but then veterinary boards are often the profession's and the public's and the animal's worst enemies.

If a pet is brought to you for treatment and you are made aware that it has been taken/ confiscated from the rightful owner, the VDA recommends getting the animal out of your clinic with great haste. Until someone with the correct authority takes the liability away from you, you stay in the firing line. The owner has the right to challenge you (and even the authorities) in legal proceedings, which might mean that you potentially get stuck with the animal for years, while the parties battle it out in court. You might be obliged to keep the animal locked up in your clinic's kennels, unable to home or dispose of the animal. An even bigger nightmare if the animal is permanently disabled, like this paralysed dog. There is no incentive for the parties to come to your rescue, as the owner is getting free treatment and the lawyers are making more money by prolonging the legal process.

The problem for the vet in this situation is that you are neither the lawful possessor, not the lawful owner. You may not even be the lawful custodian. You may legally be in 'no-man's land' and the longer the dog stays with you, the more your situation is compounded. It is potentially a very deep hole for you; in particular if any of the parties files a veterinary board complaint against you.

You are not a welfare organization. You do not have the rights and powers of a welfare organization. And you cannot collect donations from the public to cover your costs, like the welfare organisations can. This is even more relevant when the animal needs intensive care, like this dog did.

There is no way that possession equates with lawful ownership. When a dog is dumped on you, you are at best only the "lien holder", in which you can try to sue for reimbursement of your costs. And in reality, that almost never works out in the vet's favour.

The only time you can become the (limited) owner is if the current lawful owner expressly relinquishes ownership to you. Animals are seen in law as property, and your rights to recoup your expenses follows the law on, for example, the 'garage-owners lien' which prescribes a specific legal process for a garage owner to gain a form of ownership of a car for which the repairs have not been paid, to be able to sell the car to recoup his expenses. The problem being that cars have market value, whereas animals, especially injured animals, often have no market value. But even then, the idea of selling an animal for money to cover expenses is a minefield.

As a vet, there are immediate implications as well as future implications for you in a situation such as this. The immediate issue is what to do with this pet; the future issue is what do you do when the next pet is dumped on you?

Each situation is different, so it is imperative that you contact the VDA for advice and guidance the moment that you realise that something is not right with a situation. The only safe situation is where you are in a proper, conventional three-way relationship with vet-owner-animal. The moment that one of these components are not conventional and proper, your risk rapidly escalates.

In other words, you are only on reasonably safe ground when the owner personally presents their animal (that they lawfully own) to you at your clinic, signs the VDA's informed consent to treatment form and agrees to pay your fees. You can greatly decrease your risk by taking deposits equal to the expected cost of treatment before admitting an animal to hospital for treatment. But anything outside of the conventional three-way relationship is a potential threat to your livelihood and life as a veterinarian.

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Resilience - Finding your Confidence as a Vet

(Article 531)

Resilience has recently become a buzzword in many areas, including veterinary practice. Finding the strength to keep going during trials and tribulations is a trait that some people seem to ooze, whilst others continually struggle to overcome setbacks.

Thomas Edison was famously quoted as saying, “I have not failed. I've just found 10,000 ways that won't work”.

He made thousands of prototypes of the incandescent light bulb before he finally succeeded. He and his workers were awarded more than 1,000 other patents; hence, it's easy to imagine that he must have failed with some endeavors on a daily basis. But in spite of this, he never let it get the best of him. His staying power - his resilience - gave us some of the most world-changing inventions of the early 20th century.

What is resilience?

Resilience, as defined by The American Psychological Association, is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors.

Resilient people don't stumble or dwell on failures; they acknowledge the situation, learn from their mistakes, and then move forward. According to the research of psychologist, Susan Kobasa, there are three elements that are essential to resilience:

*Challenge – Resilient people view a difficulty as a challenge instead of as a paralyzing event. They are able to look at their failures and mistakes as lessons to be learned from, and as opportunities for growth and don’t view them as a negative reflection on their abilities or self-worth.

*Commitment – Resilient people are committed to their goals and their lives, and they have a convincing reason to get out of bed in the morning. They commit to all areas of life: to their relationships, their friendships, the causes they care about, their work, and their religious or spiritual beliefs.

*Personal Control – Resilient people spend their resources focusing on situations and events that they have control over. They feel empowered and confident because they put their efforts where they can have the most impact, whereas those who spend time worrying about uncontrollable events can often feel misplaced, vulnerable, and powerless to take action.

Why is resilience important in veterinary practice?

Veterinarians are exposed to trauma, suffering, stress and long working hours on a daily basis. The ability to cope with all of these stressors is essential to survival in the veterinary workplace; otherwise the effects of chronic stress, frustration and disillusionment can have a detrimental effect on your career. A practical example is: you have to be able to do a pyometra surgery to the best of your abilities,

even though the day before you lost a patient during anesthesia because you failed to diagnose a heart condition.

The fact is that all of us are going to fail occasionally; it's an inevitable part of the job and of being human. We make mistakes. How we view adversity and stress strongly affects how likely we are to succeed. We need to have the courage to go after our dreams, despite the very real risk that we could fail. Being resilient means that when we do fail, we pick up, we have the strength to learn lessons, and we move on to bigger and better things. Resilience gives us the power to overcome setbacks.

As we have discussed before, veterinary surgeons face mental health struggles daily. Since resilience seems to play a significant role in mental health it is therefore a good quality to foster and nurture.

Dr C shared the following:

"I wear many different hats in the veterinary profession, including practice manager, consultant, educator, author, and lecturer. Specifically, educating about the well-being of veterinary professionals is a passion of mine, and I am thrilled to see that well-being issues have become somewhat of a "movement" within our profession.

Late last year, while working on multiple projects and preparing for significant work travel, I felt a suspicious lump in my throat area. As I teach veterinary team members about self-care, I took time out from my busy work schedule to visit my doctor. I suspected it would be nothing more than an infection.

After several weeks of diagnostics, I received the answer: a malignant tumor in the base of my tongue. I was in complete disbelief.

Treatment involved an aggressive 7-week course of radiation and chemotherapy. The love and support I received from friends, family, and colleagues was crucial. I took some of the advice I share with veterinary teams and learned to ask for help; I surrendered to the fact that I didn't have to do everything myself.

I successfully made it through all of my treatment and am now on the path to making a full recovery, thanks to the support of many people." (Ed: This quote has received minor editing for the sake of clarity in this article).

<u>What do resilient people do?</u>

There are no clear "recipes" to being resilient; however the following qualities are associated with resilience:

*Being realistic: By seeing the reality, you can prepare for it and when it's needed you already have the tools to go on.

*Believing in a deeper meaning: You can see how the situation brought you to where you are, and how it impacts you, and is fundamental to the person you want to be. It connects the hardships of the present with the possibilities of the future.

*Being resourceful: Seeing opportunities and possibilities, such as using a toy skateboard to allow an

amputated turtle to ‘walk’ around on 3 legs.
*Maintaining a positive outlook: Focusing resources on changing the things that you have control over.
*Goal-setting: Resilient people have solid goals, and a desire to achieve those goals.
*Empathy and compassion: Maintaining healthy relationships without bending to peer pressure.

Developing resilience

Previously, resilience was thought to be something that certain people are born with, however, it is now perceived as something that can be learnt. It is not an easy or immediate process; rather, it is a progression of creating small habits that you repeat. Much of this is to do with becoming more self-aware. You can learn to develop a resilient mindset and attitude. To do so, incorporate the following into your daily life:
*Meditation: Being present in the moment without judging yourself. This can be done at any moment of the day by observing how your body feels and what the voice inside your head says.
*Journaling: Try to develop the habit of journaling on a daily basis. There are many ways to do this, such as gratitude journals, bullet points, jotting down thoughts to clear your mind, word of the day, or mood journals.
*Recharge: If you don’t recharge properly, you will build up exhaustion and that will create room for other mental issues to creep up and develop.
*Look after yourself: Get enough sleep and exercise, and learn to manage stress. When you take care of your mind and body, you're better able to cope effectively with challenges in your life.
*Practice thought awareness: Resilient people don't let negative thoughts derail their efforts. Instead, they consistently practice positive thinking.
*Learn from your mistakes and failures: Every mistake has the ability to teach you something important; so look for the lesson in every situation.
*Choose your responses: We have a choice in how we respond whereby we can choose to react negatively or in a panic, or we can choose to remain calm and logical to find a solution.
*Maintain perspective: Although a situation or crisis may seem overwhelming in the moment, it may not make that much of an impact over the long-term. Try to avoid blowing events out of proportion.
*Set goals that are achievable and that will help with continuous forward momentum
*Build your self confidence: Resilient people are confident that they're going to succeed eventually, despite the setbacks that they might be facing.
*Develop strong relationships: People who have strong connections at work are more resistant to stress, and they're happier in their role. The more real friendships you develop, the more resilient you're going to be, because you have a strong support network to fall back on.
*Focus on being flexible: Resilient people understand that things change, and that carefully-made plans may occasionally need to be amended or scrapped.

Do you think this should be taught at university?

As veterinary work is a stressful environment, including long work hours, ethical dilemmas, and challenging interactions with clients, resilience is an important component of professional quality of life. While resilience in other health professionals has received attention, it has received little in the veterinary field. Fostering the qualities of mindfulness and self-compassion may assist with

strengthening veterinary student resilience. Importantly, if the factors that help veterinary students develop a capacity for resilience can be identified, intervention programs can be developed to educate future veterinary professionals with a high quality of life, both professional and personal.

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Telemedicine: Are Virtual Vets really the future?

(Article 530)

Many veterinarians are hesitant to give veterinary advice over the phone, never mind utilizing more modern techniques such as Skype to give a consultation. The hesitations are understandable but the veterinary world needs to keep up, so where do we draw the line with telemedicine?

Dr F has posted about an instance where she dealt with her mom as the client over the phone and misinterpreted the reported signs of an ill patient. Her mom lives a few hours away and (as it was a Sunday), called her daughter, a qualified veterinarian, to inquire about her cat. The cat had been fine the day before but now he was lying around, didn't want to eat or drink as much as normal, and was generally irritable. Dr F reasoned that the cat sounded well enough to leave under her mom's observation overnight. She recommended that her mom bring the cat in 24 hours later, when she would be at work.

Dr F knew her mom to be an intelligent, responsible cat owner. The problem is that her mother was not a veterinarian and could only report the symptoms that she could observe.

Unfortunately the cat had a severe urinary blockage. If he had been presented the night before, the veterinarian would have smelled the cat's breath for acidity and checked the bladder for distention. The next day, within one minute of physically seeing and touching the cat, Dr F knew what was wrong. A veterinarian trains for many years to learn how to interpret symptoms from animals and the "broken telephone" that happens when a pet owner attempts to read these symptoms and then explain them to a vet cannot possibly be a good substitute for a veterinarian's trained eye and searching hands. In most cases, the owner is not wrong; however, the story is incomplete.

Consider, too, that Dr F was communicating with her own mother, someone that she knows and understands well. What would happen when she is communicating with someone that she doesn't know?

And it is commonplace for a "healthy" animal (according to the owner) to be presented for something innocuous like a vaccination, where the physical examination reveals a health issue that the owner wasn't aware of. An obvious example is dental issues. A veterinarian knows that dental disease is linked to renal and cardiac disease. But it frequently occurs that a vet will lift the lip of an animal and find a rotten tooth, or even a mouthful of rotten teeth - and find the owner is oblivious of the trouble this may cause, or even oblivious that the pet has bad teeth! (There is an argument that teeth could be looked at via Skype, although many owners appear not capable of lifting their animal's lip or opening their mouths).

Dr L discussed telemedicine pros and cons with us, and she remarks that it is also not uncommon to

detect asymptomatic heart murmurs through a routine physical examination. She has even palpated abdominal tumors incidentally. Heart murmurs and abdominal tumors cannot be detected using telemedicine!

Although she has completed multiple communication courses and is well read in the area, Dr L still has a hesitant view on telemedicine. As she says, it is not uncommon for a pet owner to actually be unwilling to voice the real reason for booking a consultation and, without creating some sort of rapport (which is significantly easier to do face-to-face), the client may well leave the consultation without ever actually having voiced their concerns about their pet. (From the VDA's experience, many members will remark here that they are expected to be some sort of mind-reading magicians, where the general public is concerned)!

An example Dr L gave us of this issue occurred when she was working in Australia. A woman presented a large breed dog with a mass that she wanted checked. The owner was very intense and emotional and repeatedly said things like the dog was her 'absolute all', and that if anyone were to hurt her dog she would kill them, and that if anything were to happen to her dog she would die. The physical exam was unremarkable. Dr L examined the mass and provided options. At the end of the consult, as the client was literally exiting the room, she mentioned that the dog was exercised by a family member driving a quad bike which the dog would chase. Every now and again the dog, mid gallop, would just drop; then it would quickly get back on its feet and continue running. Dr L immediately thought of a heart problem. Even though Dr L had already questioned the owner about preventatives, and had been assured that the dog was current with them all, Dr L again questioned her about whether the dog had been treated with a heartworm preventative. This time, the owner admitted that it had been "a while" since she had actually given the dog heartworm pills. Dr L recommended testing the dog - and it came back heartworm positive!

Dr L feels certain that if this consultation had occurred electronically, the collapsing episodes and the neglecting to administer heartworm preventatives would never have come to light because this owner was so intense and so intent on telling the vet what a 'good' dog owner she was..... Communication is such a complex subject and even with video electronics, many important communication cues are lost.

The VDA feels…
"My opinion is that there is nothing like a face to face consultation and a hands-on physical exam" - Dr L

When dealing with an animal, it becomes the responsibility of the owner to speak for the animal, but in most instances this is not a true representation of what the animal is experiencing.

Other telemedicine disadvantages are
-that telemedicine software platforms require training and are expensive to purchase and maintain;
-interface companies will offer random consultants, which leads to a lack of integrity and continuity in the treatment of each patient and case;

-no physical examination - by far the most important aspect of any consultation of an animal; and,
-of course, the “broken telephone” aspect, as described in our opening example.

Using Telemedicine as a follow-up consultation may be reasonably effective, or for supplying a repeat prescription. Initial visits and in emergency situations, however, are required to be physical examinations, as these are the times when the vet can best assess what is wrong.

Further reading for the curious:

A History of Telemedicine
Telemedicine has long been a part of human medicine. About fifty years ago, in the United States, a few hospitals and university based medical centers began experimenting with telemedicine to reach patients in remote locations initially with radiologic waves via telephone. This progressed to a Teleradiology system and then to the transference of neurological examinations across a university campus via a two-way interactive television. By 1964, a telemedicine link had been built that allowed health services to be provided at a State Hospital that was 112 miles away from campus.

Telemedicine was originally developed to reach patients that live in rural areas. However, with the rapid changes in technology, it quickly became evident that there were many more possibilities, such as reaching urban populations with healthcare shortages as well as the ability to respond to medical emergencies by sharing medical consultations and patient health care records without delay. Over the last few decades, telemedicine has transformed into a complex integrated service used in hospitals, homes, private physician offices, and other healthcare facilities.

As technology advances at lightning speed, so telemedicine is increasingly becoming a tool for convenient health care. The patient today wants to spend less time in the waiting room and have immediate access to urgent medical care.

Veterinary Telemedicine
Veterinary telemedicine is not new. Phone calls, email, text messaging, instant messaging, picture messaging, video messaging and live video conferencing all constitute the concept of telemedicine. Most veterinarians already employ some of these tools. However, there is a distinct gap between what veterinarians offer and what clients “want”. This gap creates not only medical and ethical issues, but legal issues, too, with veterinarians being the ideal fall guys for clients who need to transfer guilt and confer blame over failed treatments.

The appropriate application of telemedicine can augment animal care by facilitating communication, diagnostics, treatments, client education and scheduling, among other tasks. Practitioners should comply with laws and regulations in the country or state within which they are licensed to practice veterinary medicine. Telemedicine may only be conducted within an existing Veterinarian-Client-Patient Relationship, with the exception of advice given in an emergency care situation until a patient can be seen by or transported to a veterinarian.

Veterinary medicine has the distinct advantage of being able to observe trends, discoveries and new methods of health care delivery in human health care, with relation to telemedicine.

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Euthanasia Gone Wrong - Guest article by Dr A

(Article 529)

Dr A has written an article for the VDA on a topic that she feels very strongly about. She wishes to pass the message on to others. We agree: depression and suicide are always most important and should always be at the forefront of our thoughts when listening to those who are 'having a tough day'.

We have all heard about veterinary suicide and the importance of looking after our mental health. When considering this, do practice owners give sufficient consideration to the impact that their actions may have on their staff and assistants? It is part of the extra burden that practice owners must carry; that they should be extra sensitive to the signs of burn-out and depression in their colleagues.

Dr A worked at an after-hours emergency clinic and was presented with a very sick animal in the early hours of the morning. The emotionally distraught pet owner was requesting euthanasia. The dog had been seen earlier that day and had been referred to a specialist; however, the pet owner did not take the animal to the specialist. In the middle of the night, the owner confronted Dr A with questions like: 'Why is this necessary? Why can the practice not fix my dog? I do not want to go to a specialist'.

An agreement between Dr A and the owner was reached to euthanize the dog.

Dr A asked the owner to wait in the waiting room while she prepared the dog by inserting a catheter. The owner, however, refused to wait outside, and since he was so emotional, Dr A did not want to 'rock the boat' any further. This proved to be a bad decision which Dr A soon regretted. As she tried to place the catheter, the dog began to have seizures and was screaming while the owner tried to hold the dog. As the euthanasia solution was administered, the vein blew. Again, Dr A asked the owner to wait outside while she fixed the situation. Again the owner refused. Because there was such chaos and the dog and owner were both in such a state, Dr A felt she had no choice but to resort to intracardiac injection.

After the procedure was completed, Dr A left the room to give the owner a moment to collect himself and also to fetch a stethoscope to check that the heart had indeed stopped. The owner then left on what seemed good terms and thanked Dr A.

The experience left Dr A feeling emotionally stressed and drained. The next morning Dr B, the practice owner, arrived. Dr A reached out to explain that she had had a bad euthanasia experience a few hours before. However, Dr B paid little attention and proceeded to enquire about the patients currently in the hospital.

Later that day, the still emotional client came in to complain about the experience, saying how bad it was, and even complaining that Dr A had left the room, which had allowed the owner's daughter to catch a glimpse of the dead dog through the doorway. Dr B was very upset about the complaint and wasted no time in calling Dr A (who has just completed the night shift) to inform her that she was not happy about Dr A's actions and would need a week to think about and decide on the consequences.

We have all heard of the 5 Stages of Grief and we commonly associate it with the loss of a loved one; however, Dr A descibes how she experienced all these stages through this bad euthanasia experience.

Denial – the first stage of dealing with a traumatic event is a common defense mechanism of pretending the loss or change has not happened. This gives more time to gradually absorb the news and begin to process it. Dr A found herself questioning why Dr B was upset. She felt she had done nothing wrong and could not believe that this was happening.

Anger- the second stage has a masking effect that some might not experience but others will dwell on. During this stage, the emotions and feelings that are carried are masked and redirected to other people or inanimate objects. Dr A recounts her anger and resentment that the owner did not wait outside as requested, since almost all the traumatic events had taken place because the owner had stayed on and interfered with the procedure.

Bargaining – during this stage, intense feelings of helplessness and vulnerability drive a need to regain control or attempt to affect the outcome of an event. Dr A started to compulsively work out theories of euthanasia protocol to make sure that the dreadful experience would never happen again.

Depression- the fourth stage, or the "quiet" stage, where feelings are embraced and worked through, is accompanied by feelings of fogginess and confusion. The danger of the fourth stage is that many get stuck here and cannot move on from this stage. Dr A reports feeling as though she was worthless as a veterinarian and a human being. She could not get over the fact that she had blown the dog's vein, and her inability to change what had already happened and move on made her wallow in feelings of guilt and inadequacy.

Acceptance – the final stage does not mean that you can move past the incident, but rather that you have accepted it and have come to understand what it means in your life now. Dr A thankfully now describes that she is over the worst and has come to terms with a situation that she will never forget, but now, at least, can remember without all the self recriminations.

Dr A comments: "Everybody takes the owner's feelings into consideration. We light little candles in our clinics. But what about the veterinarian? Nobody does a bad job on purpose. I did the best I could in this situation. But Dr B, as the practice owner, was more concerned about the client - a first-time client and one who will most likely not be seen at the clinic again. In contrast, I had been an assistant at her clinic for several years. And yet, Dr B did not take two minutes out of her day to commiserate or empathise, or help me to get through the experience or even discuss protocols that might have assisted me prevent future situations".

It is a well-known fact that people perform well in supportive environments and underperform in hostile environments. Do practice owners look at the environment they create for their staff? How is Dr A supposed to perform well during the next late night euthanasia? Dr A feels she has learned that there is no point in trying to talk to her employer when she has a bad work experience.

Dr A feels so strongly about her bad experience that she warns her colleagues to consider, next time they hear of a colleague committing suicide, whether this person at any time tried to talk to them, and then ask themselves, "did I listen"?

Depression signs and symptoms
*Feelings of helplessness and hopelessness. A gloomy outlook where nothing will ever get better and there is nothing you can do to improve your situation.
*Loss of interest in daily activities, former hobbies, pastimes, social activities or intimacy. You've lost your ability to feel joy and pleasure.
*Appetite or weight changes. Significant weight loss or weight gain (a change of more than 5% of body weight in a month).
*Sleep changes. Either insomnia, especially waking in the early hours of the morning, or oversleeping.
*Anger or irritability. Feeling agitated, restless, or even violent. Your tolerance level is low, your temper short.
*Loss of energy. Feeling fatigued, sluggish, and physically drained. Your whole body may feel heavy, and even small tasks are exhausting or take longer to complete.
*Self-loathing. Strong feelings of worthlessness or guilt. You harshly criticize yourself for perceived faults and mistakes.
*Reckless behavior. You engage in flighty behavior such as substance abuse, compulsive gambling, reckless driving, or dangerous sports.
*Concentration problems. Trouble focusing, making decisions, or remembering things.
*Unexplained aches and pains. An increase in physical complaints such as headaches, back pain, aching muscles, and stomach pain.

Suicide Risk

Depression is the gateway for suicide. The hopelessness and misery that goes along with depression can make suicide feel like the only way to escape the pain. Suicide warning signs include:
*Talking about killing or harming oneself
*Expressing strong feelings of hopelessness or being trapped
*An unusual preoccupation with death or dying
*Acting recklessly, as if they have a death wish (e.g. speeding through red lights)
*Calling or visiting people to say goodbye
*Getting affairs in order (giving away prized possessions, tying up loose ends)
*Saying things like "Everyone would be better off without me" or "I want out"
*A sudden switch from being extremely depressed to acting calm and happy.
If you have a colleague with depression, or is exhibiting the warning signs, take any suicidal talk or behavior seriously!

A message from the VDA
The VDA thanks Dr A for taking the time to write this article and share her fears and frustrations. If you feel you have something to share or a story that our members would be interested in reading, please

contact the VDA. We always love to receive feedback from members.

Mental health and depression in the veterinary profession is something that the VDA will continue to research and share with members in the hopes that we can help those in need. Look out for a future feature on Suicide in the Veterinary Profession. If you or anyone around you is struggling, please contact the VDA.

Resources

https://www.healthline.com/health/stages-of-grief#acceptance
https://www.helpguide.org/articles/depression/depression-symptoms-and-warning-signs.htm

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Every Click You Make, Every View You Take
(Article 528)

Social Media and Online Abuse

Every click, every view and every sign-up on the internet is recorded somewhere. Depending on your view, this is either very creepy or fantastically interesting. There are many advantages and disadvantages of social media and the internet, for both individuals and businesses. The veterinary world is not exempt from this, specifically veterinarians being the subject of online abuse.

The VDA dealt with a prime example of this, with Mr X and his daughter. The daughter had a dog with an unusual condition and the dog was terminal. She took the dog to a specialist, and was also using an emergency clinic. She ran out of funds, and ran up large debts in both places. Ultimately, the emergency clinic declined to hospitalize the dog when it was presented due to her outstanding debt and the fact that she could not raise funds for any further treatments. She refused euthanasia, did not present the dog to any other vets, chose to take the dog home, and apparently watched it die a slow death at home. Although she did not personally put in a complaint, her father, Mr X, did - sending angry messages to both the original veterinarian and to the 24 emergency clinic that was located at his premises but which operated independently, with an independent staff and owners.

The veterinarian contacted the VDA, explaining that Mr X was constantly harassing him and being verbally abusive, both telephonically and by email.

Mr X claimed that his daughter had been refused service by the vet (which wasn't true - they had done a lot of work for free, and at the final presentation of the dog had offered euthanasia, and had provided pain relief medications; that his daughter was a model client who paid all her bills (not true - she was a bad debtor); that she did not have outstanding debt and that the vet was looking at the “wrong” file - that is, a file belonging to a different patient (also not true); and that had the vet been looking at the correct file, he would have immediately admitted the dog and it would have lived.

The VDA communicated with Mr X and began ADR. In return, Mr X made A LOT of threats, both to the VDA and to the vets in question, and demanded all the money the daughter had actually paid be refunded, as well as that she be paid a large amount of compensation and given a new dog!

Ultimately, after about a year, Mr X engaged a lawyer who sent the VDA a letter. The VDA responded, explaining the facts of the case. The VDA believes that the lawyer must have dropped the case because we never heard from them again.

Then Mr X started sending the VDA emails from a new email address that made it look as though he had set up his own law firm.

The case ran for years (literally), and the VDA sent him in excess of 50 letters in order to engage with him and to try to get him to see reason. And he sent the VDA so very, very many more - we were inundated with emails from him on a daily basis.

The story got stranger and stranger (in ways that are unnecessary to describe for the purposes of the point we are making), before Mr X finally dropped off the radar. (Trust the VDA to have the strength of purpose to stand up to this type of bully)!

Being inundated with verbally abusive emails is one form of online abuse. When we look at the following social media statistics, we begin to realize the gigantic effect that the online world holds:

Social media statistics
*As of May 2019, total worldwide population is 7.7 billion
*The internet has 4.4 billion users
*There are 3.499 billion active social media users
*People have 7.6 social media accounts on average
*The average daily time spent on social media is 142 minutes a day
*91% of retail brands use 2 or more social media channels
*81% of all small and medium businesses use some kind of social platform
*Social media users grew by 202 million between April 2018 and April 2019. That works out at a new social media user every 6.4 seconds.
*Facebook, Messenger and Whatsapp handle 60 billion messages a day
*Facebook has 2,375 billion users
When we consider that more than half of the world's population has an online presence, we can begin to understand why social media and online abuse is so invasive.

Disadvantages of Social Media
Cyberbullying – Since anyone can create a fake account and do anything without easily being traced, it has become common to bully or "troll", as it is often called, on the Internet. Threats, intimidating messages and rumors can be sent to the masses to create discomfort and chaos in society. An extreme example of this: People can rally together to support a "cause", whether this is a good and informed idea or not, using online platforms. One veterinarian, very sadly, committed suicide due to constant harassment and bullying - both online and because of physical protests by crowds around her practice. She had merely rescued a stray, starving cat and nursed it back to health in the middle of winter. Then, a so-called "Do-Gooder" who believed that the cat should be returned to the wild to live a feral life rather than given to a loving home ("she accused the vet of taking the cat out of its environment"), campaigned to make her life a misery, laid a lawsuit against her which caused incessant reporting of her story in newspapers and online and slowly degraded her quality of life until she could no longer bear it. The vet was Dr Shirley Koshi. See
https://www.nydailynews.com/new-york/nyc-veterinarian-driven-suicide-cat-custody-fight-article-1.1701820
Hacking/ Fraud and Scams – Personal data and privacy can easily be hacked and shared on the Internet,

which can lead to financial losses and loss to personal life. Similarly, identity theft is another issue which can have severe consequences.

Addiction – People who are involved very extensively in social media and spending time online are eventually cut off from Society. This wastes individual time that could have been utilized in productive and proactive activities.

Reputation – Social media can easily ruin someone's reputation, for example by creating a false story which spreads across social media. Similarly, businesses can also suffer losses due to a bad reputation being conveyed over social media.

VDA recommendation

The VDA recommends having a professional online presence and keeping private social media accounts as just that- private! Any possible social media or online abuse is to be dealt with directly and professionally. The VDA can assist in this manner. The VDA will also stand strongly against unreasonable and irrational complaints, where the complainant is out to make your life a misery and may be trying to apply blackmail. If at any point you feel victimized, pressurized or that your business reputation is at risk, please do not hesitate to contact us.

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Addiction - Substance Abuse Part Two

(Article 527)

Addiction in Clients

Substance abuse is problematic for veterinarians because clients (pet owners) have quickly figured out that veterinary practices are, potentially, a stable source of mind-altering drugs. Veterinarians frequently prescribe medication for pain management in pets; however, pet owners battling addiction may abuse those prescription drugs intended for their pets. Animals often require higher doses than humans because their metabolism is faster than that of humans, which makes a pet's drugs appealing to desperate addicts.

United States

A veterinary clinic is a potential access point for powerful opioids such as hydrocodone or morphine. The ongoing opioid epidemic in the United States often leads to fatal overdoses of which nearly half were caused by the highly addictive synthetic opioid, Fentanyl. Fentanyl is 25 to 40 times more potent than heroin and has caused thousands of deaths. It is sometimes added to heroin batches, or sold masquerading as heroin - unknown to the user.

Pet owners may use their animals to access drugs by inflicting injuries on their pets, then seeking painkillers from a nearby veterinary practice. A well-documented incident describes a client who cut her dog multiple times with a blade and then asked the veterinarian for a specific addictive pain medication. Later in the same year she brought the dog back with the same injuries. Generally, there is a growing trend of owners making late-night veterinary visits (when practices are more vulnerable, since they are often manned during the late hours by a skeleton crew who are possibly also lacking sleep) for refills, as well as of more pets being brought in with suspicious injuries and broken limbs.

State prescription drug monitoring programs, or PDMPs, allow physicians and other practitioners to check a patient's medication history, but at least 32 of the 50 states do not require veterinarians to report any dispensing information. Veterinarians have argued that their professional responsibilities do not extend to the human owner and that their patients are the pets.

Many vets report that their veterinary medical school training on opioids was either mediocre, poor, or non-existent and that they have not received any additional training since they became practicing veterinarians.

Colorado and Maine have enacted laws that require veterinarians to check the prescription histories of pet owners as well as their pets. Maine requires veterinarians to check the medical records of anyone seeking an opioid or benzodiazepine (prescribed for anxiety and insomnia) for an animal and to notify authorities if the pet owner has a questionable history. Veterinarians must get a minimum of three hours of continuing education in prescribing opioids every two years. Alaska, Connecticut and Virginia have imposed new limits on the amount of opioids a vet can prescribe.

The Virginia Board of Veterinary Medicine has issued regulations limiting the duration of prescriptions that may be ordered for controlled substances: a vet may provide a seven-day supply and a seven-day refill only after reevaluating the animal. For chronic conditions, the vet may prescribe an opioid for six months but must reevaluate and physically see the animal before prescribing more.

Alaska, Arkansas, California, Connecticut, Illinois, Indiana, Michigan, New Hampshire, New York, North Dakota, Oklahoma, South Carolina, Vermont, Washington state, West Virginia and the District of Columbia have regulations requiring veterinarians to report when they dispense opioids and other controlled substances to patients.

In Colorado, a major test case was resolved in 2015 when courts ruled that an employer was allowed to terminate an employee for testing positive for THC, even though that employee had a valid medical-marijuana usage card and only used marijuana off-hours. This judgment was justified as upholding federal law, which still classifies THC as a Schedule 1 controlled substance and considers the use of marijuana illegal.

Steps that veterinarians can take if they stock and administer opioids:
*Follow All State and Federal/National Regulations on prescribing Opioids (such as regulations about secure storage of controlled substances, like opioids, and under what conditions veterinarians can prescribe them to patients.)
*Use Alternatives to Opioids
*Educate Pet Owners on Safe Storage and Disposal of Opioids (Pet opioid prescriptions in the home pose a risk for accidental or intentional misuse by family members or guests.)
*Know What to Do If a Pet Overdoses on Fentanyl or Other Opioids (Working dogs, like narcotics detection dogs, are particularly susceptible because they may inhale the powdered drug.)
*Have a Safety Plan and Know the Signs of Opioid Abuse (Local police departments can advise veterinarians about what to do in these situations.)

Australia

According to the 2016 National Drug Strategy Household Survey, 15.6% of Australians (over 3.1 million people) had used an illicit drug in the last 12 months. The most commonly used illicit drug in South Australia in 2016 was cannabis (10.7%) followed by cocaine (2%), meth/amphetamine (1.9%) and ecstasy (1.6%). Interestingly, this does not include alcohol (as this is not an illegal substance), however alcoholism is the second most common drug for which treatment is sought, following amphetamines.

It is recognized that alprazolam, (a medication that has both retrograde and anti-retrograde amnesic effects - valuable in preventing patients from recalling stressful procedures and commonly used for thunderstorm and fireworks anxiety/panic attacks) is one of the most stolen drugs and one of the most common “shopped” veterinary drugs. This means that this is one of the drugs that pet owners are aiming to obtain when they go from practice to practice with a pet they have intentionally injured or that they are pretending is sick.

South Africa

Drug and alcohol abuse causes damage to thousands of South Africans every day and, worryingly, it is considered to be a social problem that is increasing every day. Alcohol, marijuana (dagga), cocaine, tik and heroin are some of the most frequently used substances according to the South African Depression and Anxiety Group (SADAG). They say that "South Africa has no regular representative surveys on substance abuse". This makes it difficult to understand the full extent of the problem because the stats are only available for people admitted for treatment.

Certain people are more at risk for substance abuse and for developing addiction disorders than others, due to genetics, family background, mental health issues, work stress, financial pressure, relationship problems, peer pressure (particularly when substance use is a norm), boredom, the feeling of not having a sense of purpose, and feelings of depression, anxiety, and lack of control. South Africa is, in many ways, a struggling country, with high rates of unemployment and crime. It is easy to discern many of the above factors in everyday life when you meet the average South African.

South African substance abuse is known as one of the worst in the world (twice the world average norm to be exact) with unflattering effects:
*Up to 60% of crimes committed involve the use of substances
*The rate of foetal alcohol syndrome in South Africa is five times that of the US
*80% of male youth deaths are alcohol-related.
*Outpatient programmes are offered by organisations like the South African National Council on Alcoholism and Drug Dependencies (SANCA), Alcoholics Anonymous (AA), and Narcotics Anonymous (NA). In-Patient programs are offered at clinics throughout the country, although most are private and excessively expensive.

Warning Signs that Clients may Exhibit
In a pet owner signs may include:
*A lack of energy or motivation, mental confusion and an inability to concentrate
*Weight loss, skin color change and unhealthy looking skin, as well as a generally unkempt look
*Extreme mood swings and angry outbursts, anxiety and paranoia
*Making mistakes
*Having large amounts of cash at hand
*Obsessions with specific substances (such as delivery days, passwords on medicine cabinet locks and asking for specific medications by name)
*Trouble with law enforcement
*Suspicious injuries in a new patient
*Asking for refills for lost or stolen medications and being insistent in their request
*Unlikely but plausible excuses for missing medications, money issues, etc.

Recommendations
A serious consideration is to make an effort from university level, not just for drug education, but also for mental health education and coping with compassion fatigue. It seems obvious: solve the problem where the seed is planted. This may help for future generations, but what do we do about the current

epidemic? The answer is to apply practical drug awareness campaigns directed at both the veterinary staff and the pet owners.

One of the most effective ways to deter and screen out drug users and potential addicts in the workplace is employee drug testing; however, it is seldom conducted in veterinary hospitals.

Five common types of employer-driven drug testing include:
-pre-employment
-random screening (the most effective drug monitoring program)
-post-accident
-for reasonable suspicion
-return to work.

Drug testing is controversial because it can create a culture of distrust within a practice and many practice owners consider it not worth the ill-will created.

Another highly recommended consideration, which may not invite as much negativity as drug testing, is mental health awareness.
To deter pet owner addicts, we recommend a strict “vet shopper” alert warning system, including the following:

How to spot a "vet shopper”:
*New patients bringing in seriously injured animals,
*Requesting certain medications by name,
*Seeking early refills of prescriptions,
*Claiming that medications had been lost or stolen.

*For further information or assistance, please contact the VDA on info@vetdefenceco.com

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Addiction - Substance Abuse

(Article 526)

Part One: Addiction in Veterinarians

Substance dependency is an equal-opportunity disease, affecting the dependent individual and all who surround him or her - and the veterinary profession hasn't escaped. Society tends to view addiction as a defect of people with compromised morals; however, it is more fairly compared to having a disease. Once you cross the line with a substance addiction such as alcoholism there is no such thing as "social drinking", because 'one is too many and a thousand is never enough'.

Addiction is a state of physical and/or psychological dependence on, and an irresistible craving for, a substance. Addictions can result in personality changes, health problems, legal problems, marriage and family problems, premature death, and costs to society. The substances that people can become addicted to include:

-Legal drugs such as alcohol and nicotine,

-Prescription drugs like benzodiazepines (the Valium family),

-Illegal drugs including amphetamines, heroin, ecstasy, psychedelics, cannabis and cocaine.

The lack of acknowledgement that veterinarians suffer from substance abuse is only part of the problem. Veterinarians and their staff have access to a large variety of mind-altering and potentially addictive drugs. They also face job stresses as a result of long hours, challenging cases, difficult clients, economic challenges and the emotional consequences of performing animal euthanasia. There is ignorance and a lack of commitment when it comes to veterinary wellness and, unfortunately, nothing is done to assist the compromised veterinarian until there is an overt crisis and he/she commits an egregious crime.

There is a dangerous and possibly fatal paradox at the heart of the veterinary profession regarding addiction. Firstly, veterinarians are exposed to higher than average levels of workplace stress, depression and suicidal ideation (Dr. Randy Nett reports that nearly one in 10 veterinarians in the United States may suffer from serious psychological distress and burnout, and more than one in six may have experienced suicidal thoughts while practicing veterinary medicine). Secondly, veterinarians have easy access to potentially addictive and deadly drugs.

The real problem is that minimum or no drug testing is conducted in veterinary workplaces on staff and practitioners and drug control procedures and mental wellness programs are almost non- existent. This paradox of Vulnerability plus access, leads to a high risk of abuse and addiction in the veterinary workplace.

A veterinarian's drug cabinet is a potentially fully stocked source for an addict. An incomplete list of mind-altering, potentially addictive drugs kept on hand in veterinary practices may include

-Controlled: Fentanyl, Methadone, Morphine, Hydromorphone, Oxymorphone, Buprenorphine, Butorphanol, Phenobarbital, Pentobarbital, Euthanasia solution, Ketamine, Diazepam, Midazolam, Alfaxalone, Tramadol, Hydrocodone, Naloxone, Tiletamine-zolazepam (Telazol)
-Non-controlled: Naloxone, Propofol, Dexmedetomidine, Gabapentin, Amantadine, Trazodone

Current drug users are known to seek employment in a workplace where psychoactive drugs are available and such a workplace often leads the addict down a road of destruction and even death.

There are well known stories of medical professionals who abused substances while practicing:
-Replacing vials of fentanyl with saline. This particular vet used the same syringe to inject himself and then replace the empty vials with saline. Close to 3000 animals are thought to have received tainted saline solution instead of pain medication during orthopedic procedures.
-In this instance the nurse replaced fentanyl with tap water and used surgical glue to close the caps and put them back into the dispensing machine. He is thought to have done this 25 times a day, until his actions were uncovered.

In the US, veterinary medicine is the only medical profession that does not have a national monitoring program for substance abuse and mental health issues. When we consider that medical professionals in general have a statistically higher incidence of suicide, drug and alcohol abuse, we wonder why veterinarians are excluded from such a vital and supportive program.

Substance abuse in veterinarians is poorly monitored in South Africa and Australia, and unfortunately it seems is here to stay as there is minimal education at university level and little training offered for those in the workplace. The substance abuse problem in South Africa (specifically heroin) is exacerbated by poor policing, absence of crime intelligence, and the failure of the state to provide adequate social care or education and health services.

The absurdity of the lack of monitoring substance abuse in veterinarians continues when we have a closer look at the drug specific programs offered at rehabilitation centres, such as a Ketamine Program. Ketamine, known as Special K or Kit Kit, is a drug that is used as an anesthetic in veterinary practice and has proven as a popular enough drug of choice to have its own drug specific program; however, there is limited monitoring of the drug where it is prescribed. The absence of monitoring and education in the veterinary workplace, in this instance, has clearly opened a gaping hole for addicts to take advantage of.

The lack of available literature on the subject of substance abuse amongst the veterinary profession in Australia and South Africa highlights the even more difficult situation faced by vets, because research and support is practically non-existent!

Very often, veterinarians that are in need of assistance fear losing their license and fear the stigma attached to suffering from an addiction or mental issue. Another problem is that veterinarians seem to be more difficult to reach for preventive education because they are more isolated in their private clinics - especially veterinarians with mental health problems who are, in any event, known to become distant.

Added to this is the fact that employees are reluctant to report them. The veterinarian is therefore often more seriously ill and advanced in their addiction by the time they are finally reported. Reasons why employees are reluctant to report a veterinarian may include that they are not educated in what the signs of addiction are, or they do not want to seem like a traitor, or they simply do not want to get involved - when the truth is that they could be saving a life.

It is especially easy for equine practitioners to acquire an ample supply of codeine, bearing in mind that horses take ten times the dose of a human and codeine is very easily prescribed as an equine cough syrup.

Warning signs

If the following signs are present in YOUR life, you may be an addict:

-Organizing your life around one or more substances
-Choosing friends and associates who are fellow users
-Requiring more and more of the substance to produce the same effect
-Withdrawal symptoms (depression and irritability) if the substance is unavailable
-Cravings
-Collapse of moral integrity (a drug-centered value system)
-Relationship or marital problems
-Personality changes.

Towards Recovery

The first step towards recovery requires a huge amount of courage: admit that a problem exists and admit that you have the problem. The next step is to seek help from your family doctor, a counseling service centre, or a rehabilitation centre. Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) are world-wide organisations who emphasize assisting those who want help. Meetings are held daily, are situated in even the most remote regions and supply a wealth of knowledge and literature, not just for an addict but for family and friends of addicts too.

Addiction is not something to be ashamed of or something to be hidden away (although this is very often the case). As an addict works through a recovery program, they will discover that they are using a substance to escape from something, such as pain, fear, loneliness, childhood trauma, etc. Once these 'defects of character' (a term used in recovery programs to describe our shortcomings) have been worked through and understood, an addict can think clearly and utilize healthy coping mechanisms to deal with everyday life.

Conclusion

Do not underestimate the power of addiction: it can completely ruin your life and your practice. If you feel that you may have an addiction problem, or if you are concerned about a staff member, or if you would like further support, please do not hesitate to contact the VDA, who will treat your information confidentially and discreetly.

Look out for Part Two: Addiction in Clients, as we explore addicts actively seeking out (and possibly injuring animals to obtain) drugs stored in and provided by veterinary practices.

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Setting Boundaries

(Article 525)

Not setting boundaries is a common issue for many VDA members and veterinarians worldwide. Feelings of anger and guilt are a direct consequence, and these feelings lead to mental and emotional stress, and then burnout, possibly followed by self-harm and suicidal thoughts.

Do you remember the last time you said yes when you wanted to say no? Or let someone take advantage of you when you wished you had taken a stand? Unhealthy boundaries occur when we do not set limits for ourselves and others.

Research tells us that most veterinary professionals don't have a clear definition or understanding of professional boundaries, or the ability to practice these boundaries. Most veterinarians are stretched way too thin, what with mentoring students and other colleagues, running their practices, involving themselves in various board or association activities, and continuing with ongoing courses and education.
As veterinary medicine is a "helping" profession, veterinarians feel obliged to help. Whenever and whatever the question, they struggle to say "NO".

We need to think of boundaries as the mechanism we can use to protect ourselves from emotional harm. Enforcing our boundaries is how we demonstrate respect for ourselves, and are an ultimate act of self-love and self-care. Without boundaries we become ineffective at caring for others, because we are depleted. For example, when we are struggling with unhappy circumstances in our personal lives, assisting in a euthanasia may not be in our best emotional interest. It may be necessary to ask a colleague to take over this task so that we can concentrate on dealing with our personal issues.

Boundaries with the Client

In practice, you have to set firm boundaries. One of these boundaries is that you will deal with clients professionally, at arm's-length, and will not allow them to dictate the terms of the relationship. These boundaries must be maintained with every interaction with the client: the moment they want something that crosses the line, you must reinforce the boundary. For example, when a client wants something that she cannot afford, you then tell her that if she can't afford X, then Y and Z are her other options - and extract a choice from her which must be recorded. Never make the decision for the client yourself or behave indecisively, as this invites the client to take advantage of you and places you at legal risk.

Be aware that if your actions are dominated by the fear of what action a client might take against you if you don't "give in" to their demands, you will have lost your integrity and autonomy and will be captive to them. If a client acts unreasonably or argues constantly with your recommendations and yet still persists in coming back to your practice, then you need to take them to one side and ask them what their issues are. If these cannot be resolved to your satisfaction, the client should be told that your relationship is uncomfortable and the client should perhaps find another vet that suits their

requirements better.

Building boundaries

Creating healthy boundaries helps to maintain balance, to promote resilience, to develop better coping strategies and to maintain healthy relationships, all of which lead to a healthier life.

Needs and limits. Identify your physical, emotional, mental, and spiritual limits, such as how much sleep you require; how many days' can be worked in a row; the amount of time required for personal reflection and personal relationships (family) time. Identify your moral stressors or the situations when you feel as though you are doing something that is against your values or belief system, or makes you feel uncomfortable or anxious.

Tune in to your feelings. Discomfort, guilt, and resentment are indicators that you are not setting healthy boundaries. Pay close attention to the situations or interactions that give rise to feelings of energy loss, a knot in your stomach, or wanting to cry. Resentment usually stems from feeling taken advantage of or not feeling appreciated and can be an indication that we are being pushed beyond our limits (hence, boundaries). We often do this because we feel guilty (about not being a "good" veterinarian) or because someone is imposing his/her expectations, views, or values upon us (crossing a boundary or moral limit).

Be direct. Do not expect others to read your mind or know when they cross a boundary. Instead, you must assertively communicate what the boundary is. There is no need to defend, debate, or over-explain your feelings. Be firm, gracious and direct, and remember that if you give in, people will learn that you are a push-over and will ignore your needs and limits. It can be difficult to say no, but if you use phrases like "I'm not sure" or "let me think about it", then people will continue to take advantage of your uncertainty. Be confident in what you need and what your limits are. Say, "I'm sorry, but I have to say no" or "That's not something I do and here's why".

Be Consistent. Setting boundaries and sticking to them all the time can be hard work, but any inconsistency can be confusing for those around you, leading them to think that you are not serious about your boundaries. Often veterinarians will say they're unavailable for calls but then answer their phone anyway, or say they want weekends off with family but then come in to work on their day off. If there is ever a situation where a boundary is over-stepped, acknowledge that you are making an exception to your rule!

Give yourself permission. Fear, guilt, and self-doubt often inhibit our ability to set boundaries when our limits are being tested. Boundaries are a sign of self-respect, so you should work to preserve them. You should acknowledge that you deserve and are worthy of separation from clients and time off from work (during which you completely disconnect and enjoy activities that are not veterinary-related).

Consider your tendencies in relationships. Most veterinarians are "givers" and tend to ignore their own needs to focus on others. This causes us to become drained mentally, emotionally and physically. Ensure that relationships are reciprocal and that for any negative or draining activity, there is sufficient support to recharge us.

Make yourself a priority. Recognize that you must put yourself first and that making your wellbeing and happiness a priority by recognizing and honoring your feelings also gives you the energy and outlook to be a better co-worker, colleague, and friend. Setting clear boundaries reminds us that we are our most important responsibility.

Find someone to support you. If you are having difficulty setting healthy boundaries, consider sharing your boundary-setting goals with a support group, counselor, therapist, life coach, or mentor.

The VDA has trained consultants with mental wellness qualifications who would be more than happy to discuss your own personal situation with you and help you to work out solutions. Sharing with friends or family is useful, too, as they are quick to remind you of your intentions and can easily see the signs of struggling and slipping into unhealthy patterns.

Start small. Assertive and direct communication of boundaries takes practice and can be especially difficult at work or with family members. It is best to start with a small boundary that will not overwhelm you. You could start, for example, by telling friends that you put your phone on do-not-disturb at 9 pm, and you won't be answering texts or calls after that time. Once you have mastered this, or similar, move onto bigger challenges.

Remind yourself that while there is discomfort in asserting yourself and saying no, if you avoid asserting yourself the nasty feelings of frustration, resentment and, ultimately, exhaustion, will linger on and eventually lead to burnout. The solution to this lies in our ability to set healthy boundaries.

Conclusion

Veterinary medicine requires us to be empathetic with our patients, clients, and coworkers. At first, setting boundaries can seem counterintuitive when, in fact, healthy boundaries enable us to maintain the space between us and others while being empathetic. Successful boundary setting is one of the most powerful tools we have against compassion fatigue and, when practiced, can sustain us indefinitely in our career and our lives.The VDA is here to support vets through trying times. If you are unsure if boundaries are being overstepped or if you require assistance to set healthy boundaries, please contact the VDA today.

Mail: info@vetdefenceco.com and we will arrange a time to call you if you need to chat.

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Published 2019-04-03

Controlling your Clinical Notes

(Article 524)

This article relates to a VDA member, Dr A, who sought advice from the VDA regarding a client's request for the clinical history of her puppy. The owner of the puppy, Mrs X, had requested the history because she wanted to make a claim from the breeder. It was the owner's opinion that it was the breeder's fault that her puppy suffered from a bacterial infection (juvenile cellulitis) - possibly contracted while the puppy was still with the breeder.

This article does not apply in the USA or Canada and there are substantial variations within other jurisdictions. Contact the VDA for specific advice for your jurisdiction.

Mrs X wanted to present the breeder of the puppy with proof of the diagnosis from the veterinarian in order to try and recover some of the expenses that she had incurred while having it treated.

The difficulty here was that Dr A had only encountered Mrs X and the puppy at the final vaccination, after the bacterial infection had been diagnosed and treated by a colleague working in the same practice. This same colleague had performed all the previous vaccinations as well as the neutering.

The VDA's Comments:
As the vet in question, Dr A, was only involved in performing a vaccination and not in the diagnosis of the bacterial infection, it would not be legally correct for him to certify anything regarding the the bacterial infection diagnosis. If Mrs X would like information regarding the bacterial infection case, she would need to liaise with the vet who made the diagnosis. In any event, the following advice would also be offered to the veterinarian who actually diagnosed and treated the puppy:

Please do not provide your clinical notes to anyone. As soon as you give your clinical notes to anyone, you have lost control of them, and you will have no idea of who has a copy - until they make a complaint based on your clinical notes.

Clinical notes are not a forensic document and were never intended to be - no matter how much the boards think they can use a veterinarian's clinical notes to prosecute them.

Clinical notes are merely an aide to memory, and only amount to a personal diary.

Clinical notes use abbreviations, and they are never 'complete' - in the sense that there is always additional information that could be added and more tests that could have been performed.

The clinical notes are jointly owned by and are the private property of the veterinarian and the veterinary practice.

The main reason that the VDA warns our members to be circumspect regarding controlling their clinical notes is that third parties will invariably misunderstand, misconstrue and/or misuse them. Luckily,

nobody has an automatic right of access to your clinical notes, including the pet owner. This right is confirmed by the Supreme Court in Australia.

You are the professional and you ought to be in control of the relationship - not the pet owner - in order that you adhere to the legal and ethical requirements as well as to protect your reputation.

In law, you cannot certify something that is not within your direct and personal knowledge. And if you did not perform previous procedures, then you cannot certify that someone else did.

Certifying something weeks or months after the fact is fraught with dangers. There is the issue of certifying something in terms of local by-laws or state legislation.

Members have the right to protect themselves from egregious laws that demand the veterinarian take on unreasonable liability. You can write or print a disclaimer about the identity or the legal force of the document - or let the VDA assist you with any specific circumstances that may arise.

There is another aspect to Mrs X's request that must be considered. If, as in this case, the owner has a procedure performed and does not request for certification at the time, but then returns at a later date to ask another vet for the certification, you should be very cautious because of the issue of positive identification.

You cannot certify any procedure without positive identification of the animal. Positive identification to forensic standards can only be obtained by matching DNA samples. In other words, you can never "certify" a vaccine or a neutering on a vaccine record without DNA.

And therefore, you should never sign any vaccine or neutering book which is called a "certificate" because there is no certainty about the identity of the animal. There are thousands of "Fluffies" out there and millions of Maltese - who is to say which is which? How would you know if they were switched?

General Rules and Regulations regarding the Control of Clinical Notes
The VDA has taken note of the many and varied advisory articles for veterinarians on the control of Clinical Notes and would like to make a few comments or additional recommendations in response to some of the averments we have read:

Veterinary medical records and diagnostic images are the property of the veterinarian or practice, not the client, and must be retained for legal reasons. The length of time these records should be maintained varies in different countries and veterinarians must be aware of the legal requirements in their specific location.
VDA: There is generally no lawful obligation to provide the raw clinical notes - not to the pet owner and not to a second-opinion veterinarian. If the owner asks for radiographs or test results, then provide copies of these at the owners cost. If the second-opinion veterinarian needs relevant information to continue treatment, provide this verbally over the telephone so that you can answer and questions and discuss issues they may have. If anyone asks for full clinical notes or a report, please contact the VDA for

guidance. The pet owner's written permission to provide third parties with information must be obtained, but this does not “oblige” you to provide information. First, consider whether it is necessary.

When a specialist or other veterinarian has visited the practice to treat an animal it is likely that the practice would be the owner of the records. Discuss any request to release the records to a third party with the specialist/other veterinarian prior to doing so.
VDA: Your obligation to keep the clinical notes of a visiting specialist confidential is just as, or even more, stringent.

Be mindful of the privacy interests of third parties whose personal information may be included in clinical records.
VDA: In many countries there are strict laws protecting the personal information of all persons that you hold in your clinical notes. For example, you may not confirm or deny that a particular pet owner is a client at your practice. The following scenario may often be encountered: Two partners may have presented an animal initially, then become separated and one spouse is no longer seen at the practice. However, their personal information must be protected, and you would need to obtain the written permission of all the owners of an animal before releasing information.

Records may be requested by a Board when investigating a complaint and may be subpoenaed by the courts, so it is important to ensure that they are accurate and objective.
VDA: Try not to make personal comments - particularly disparaging ones - in the clinical notes.

Published 2019-03-12

Mrs X's Board Complaint Exonerates the Veterinarian... (yet board continues with prosecution)

(Article 523)

This case happens to be in South Africa, but could apply equally to veterinary boards in the USA, Canada, Australia and Hong Kong.

Mrs X had a 12 year-old Border Collie who had developed diabetes and cataracts and who had apparently been diagnosed by another veterinarian as having a heart condition, for which Mrs X had been prescribed Vetmedin (Pimobendan) tablets.

Dr A successfully performed a cataract operation and discharged the dog into the care of a friend, Mrs X being away at this time. The dog was re-presented later that day for being generally unwell. It was treated successfully by another vet at the practice for 3 days and then discharged. Another three days later, the dog was rushed in, but was dead on arrival.

Mrs X is a professor of Public Law. She made a South African Veterinary Council (SAVC) complaint alleging that Dr A behaved unethically and unprofessionally by not alerting her to the additional risk that anaesthesia posed on an elderly dog with a weakened heart. This is a rather bizarre complaint from an expert in law who knows, or ought to have known, that her complaint was completely unfounded.

Mrs X made a second averment - that, had Dr A fully informed her of all the risks associated with the operation, she may still have gone ahead - but would have been present in the city on the day of the operation. Mrs X did not expand on how she believed that her closer proximity would have prevented the death of her pet or have changed anything about the matter.

Instead of screening and dismissing this very obviously frivolous and groundless complaint, the SAVC sent Dr A a "please explain" letter, thereby:

1) placing Dr A on his defence and in jeopardy of a wrongful conviction;
2) placing Dr A under immense personal stress for no valid reason;
3) with full knowledge that this would do substantial harm to Dr A over the months or years that the SAVC would take to finalise this matter.

The VDA has assisted Dr A by pointing out in correspondence to the SAVC that the SAVC's actions represent:

* a failure to screen the complaint despite the SAVC's admission that it is obliged to screen complaints;
* an unlawful violation of the basic human rights of Dr A;
* an unjustifiable move to place Dr A on his defence and in jeopardy of a wrongful conviction;

* an unjustifiable action that would cause Dr A stress and harm.

The correct and acceptable procedure that the SAVC should have applied is as follows:

1. Upon receiving any complaint, the SAVC should screen complaints in order to establish:

1.1. If the SAVC has jurisdiction to try this matter? The SAVC has narrow powers with regard to complaints, and many complaints fall outside of the powers of the SAVC.
1.2. If the complaint is frivolous (lightweight, unworthy of consideration)? In other words, does the complaint outline conduct that, if proven, would represent a failure to meet a minimum standard of care?
1.3. If the complaint is vexatious (vexing, spiteful, malicious)? In other words, does the complaint represent a spiteful and/or dishonest attempt to harm the accused veterinarian?
1.4. If the is complaint groundless (without merit)? In other words, is the complaint based on averments that fail to establish the veterinarian's failure to meet standards.
1.5. Even if the elements above have been met, if the allegation (if proven to be a clear failure to meet standards of care) is sufficiently serious to justify prosecution?

If the complaint fails in one or more of the aspects above, the SAVC is obliged to summarily dismiss the complaint without placing the accused vet on his or her defence.

The SAVC is entitled only to inform the vet that it received the complaint and has dismissed the complaint. The SAVC is not entitled to place the vet on his or her defence and to place them in jeopardy of a wrongful conviction by the SAVC.

The SAVC failed in its duty to screen the complaint against Dr A. In other words, it failed in its duty to decide that the complaint against Dr A was frivolous and groundless; failed in its duty to dismiss the complaint; failed in its duty to not place Dr A on his defence; failed in its duty to not cause unjustifiable stress and harm to Dr A; and has violated Dr A's basic human rights in the process.

The SAVC failed to decide that the complaint was frivolous and groundless by failing to:

* Consider that there is no standard of care that requires that a practitioner in ANY profession explains all the risks to the client. [There is a duty only to mention the most common or dangerous risks].
* Contact the complainant to establish whether she had completed a consent to treatment form that dealt with the risks of anesthetic in her dog. The SAVC failed to make this enquiry, even though it is desirable and common practice for vets to use consent forms, and even though past failures to use them have been criticized by the SAVC. If the SAVC had made this simple enquiry, they would have discovered that the complainant in fact completed a VDA Informed Consent to Treatment Form, which contains a clause in which the complainant stated that she was fully aware of the risks of anesthetic and that she consented to these risks. (Her signature thereto destroyed her allegation, and made her complaint vexatious, in addition to frivolous and groundless).

* Interview the complainant to establish that she was not an obvious one of the (up to) 50% client base that suffers from mental illness.
* Establish that the dog had really died.
* Establish with certainty that the dog had died of heart failure and not some other cause. There was no post mortem therefore there is no established cause of death. Without an established cause of death, the SAVC cannot say with any certainty that the dog died due to any failure on Dr A's part to meet minimum required standards.
* Consider that it is unlikely that a dog that (allegedly) died from heart failure from an anesthetic, would fully recover - and then die 6 days later.

Furthermore, the SAVC failed to consider the admissions that Mrs X made in her complaint:

- that she took every precaution to care for her diabetic dog;
- that she asked every relevant question when deciding whether to elect to have the operation;
- that she read all the literature which Dr A provided to her and enquired about all the issues not mentioned in Dr A's information;
- that she made painstaking efforts to inform herself so that she could make a properly information choice about the operation.

In other words the contents of Mrs X's complaint actually completely and entirely EXONERATED Dr A.

Given that there was absolutely no justification for the SAVC to prosecute Dr A, one has to wonder why the SAVC insists on applying a disciplinary process that fails to screen complaints, when doing so violates the rights of vets.

The VDA has been telling the SAVC that its approach is erroneous since the VDA came into being in 1992. The VDA has made an effort to be a guiding light for the rights of the veterinary profession for the past 27 years, by directly approaching the SAVC to identify the SAVC's erroneous actions. This had a positive effect in the beginning but it was not long before the SAVC decided that it would not develop and reform its disciplinary process any further, but would dig in against all the odds to defend the indefensible. Part of this 'digging in' has been for the SAVC councilors to vilify the VDA (the only voice of dissent, and probably the only body with sufficient knowledge to challenge them) since the VDA does not "agree" with them.

We find it puzzling that SAVC councilors, who would wish to appear to be giving back to the profession, are instead using tactics to divide, intimidate and control it. It is an indictment of the board for not using a forward-thinking, Human Rights-driven approach to raise the standards of a profession that is already under enormous strain.

The VDA will discuss any reply received from the SAVC in a future Barks 'n Bytes.

Published 2019-02-14

Pet Bites Vet!

(Article 522)

A recent dog bite has left more than just physical wounds for a VDA member. The trauma associated with an injury in the workplace, and specifically the trauma of an injury caused by an animal, can have detrimental effects on the mental well being of the affected person.

This incident involved a veterinary nurse being attacked by a dog that was booked in for castration. She suffered three bite wounds to her left arm, one of which was down to the bone and she requires surgery for fractures. The physical pain that this nurse has suffered is not where the story ends; she has suffered a devastating trauma which will leave her and her colleagues scarred from the event, both physically and mentally.

According to Dr. Patty Khuly, VMD''s, experience (" When a Pet Bites the Vet: Hidden Consequences You May Not Realize", Vetstreet.com, May 19, 2015) bites in veterinary practice are inevitable and can have deeper consequences than just a few puncture wounds, whether the veterinarian works with small animals or large.

Cost - Although workers' compensation insurance may pay out for the majority of your financial expenses for the injury itself, there will seldom be compensation for the days taken off for recuperation. (And if you return to work before you are fully healed, then you have the extra burden of having to suffer while still having to perform at your professional best). There is also the cost of insurance premiums and the practice's temporary loss of income to factor in.

Rabies - Public health laws are stringent, and if the animal that bit you has never been vaccinated, or you have no recent, or any, vaccination history, you will be subjected to an expensive and painful set of post-exposure vaccines.

Psychological Trauma - It takes courage and fortitude to go back to work with the same or similar animals that injured you in the past. When you are not at your confident best, it will be evident to the staff, your clients, and most probably to the animals you are treating as well.

You: The psychological trauma associated with an animal bite can leave you struggling with upsetting emotions, memories, and anxiety that won't go away. Emotional and psychological trauma is the result of extraordinarily stressful events that shatter your sense of security, making you feel helpless. Traumatic experiences often involve a threat to life or safety, but any situation that leaves you feeling overwhelmed and isolated can result in trauma, even if it doesn't involve physical harm. It's not the objective circumstances that determine whether an event is traumatic, but your subjective emotional experience of the event. The more frightened and helpless you feel, the more likely you are to be traumatized, which is why the event scars not just the victim that receives the bite, but all the staff involved.

The Staff: is affected any time a staff member is seriously injured, as the injury is perceived as too close to home ("it may not have been me who was bitten this time, but next time it could be"). Thoughts of blame and guilt are a common reaction; however, fear is the most widespread and could be crippling if not dealt with in a professional manner.

The client: In some cases, these are the individuals who suffer most, emotionally speaking, due to feelings of guilt and stress.
It will assist the client to know that their animal does not have "intent" in the sense that human beings might. The nature of animals is often unpredictable and it is therefore unfair and unnecessary to try to place blame. Clients need to be reassured that there are no hard feelings.

It is important to remember that sometimes we will lose these clients, because they will feel so bad about the damage their pet has done. Managing the situation in a mature and professional manner will assist the practice in accepting the loss of the client, while assisting the client in moving on with the least possible embarrassment.

The VDA recommends:
In the event of an injury to a staff member caused by an animal, the VDA recommends contacting us as soon as possible, with a detailed description of the event. Further, that no interviews are given. If there are any questions that need to be answered, these need to be put in writing so that the VDA can assist with answers.

The matter will need to be reported to your Workers Compensation Insurance Company as soon as possible.

The emotional and mental well-being of the staff needs to be addressed. An informal sit-down where staff members can debrief is recommended, followed by counseling for those who are struggling to deal with the trauma.

The VDA has psychologists on hand to assist those who are struggling to cope.

In other news…
The California Veterinary Medical Board has introduced a new law that requires veterinarians to provide "drug counseling to pet owners" whenever they prescribe or dispense a new drug for a patient. This law has raised numerous questions among practitioners in the state.

The veterinary drug counseling requirement went into effect on 1 January, 2019, (in the California Business and Professions Code as section 4829.5), requiring veterinarians to "offer to provide, in person or through electronic means, to the client responsible for the animal, or his or her agent, a consultation …" regarding a drug or drugs being prescribed.

There has been widespread confusion over the language of the law; the way in which vets must offer counseling to clients; the depth of information they must convey; what methods count as electronic means; and may they provide the information through either route (in person or electronically) or may only the offer of counseling be made through either route? A clause in the rule requiring that the

“common severe adverse effects” be discussed with clients specifically caused confusion, since veterinarians found themselves puzzling over which side effects were “Common”, which were “Severe” and which were both “Common and Severe” - and which, of all these interpretations, were the correct ones upon which to offer advice or counselling. There was also consternation at having received little or no notice from the board before this new law took effect.

The California Veterinary Medical Board introduced the new law, yet the Board's Executive Officer, Jessica Sieferman stated that the board was working to "clarify the outstanding issues" and was scheduled to consult with "Senate Business and Professions Code staff" in the following week (being mid-January 2019).

The VDA is perturbed at the emergence of yet another confusing and onerous rule that the Californian veterinary practitioner is now bound to follow or be prosecuted by the Board. It beggars belief that a rule that has been so clearly ill-considered and ill-conceived has been enacted, creating chaos and confusion and doing more damage than ever to the profession’s members’ confidence and belief in their chosen profession. “Veterinary Boards - Unfit for Purpose”?

Published 2019-01-25

The Right to Terminate your Relationship with a Client (Without interference from the SAVC)

(Article 521)

Mrs X presented her dog to Drs A and B's practice with multiple concerns, including excessive aggression. However, Mrs X's own aggressive behavior towards the consulting vet and lay staff during the consultation was so unacceptable – this was the first consult, remember - that the practice decided they could not continue the relationship with her and requested that she take her animal elsewhere. Mrs X took offence and filed a complaint with the SAVC, alleging that it was a contravention of the code of conduct for the practice to terminate their services with a pet owner.

The so-called SAVC code of conduct is a fanciful, contrived document consisting largely of the musings of a past president of the SAVC who had no real concept of modern veterinary practice or of the concepts or operation of law. The "code" does not create any standards with which veterinarians are obliged to comply. The "code" is not law and can never form the basis for any prosecution of a member of the profession.

While this so-called "code of conduct" does acknowledge that veterinarians have the right to freedom of association, it then falsely claims that the exercise of such freedom of association requires it to be justified, and that the rights of other parties must be considered and respected. This is, of course, absolute nonsense. If you choose not to associate with another person, you simply tell them so. It is nobody else's business when you choose to do so. The rights contained in the Constitution are non-derogable; in other words, they must be honored under any conditions or circumstances. If you choose to tell a client to leave your practice and not to come back, this is none of the SAVC's business.

There are many reasons why the so-called "code" should be immediately trashed:
It is a document full of misconceptions and errors.
It falsely pretends to 'rewrite' the law, in order to create the SAVC's own version of South African law - so that there is one legal system that applies to the people of South Africa and another legal system that applies to the veterinary profession, written by the SAVC.
It falsely pretends to create minimum standards of veterinary practice.
Members of the public get hold of it and believe that they can use it as the basis for filing complaints against veterinarians.
The SAVC uses it to control, intimidate and subjugate the members of the profession.

Mrs X got hold of the so-called Code and used it as the basis for her complaint to the SAVC. The SAVC then used it to justify the prosecution of Drs A and B. The SAVC failed to screen the complaint, failed to properly apply its mind to the facts, the law and the rights of Drs A and B, failed to summarily dismiss the complaint without reference to Drs A and B, then failed by placing Drs A and B on their defense by demanding a response to the allegations from Drs A and B.

The SAVC's intervention represents an unwarranted and unlawful interference with the business practices of South African veterinarians. Such an intervention now adds another pressure to the fraught lives of South African veterinarians: "Do I terminate this client and risk interference and possible persecution by the SAVC, or do I put up with the escalating abuse until this client physically attacks me or my staff, or maybe even kills one or all of us?"

[You might recall the case in which a schizophrenic client arrived at the practice with a gun and shot at the veterinarian after her moribund cat had died at his practice. (This clinically mentally disturbed client had allowed her cat to be in dystocia for two weeks and had tried to cut the kittens out with a razor blade before seeking help). This owner then filed a complaint with the SAVC, and the SAVC proceeded to prosecute the veterinarian, including subjecting the veterinarian to a trial. The SAVC took this crazy woman's case seriously and was determined to punish this veterinarian for doing…. who knows what]?

Up to 50% of animal owners that take their animals to a veterinary facility suffer from some degree of mental illness, and one of the only protections that a veterinarian and staff have against abuse and endangerment by unhinged owners is to stop them from coming to their practice.

The SAVC does not have the jurisdiction to try this complaint:
Invoking your personal right to freedom of association has nothing to do with professional conduct. The veterinarians in this case based their termination of the relationship with the client on the Constitutional Right to Freedom of Association (section 18 of the Bill of Rights). While it might be considered undesirable for a veterinarian to deny treatment in an emergency, depending on the circumstances, the instruction to the pet owner to obtain the contact details of an emergency facility PRIOR to any future emergency more than fulfills any ethical obligation.

The councilors that serve on the SAVC are protected by the Veterinary Act from liability only if they act in good faith. Clearly these councilors do not act in good faith, and it is only a matter of time before a class action is filed against each of them as individuals for damages. And they will not be allowed to use the profession's funds to pay for their legal fees and damages.