Barks ‘n Bytes 2020 Articles (VDA South Africa)

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Latest Developments Regarding Telemedicine

(Article 537)

Following Barks 'n Bytes article Issue 173 (T*elemedicine: Are Virtual Vets Really The Future?*), published on 23 August 2019, there is an update to Telemedicine Regulations from the California Code of Regulations (CCR) which effectively makes Telemedicine illegal from 1 January 2020 in California.

At this point, this is quite an important development since we have not had a set pronouncement from any other Board (that we are aware of). Many Boards will look to this ruling for guidance as to their own decisions regarding Telemedicine Regulations.

CCR, Title 16, Division 20, Article 4, Section 2032.1 related to Veterinarian-Client-Patient Relationship makes several non-substantive revisions to the regulation where the following subsections were added to address telemedicine:
(*e) No person may practice veterinary medicine in this state except within the context of a veterinarian-client-patient relationship or otherwise permitted by law. A veterinarian-client-patient relationship cannot be established solely by telephonic or electronic means.*
(f) Telemedicine shall be conducted within an existing veterinarian-client-patient relationship, with the exception for advice given in an "emergency," as defined under section 4840.5 of the code, until that patient(s) can be seen by or transported to a veterinarian. For purposes of this section, "telemedicine" shall mean the mode of delivering animal health care services via communication technologies to facilitate consultation, treatment, and care management of the patient.

The restrictions effectively **rule out** telemedicine between a vet and client.

It is interesting to note that the HPCSA defines telemedicine as a consult between two doctors - not the patient: T*he practice of medicine using electronic communications, information technology or other electronic means between a healthcare practitioner in one location and a healthcare practitioner in another location for the purpose of facilitating, improving and enhancing clinical, educational and scientific healthcare and research, particularly to the under- serviced areas in the Republic of South Africa*. That should tell you all you need to know about this issue.

This question of providing 'online' consults and prescribing is not a new one - it has been asked ever since the invention of the telephone. The advent of the internet and smartphones is not going to change the answer. The answer is that a veterinarian is obliged to have a *bona fide* vet-client-pet relationship; and this means personally performing a physical examination. *Bona fide* means real and actual - this can never accord with a virtual relationship or consultation.

We are often asked this question by our members, as veterinarians try to expand their businesses outside of their brick and mortar facilities, as well as looking to the human medical world for guidance.

The fact is that a veterinarian would be in breach of veterinary rules and ethics any time that they made a diagnosis or treatment without personally having physically examined the patient. The rule against remote diagnosis is a universal rule in veterinary practice.

Sources

*CCR. Title 16. Professional and Vocational Regulations Division 20. Veterinary Medical Board. Final Statement of Reasons
*Health Professions Council of South Africa: Guidelines for good practice in the healthcare professions. General ethical guidelines for good practice in telemedicine. Booklet no. 17.
*American Veterinary Medical Association: A Telehealth Update from the AVMA. Dr. Michael Topper, Dr. Janet Donlin. May 3, 2018
*https://www.vmb.ca.gov/laws_regs/approved_regs.shtml

Animal cruelty is finally a federal crime.

At long last, there is good news for animals and the people who work to protect them.

The Preventing Animal Cruelty and Torture (PACT) Act (passed November 2019 by Congress and signed by Donald Trump) bans the intentional crushing, burning, drowning, suffocation, impalement or other violence causing serious bodily injury to living non- human mammals, birds, reptiles or amphibians (animals).

The PACT Act builds on a 2010 law that targets videos illustrating animal cruelty known as "**crush**" videos (often showing small animals being crushed under a womans shoe), hence closing the loopholes in the previous law, which only banned animal fighting as well as the making and sharing of videos in the United States.

There were provisions against animal cruelty in place but without a law in place, it's hard to prosecute cases that extend over different jurisdictions (such as in airports, military bases and other places under federal purview).

The PACT Act has been welcomed by animal welfare groups as well as members of law enforcement who require legal tools to stop animal abusers.

The legislation outlines exemptions such as: *humane euthanasia; slaughter for food; recreational activities such as hunting, trapping and fishing; medical and scientific research; normal veterinary, agricultural husbandry, or other animal management practice; and actions that are necessary to protect the life or property of a person.*

Violations could result in fines (amounts not specified) and up to seven years imprisonment. The hope is that simply having the law in place will be enough to discourage the making of these videos and further

cruelty.

The VDA believes that the benefit of any law is only as good as the authority that enforces it. Unfortunately, prevention of cruelty to animals often has a low priority in many enforcement agencies, and the officers tasked with applying such laws do not have the empathy and belief required to make the effort to prosecute perpetrators. But, at least it is a step in the right direction.

Sources

*https://www.washingtonpost.com/science/2019/10/23/most-animal-cruelty-isnt-federal-crime-house-just-passed-bill-change-that/?wpisrc=nl_sb_smartbrief
*https://www.simplemost.com/animal-cruelty-now-federal-felony/
*https://www.npr.org/2019/11/25/782842651/trump-signs-law-making-cruelty-to-animals-a-federal-crime

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Dysfunctional Vets and Dysfunctional Boards

(Article 538)

It is a very disturbing experience to have one's employer (the person who should be your protector and mentor) turn against you. More so when your employer 'throws you under the bus' by lying under oath to the veterinary board, in order to save themselves. It is even more distressing when you discover that the veterinary board is so dysfunctional that it cannot even get the most basic part of the disciplinary process right.

Dr A was a foreign graduate, employed as an assistant at a very busy, modern veterinary hospital. Dr A's employer, who owns the practice, is a young, self-confident high-flying veterinarian. The problem, though, is that this self-confident high-flying veterinarian rarely shows up for work, preferring instead to run his practice by phone from his home, often while lying beside his swimming pool.

Mrs X presented her 2 year old miniature Pomeranian to the employer, on one of those cloudy days when he was in the practice, for seizures. The history showed that the dog had previously been diagnosed with a liver shunt at another practice. The employer recommended a CT scan and Mrs X signed the consent form in advance of the appointment a few days later.

On the day of the CT scan, Dr A was faced with end-to-end surgical procedures for the day, while another assistant veterinarian at the practice, Dr B, was in charge of the non-stop consultations. Dr A had no involvement in the CT scan procedure. The employer, as usual, was directing matters by phone from home while lying next to his pool. Dr A, facing a full surgery and procedures list for the day, instructed the two nurses not to take the patient to the CT scan facility as he would not be able to accompany the dog to the CT facility that day.

The employer over-ruled Dr A and instructed the two nurses to draw up medetomidine and propofol in syringes and to take the patient by car to the CT facility. Neither Dr A nor Dr B were aware of this.

At the CT facility, the nurses, following their employer's instructions, injected the sedative and contrast medium. The patient was still not sufficiently sedated for the procedure, so the employer, by phone, instructed the nurses to administer the propofol. A few minutes later, the dog died.

The employer contacted Mrs X by phone informing her that "he" was treating her dog, that the patient had collapsed, that "he" had been applying CPR to her dog for some time to no avail and that "he" had no other choice but to stop the CPR. Even though he was still at home and knew that the patient was already dead before he phoned Mrs X.

Some months later, after Dr A had left the practice and returned to his home country, Mrs X filed a complaint with the board, alleging that the employer had not taken sufficient precautions, had failed to

comply with his duty of care, was lacking in the required expertise, had not communicated with her and had provided her with misleading information. Mrs X had not met or consulted with Dr A or B. The board asked the employer to explain himself. In his multiple replies, one signed by his solicitor and one email from himself, the practice owner stated that he was not present and that Dr A was in total charge and full control. This was not true and the practice owner was throwing Dr A under the bus.

A nurse had given Mrs X a copy of the clinical history, and when Dr A examined the copy that the board had sent to him, together with the complaint, he immediately realised that the clinical notes had been fraudulently altered.

It appears that the employer had made the assumption that, since Dr A was no longer in the country, he could blame everything on Dr A, and Dr A would either never become aware of the complaint or would not bother to defend himself.

Dr A, incensed at the fraud and the malicious attack on his professional reputation, approached the VDA for assistance and made full use of the opportunity to set the record straight. Dr A made it clear in no uncertain terms that he had no knowledge of what occurred at the CT facility that day, and that the averments and the clinical notes were fraudulent. He placed on record that the practice owner, his erstwhile employer, had made false statements through his lawyer and had fraudulently altered the clinical notes.

Even though the board had been presented with evidence beyond reasonable doubt that the employer had acted dishonestly, fraudulently and had tried to get an innocent vet convicted of his own crimes, deceived the pet owner and had failed to meet any required minimum standards of practice, the board issued the practice owner / employer with a reprimand and a paltry monetary fine!

As a result, the employer is able to carry on as before, with impunity - running his practice from his poolside, deceiving clients and throwing his staff under the bus any time he is at risk of being found out.

VDA comments:
There are very few boards, if any, in the world that are fit for purpose.

One of the biggest failings of veterinary boards is the persecution of veterinarians who have committed no breaches of professional standards, while protecting other veterinarians who are in the board's "inner circle" and who are able to commit the most scurrilous crimes with impunity.

Over the past 30 years, the VDA has witnessed boards protecting vets who have commited everything from theft and insurance fraud to assault and robbery. Even when presented with overwhelming evidence of these crimes, the boards brush them under the carpet, either by refusing to prosecute these vets, or by giving them a "slap on the wrist".

For example, any vet who behaves as the employer in this case did - and who continues to do - should have their license or registration revoked.

But then we also have hundreds of vets that have committed trivial or no transgressions, who the boards set out to destroy at all costs. A common strategy used by power-cravers in any sphere of life is to keep the wrong-doers on their side by protecting them while keeping the rest of the people so intimidated that they dare not protest or rise up against the power-cravers. The next strategy for the power-cravers is to maintain the stranglehold on all communications and to keep out, or try to discredit or ignore, any group that is willing to expose them.

In the veterinary world, many of the state and national associations of veterinarians are complicit with the boards. These associations further the goals of the power-grabbers, by protecting and enabling them.

The courts are slowly catching up. There have been several court cases against boards in which the courts have been highly critical of the manner in which the boards have unlawfully persecuted vets without evidence and/or without justification. The problem is, the boards tend to ignore the judgements of the courts, and soon revert to their old ways, acting in contempt of the courts.

In the case we have just discussed, the board went through a crisis of ethics – the employer / practice owner was found guilty of lying and fraud – yet he was only reprimanded, when his licence to practice should have been irrevocably withdrawn! The VDA believes that fraudulently altering records and lying to pet owners, and trying to implicate a colleague is the most egregious thing a veterinarian can do and there is no space in our profession - or any profession - for such a person.

The VDA has long held that the majority of board complaints ought to be screened out without involving the veterinarian. This is because the majority of board complaints are frivolous, malicious and groundless. It causes the veterinarian an inordinate amount of stress in having to respond to such complaints, because of the risk that the board could make an incorrect finding against an innocent veterinarian.

And, just as importantly, all boards should recognise that unwanted medical complications are not “proof” of unprofessional conduct.

It should be written in stone that veterinarians who lie and commit fraud are not fit to be members of an honourable profession. It is the VDA’s sad experience that many, many veterinarians get away with this type of behavior, whilst many other honest and diligent veterinarians are sanctioned for what are, in essence, unexpected medical mishaps - mere accidents of nature - for which no careful and hard-working vet should ever be blamed.

The best way for Dr A to protect himself in this case was to come out fighting with all he had. The adage that “the best defence is a good offence” was the key to victory for Dr A in this case!

Mental Health Observations from our expert

The impact of such a case on an innocent vet could be catastrophic, and this refers not just to their professional life, but to their personal life too. Luckily in this case, Dr B was of sound mind and mentally strong enough to fight the case with all that he had.

Would this be the case for the standard vet who is overworked, tired and constantly close to a state of burnout? Most likely not!

Please contact the VDA if you are struggling in your work environment.

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Covid 19- Dilemmas

(Article 539)

With thousands already dead, the airports closed and the streets empty, Covid- 19 is proving to be an underestimated pandemic. Unfortunately no one is an exception to the rule in these unique times with every country being affected by the infected. The VDA is here to support members in any way that we can. With so much news circulating, please bear with us and read through the following.

Mental health aspect

During times of crises, humans act strangely. Currently we have two ends of the spectrum occurring: a worldwide toilet paper hoarding obsession and fighting in supermarkets – or - those who are acting unconcerned, carrying on as though nothing is happening and even going on holiday (because what else does one do when sent home to isolate?). Mass hysteria can be dangerous and is currently far more contagious than Covid- 19.

Every few years something severe enough occurs to remind us that we are just human and that makes us realize we are a fairly vulnerable species. Just to clarify, this is a global health emergency, but just a smidge of critical thinking will open your eyes to the practical requirements necessary to get through trying times.

During this difficult time, there is going to be additional stress placed upon veterinarians. The struggles of continuing with work while homeschooling children, keeping your family healthy, looming deadly illness, possibility of death of loved ones, stock market crashes, global uncertainty and impending recession is an immense amount for someone to face. Combined with the additional abandoned pets and selfish pet owners during this time, and vets are facing a daunting task.

This unique set of circumstances is overwhelming to say the least. It is essential to look after yourself to enable the continued care of others.

Our thoughts are with all our members and we wish a speedy recovery to those that are sick. Be strong and remain calm.

COVID-19 - POINTS TO PONDER

Every veterinarian who has treated animals has treated Coronavirus infections. Every veterinarian who has had a 'cold' or 'flu' has suffered from a Coronavirus.
Veterinarians are experts in the epidemiology, treatment and control of infectious and contagious diseases and more specifically in virology. This places every veterinarian in the enviable position of being able to critically analyse and process the streams of information coming in, and to separate the fact from the fiction and the good advice from the bad advice.

The veterinarians in the VDA are no more expert on this subject than you, the member veterinarian, so here follow some points for you to ponder, since we would prefer not to be advisory or prescriptive.

What the VDA is expert at, and has been doing from the past thirty years, is sorting the facts from the fiction, the relevant from the irrelevant, and the gems from the garbage. We have been doing this every day in every case we process. This year, the VDA has watched veterinary boards and veterinary associations try to be the leaders for the profession in this Covid pandemic, with some rather mixed results.

We have veterinary boards advocating telemedicine, but without indemnifying the profession, or seeking indemnity for the profession for the unintended consequences arising from telemedicine. Some boards have invited veterinarians to make use of telemedicine, and have informed these veterinarians that they can try to use 'emergency circumstances' as a defence when the same board prosecutes them for having used telemedicine. This sets a trap for unwary veterinarians. Effective leaders would take steps to make sure that the people they serve are protected, especially when times are bad.

Some veterinary associations have advocated using telemedicine, without any warning that there might be dire consequences for doing so. Some veterinary associations have advocated the use of third party telemedicine online service providers, without any apparent concern for the legal and ethical minefield that this represents. The only professional regulator that we have seen take a responsible stance in the Covid Confusion to date is the RCVS.

A general theory that is circulating regarding the origin of Covid 19 is that certain people in WuHan province ate meat from exotic species purchased at the local Wet Market. The meat was probably from pangolins and the pangolins were probably infected by bats. (The virus that caused the outbreak is known as SARS-CoV-2, a new virus closely related to bat coronaviruses, pangolin coronaviruses and SARS-CoV). The pangolins would have been trapped, transported and imprisoned alive, leaving them vulnerable, dehydrated and ill. Eating their meat would have spread their illness as a zoonosis to humans. While some people are directing hatred at the Chinese,, we are not aware of leaders from the veterinary community trying to enter into a constructive debate to try to stop Chinese communities from consuming such animals. The Covid pandemic would surely provide for a compelling argument.

The inevitable risk is that, if you do not isolate yourself, you will likely contract Covid-19.

Whether you eventually get the field Covid-19 virus or not depends on whether the field virus or the vaccine wins the race. We are told that the vaccine is 12-18 months away. The race is on.

It seems apparent that if you are older, male, a smoker, and/or suffer chronic conditions and illness, your chances of dying from Covid-19 are increased. Age group seemed to make the largest difference to susceptibility at the beginning, but that seems to be blurring as time goes by. It could also be that younger people are more blasé, meaning that the higher death rate is due to a higher infection rate, not a higher susceptibility.

Covid-19 is currently reportedly killing between 2% - 3.4% of the population. By extrapolation, 20 to 34 veterinarians out of each 1000 are going to die from the effects of Covid-19. If you are treating animals in clinic environments in contact with the public, your chances of contracting Covid-19 are much greater and we can expect a possible 34 colleagues out of a 1000 to die. This is a grim fact.

One option for you to reduce the chances of being infected is to stop practicing veterinary medicine. There is no law that obliges you to risk your life for your profession. This is an important point that veterinary boards and associations have intentionally omitted to mention. If you are part of a particularly susceptible group, due to age, sex, chronic illness or taking chronic medications, or even if you simply believe that your life is worth more than your profession, then you are legally entitled to make this choice. Of course, there will be those that believe that every veterinarian should place their life at risk for their animal patients, and it may be that you will be criticised for your beliefs and convictions (the VDA will no doubt be criticised for bringing this to the attention of its members!), and the veterinary boards may even try to prosecute you for protecting yourself. The VDA will be there to defend and protect you if you choose this route.

Another option to reduce contact with infected humans, as discussed above, is to make use of telemedicine. If you do so, you might escape the virus but you risk being prosecuted by your veterinary board. For those that resort to telemedicine to reduce their risk, the VDA will be there for you. But, before you do, please contact us for specific guidance for your situation

.Some practices have already resorted to 'arms-length' veterinary medicine, in which the pet is taken away from the owner in the car park, diagnosed, treated and returned to the owner in the car park. That of course, reduces direct transmission of the virus from human to human, but does not reduce indirect transmission, as the pet may still be contaminated with the virus. The virus can apparently remain virulent for days on a warm protected surface, which includes a pet's skin. Short of dipping every animal in chlorine (please don't!) before entering your clinic, there doesn't seem to be any effective way of reducing the virus load. The same principle applies to forms, money and other objects exchanged.

VDA consent forms can be signed and exchanged electronically, by getting the owner to print off their completed forms, then scanning or photographing them and returning them to you by email or sms. Just be sure that you can prove that it was the lawful owner that signed the form.

Most veterinary board complaints and most civil lawsuits - even during normal times - are opportunistic attempts by devious owners trying to blackmail veterinarians into refunds or pay-outs. So there will undoubtedly be a substantial increase in board complaints and civil lawsuits due to the abnormal circumstances during the pandemic, given that it will be much harder for veterinarians to provide their usual standard of care. Opportunistic owners now have a greater opportunity to take advantage. Again, the VDA will have your back.

On a personal note, VDA directors, consultants and staff have been operating from separate offices around the world, meeting and communicating electronically for the past ten years or more. None of the VDA's personnel are clinically infected with the virus at this time and so the VDA continues to work at full capacity. We send our good wishes to you, our members, and pray that you will remain healthy and strong through these very trying circumstances.

Published 2020-07-08

Don’t get caught with your pants down

(Article 540)

Some practice owners make the error of employing assistant veterinarians, locums and relief veterinarians as well as nurses and techs without making it conditional that they are fully paid-up VDA members in good standing before they set foot in the practice.

Dr A is an enthusiastic VDA member. He reads the VDA Barks ‘n Bytes Newsletters and applies the VDA’s defensive strategies wherever possible. One of these defensive strategies relates to ensuring all members in a practice are VDA members. Here, unfortunately, his guard dropped with regard to one assistant veterinarian who had recently joined his practice.

When Dr B joined the practice she did not join the VDA and did not take out VDA financial protection/ insurance cover. Instead, Dr B purchased mere financial indemnity cover from a commercial Insurance Company.

And then the inevitable happened; a claim involving Dr B. Ms X presented her male cat with an obstructed urethra to Dr B, who hospitalised, sedated and passed a urinary catheter. The cat went into cardiac arrest, CPR was not successful and, sadly, the cat died - within two hours of being admitted.

Ms X sent numerous emails, demanding a timeline, an explanation and a copy of the clinical notes.

Dr A contacted the VDA for guidance, which we provided. Unfortunately we could not assist Dr B as she was not a VDA member at the time and still refused to join the VDA as a member.

Dr B telephoned her Insurance Company for advice. Please note, an Insurance Company only provides financial indemnity (maybe), knows nothing about veterinary law and ethics, and does not offer ADR or assistance with incidents. The Rule of Thumb: insurance companies are good for car and home insurance, but without being partnered with a professional defence organisation like the VDA, they are usually useless and often detrimental to protecting you as a professional.

As is typical, the insurance company advised that they only deal with legal developments should they arise. This meant that the insurance company declined to assist until and unless a lawsuit was filed. There is an obvious reason for this: insurance companies do not have the infrastructure to defend veterinarians.

The golden opportunity of dealing with the incident in the early stage (which is the time when it is most beneficial to handle the matter in order not to incur costs, to decrease the amount of stress it would take to deal with the complaint, and also to decrease the risk of the matter blowing up into a board complaint and placing Dr B’s licence to practice in jeopardy) was missed.

The risk for Dr B in this case was that if nothing was done at the early stage and the insurance company only began to act when court action commenced, then the insurance company could make an expedient

settlement payment to Ms X without the knowledge of Dr B. If an insurance company takes over the matter and makes a payment to the pet owner, the pet owner may use this as proof of guilt with which to make a board complaint. We have had a number of veterinarians get an upsetting surprise when a vengeful pet owner walks into their full waiting room waving the insurance cheque and publicly stating that this proves the veterinarian was negligent and guilty.

An insurer is only interested in protecting their own interest - which is to maximise their profits. They don't consider a veterinarian's professional reputation. They obviously don't want to risk inviting a claim if they can possibly avoid it. So most often, the insurer will make an expedient settlement, often without the input, knowledge or participation of the insured.

Dr B telephoned the board for advice (a big mistake!) and the board advised her to keep her head down unless a complaint is actually made to them. In approaching the board, Dr B failed to appreciate that all boards are consumer protection agencies; in other words, that the board protects pet owners, not veterinarians. The board disciplines veterinarians; therefore, it is a conflict of interest for this board to be advising veterinarians on how to deal with a grievance. Furthermore, the standard of legal and ethical knowledge held by most boards is so low that very often the advice given turns out to be most prejudicial to the veterinarian.

This board's advice to "keep your head down" was exactly the wrong thing to do. Mrs X was attempting to resolve her grievance directly with Dr B first - an opportunity that no clear-thinking vet should turn down.

This particular board has been severely criticised by the courts in the past, who have handed down judgements against the board for acting in violation of legal principles. Despite this, this same board continues to act illegally and unlawfully, as was displayed recently in a case where the board 'nullified' its own decision to convict a veterinarian instead of referring the appeal to a higher court of forum.

If a pet owner's grievance is ignored they will usually go looking for a forum such as a Veterinary Board or District/ State/ Provincial Tribunal or Court to escalate their grievance. It is far, far easier to deal with a pet owner's grievance with the VDA's ADR (Alternate Dispute Resolution) process while the case is informal and in the early stages. The amount of stress, and the risk to a vet's reputation and licence to practice and livelihood is multiplied when pet owners file complaints with the board. Furthermore, ADR is an opportunity to mitigate any errors or deficiencies in the handling of the treatment, as well as to rectify errors and misconceptions that owners have (which occur in 95% - 100% of complaints). In addition, it is far more professional and respectful for a veterinarian to take their clients' complaints and criticism against them seriously. Rather than just "hope it all goes away", there are important and useful steps to take that can deal more appropriately with a grievance.

As the case progressed, Drs A and B were hoping it would all go away. However, instead, the situation escalated.

Ms X began posting defamatory comments on social media. Neither the Insurance Company, nor the board, were able to address this issue.

The VDA says: There are numerous steps that Dr A and Dr B could have taken. For example, they could have sent Ms X a 'cease and desist and delete' letter, and if Ms X failed to comply, Dr B could have sued her for defamation. (There has been a recent court decision which found in favour of the veterinarian and awarded the veterinarian approximately $25 000 for the client's defamatory posts). The VDA is willing, in selected cases, to administer and finance a member's litigation for damages for defamation against an owner, on a contingency agreement (VDA pays for the litigation; damages awarded are shared with the VDA).

Alternatively, Dr A and Dr B could use social media and its freedom of expression to drown out negative reviews with favourable posts from their regular clients. There are other remedies, too, which we may discuss in further articles.

The board and the Insurance Company both failed to provide any advice on Ms X's demand for their clinical notes.

The VDA says: The clinical notes are jointly owned by the veterinarian who created them and the practice at which they were created. When pet owners demand a veterinarian's clinical notes, this is the first step an astute pet owner makes in order to hurt the veterinarian - and the practice. A pet owner (and their legal counsel) will scrutinise your clinical notes to find support for an allegation of negligence and for missing information which they think ought to be there. The veterinarian loses control of their notes and also of who reads them and how widely they are shared. Their notes will be misconstrued and misinterpreted and used against them. The board's and Insurance Company's advice to Dr B would probably simply delay the resolution and make the resolution more tenuous and more risky.

Dr B's decision not to join the VDA meant that she was not eligible for the necessary advice and ADR process to protect her and her professional reputation. The function of the VDA is to keep its members from being successfully sued in the courts and Dr B's decision to operate outside of the VDA's protection exposed Dr A to these risks. Dr B created substantial and avoidable liability for Dr A, as owner of the practice at which the treatment had taken place. Practice owners are almost always cited in litigation as 'the Second Defendant', and with deeper pockets, are often left to foot the bill. In addition, we have seen veterinary boards convict practice owners - even though they had nothing to do with the treatment - one of the many gross incompetencies of veterinary boards.

The VDA recommends that all practice owners make it a condition of employment that assistants and locums (and all other professional staff, such as veterinary nurses) become VDA members before they come anywhere near the practice. The joining process can be concluded in just a day or two, so there is no excuse. Then the VDA will have the lawful right to assist all the veterinarians immediately when an incident occurs, and all the veterinarians will be fully protected.

Don't be caught with your pants down - get all your professional staff to join the VDA.

Published 2020-08-10

Veterinarian Suicide Crisis

(Article 541)

Recently there was an episode of Insight on ABC in Australia regarding issues of mental health, stress, and suicide in the veterinary profession, which is receiving great feedback from the general public (https://www.sbs.com.au/news/insight/tvepisode/veterinary-care). This enlightening snippet, coupled with numerous worrying news headlines about the current worldwide Covid-19 pandemic, the tanking economy, and other related stresses, has prompted the VDA to once again explore the data regarding suicide in veterinarians.

The conversation on suicide in the veterinary world needs more attention.
As uncomfortable as this topic is for many it is a necessary one, as every life is too valuable to lose.
There needs to be a drastic culture change regarding mental and emotional health, especially within the veterinary field.

A quick Google search on Veterinary suicide reveals multiple stories about vets who have taken their lives. There is no commonality in age, gender, race, or location but there are repetitive claims of online abuse, long working hours, difficult pet owners, moral ethical dilemmas and easy access to drugs, to name a few. Articles cite recommendations such as education on suicide and access to counseling resources but there is little evidence of these resources actually being made readily available to veterinarians - and so suicidal ideation has become a pressure cooker on the brink of explosion.

In many of the cases in which the VDA is involved, vets are abused by pet owners (physically, emotionally and, more recently, via online methods) creating incredible duress, during already stressful events. And all the while the beleaguered veterinarian still has to maintain a demanding job. The VDA is witness to a crumbling structure where more vets are leaving the profession than those going into the profession, meaning that veterinary practices, and especially emergency practices, are closing due to lack of staff.

Current Suicide Statistics

A recent study (2018) released by the Centers for Disease Control and Prevention (CDC, in the USA) spanning a 36 year period, revealed that veterinarians and veterinary technicians in the United States are at an increased risk of suicide. Female veterinarians are 3.5 times and male vets are 2.1 times more likely to commit suicide than the general population. 75% of the vets that have committed suicide (often with the drugs they use for their patients) worked at a small animal hospital. It is also noted that vets are more likely to die by suicide on the first attempt because they have easy access to highly lethal methods such as guns and pentobarbital.

The reasons why vets are committing suicide at a higher rate than the rest of the population include the high expectations they have for themselves, feelings of inadequacy, financial concerns, fatigue due to demanding work schedules and easy access to lethal drugs. It has been suggested that introducing administrative controls involving limiting pentobarbital access in veterinary clinics is an "easy" solution but most vets feel that this suggestion is just a Band-Aid plastered over a much bigger problem. If a person is desperate enough limiting access to drugs just means they will find another way to commit suicide.

Australia has seen an increase in veterinary suicide with vets being 4 times more likely than the general population to commit suicide. Recent coronial inquests into vet suicide resulted in recommendations for veterinarians to practise safe drug storage and mandatory record-keeping. However; some objectors believe these measures will impede the delivery of timely veterinary services which will affect the welfare of animals. They have called for a mandate for dangerous drugs to be locked away when not in use. This practise is in effect almost everywhere in the world, but could not possibly be effective in preventing veterinary suicide, since veterinarians (the very people who are "at risk") are the ones who would have access to these drugs!

Factors Specific to the Veterinary Profession:

Vets today are vulnerable to depression and suicide due to a multiple of intertwined reasons, starting with the fact that people who go into the veterinary field are usually highly motivated individuals who place a lot of pressure on themselves to achieve perfection.

Finances

Financial issues start with vet school which is an expensive program spanning a minimum of five years. Most vets have taken a student loan, so they start their career with hundreds of thousands that need to be paid off. Vets are forced to work long hours to earn enough to live on as well as pay these debts, sometimes taking second jobs.

Unlike medical doctors who also have expensive schooling, vets don't get paid as much, meaning they are in debt for longer, making the light at the end of the tunnel seem even smaller and dimmer.

Those that own their practice face angry pet owners that refuse to pay their bills, often multiple times a week, resulting in further debt and further stress.

Social Media and Cyberbullying

The internet has proven to be a dangerous place for vets where angry and usually uninformed pet owners start a rant. As is the way with all emotional subjects (and pets are a particularly emotive issue), these remarks spread like wildfire, picking up responses from uninformed people who may even live on the other side of the world; all piling on and bad-mouthing one vet for something that, in all probability, they didn't do. There is a massive danger of online mob mentality if a vet seems to do something that violates a pet cause. Numerous stories and news articles are available of vets who have committed suicide because of online harassment. The VDA has encountered numerous instances of cyberbullying and they are stressful and damaging to any vet's reputation.

Work- Life Balance

Vets work long hours to pay off student- and other debts and very often take the job home with them, where they may sit late into the night sending emails or following up on clients. For those that own a practice, management responsibilities are often overwhelming. Staff morale constantly needs propping up and staff need emotional support, leaving vet owners no room for looking after themselves.

Ethical- Moral Issues

Vets are often tasked with euthanizing animals at the owner's discretion where it is not warranted, resulting in an ethical conflict and moral distress. Dealing with death on a daily basis and the actual act of putting animals to sleep is emotionally highly taxing to the veterinarian.

The greatest problem is that the veterinarian's proximity to death can make dying seem a reasonable way to relieve pain and suffering.

Animal Owners

Animal owners have been cited as the most challenging aspect of the job because they are emotional and unpredictable in dealing with their pets. It is common for owners to believe a vet should treat their animal for a fraction of the cost of human care, and once a pet dies many pet owners refuse to pay the bill, as the owner either forgets or becomes unable to grasp the value of what the vet has done to try to save the animal's life, or simply loses their moral compass in a quest to guard their purse strings.

Access to Drugs

Suicide is an impulsive act and if one has the means (access to drugs) to act upon this urge and the knowledge with which to induce a lethal dose, the result is usually fatal.

Solutions

Introducing compulsory mental health training in veterinary school will provide the tools to deal with personal issues as well as problems outside of the vet's control such as angry pet owners.

Insisting on pet owners having pet insurance would ensure that the practice will not suffer financial loss and will take the pressure off the vet being forced to euthanize because the owner cannot afford treatment.

Practice owners should introduce mental health training within the workplace, and ensure information is available to the vets within a practice by sticking up posters with essential information along with a list of local hotline numbers. (Consider the colored blocks of text below this article).

Embrace the notion that the profession needs to look at this in a more enlightened manner. We need to be aware of those around us who may need help. The simple act of asking each person in the practice how they are doing every day and listening to their responses can be invaluable.

A heightened sense of awareness of mental health issues in the veterinary field is the starting point to a long journey of healing in the veterinary world.

If you, or anyone around you, are feeling overwhelmed or having suicidal thoughts, please contact a health professional or call the VDA for support.

General Risk factors:

Symptoms of depression: hopeless outlook on life, loss of interest in everyday activities, change in sleep patterns (normally increased fatigue), anxiety, irritability, changes in appetite (also weight loss or gain), changes in moods and emotions, and suicidal ideation
Speaking actively of suicide or death
Recent loss such as divorce or relationship breakdown, death of a loved one, retirement or loss of job, money, status, security or health problems
Family history of suicide
Substance abuse
Prior suicide attempts
Declining performance or participation in work, relationships, hobbies and social interaction
Searching for a means to commit suicide or working out a plan

What to do if you suspect that someone is suicidal:

Listen: most suicidal people feel isolated and unimportant. Be empathetic and nonjudgmental in any feedback you give.
Look for the warning signs: most suicidal people don't wish to die but they are incapable of seeing other options.
If you have suspicions, ask them if they are suicidal. This gives them permission to talk and will not make it worse.
Talking gives a suicidal person a sense of connection, hope and that someone cares enough to listen and support them.
If they confirm that they are suicidal, ask if they have a plan, the means and if they've thought about when to attempt it (what, where, when and how). If there is not a plan, it may not be an immediate crisis, however; there is still a serious problem and encouraging professional help is step one. If there is a plan but they are not threatening immediate action then you need to ensure that they commit to not taking suicidal action until they see you or a professional.
If there is a plan and they have threatened action, seek professional help immediately and do not leave them alone!

References

https://www.cdc.gov/media/releases/2018/p1220-veterinarians-suicide.html
https://suicidepreventionlifeline.org/
https://www.sbs.com.au/news/insight/tvepisode/veterinary-care
https://www.newsmax.com/health/health-news/veterinarian-suicides-suicides-

veterinarians/2019/04/09/id/910820/
https://beta.washingtonpost.com/national/health-science/suicides-among-veterinarians-has-become-a-growing-problem/2019/01/18/0f58df7a-f35b-11e8-80d0-f7e1948d55f4_story.html?outputType=amp&noredirect=on
https://www.downtoearth.org.in/news/health/in-almost-4-decades-400-us-veternarians-killed-themselves-says-study-62570?fbclid=IwAR2gc4n900TLD21ILSp1fcrt-Ev-SRB7PLAzdCOKpAYWXwxMjd8-sRfgPm8
https://www.upi.com/Health_News/2018/12/20/CDC-study-finds-higher-rates-of-suicide-in-veterinarians/8321545329516/
https://drandyroark.com/suicide-prevention-the-staggering-numbers-plaguing-the-veterinary-profession/
https://www.cracked.com/personal-experiences-2520-why-are-so-many-veterinarians-killing-themselves.html
https://www.abc.net.au/news/2019-01-13/vet-shortage-as-suicide-rates-high/10708686
https://www.sbs.com.au/news/insight/a-look-at-australia-s-veterinarian-crisis
https://todaysveterinarynurse.com/articles/veterinary-suicide-rates-are-higher-including-veterinary-technicians/?fbclid=IwAR0NbPKjyd8CAsiNHXa7Yeixc9HAhjTlZaqeQDink0_zKn_0tjQSS29oW6g

Published 2020-09-18

Moral Injury

(Article 542)

Readers of our recent Barks 'n Bytes news article on Veterinary Suicide were moved to write in offering their services - should there be any active solutions that could be taken to the profession. One member remarked that increased screening of client complaints at board level, and possibly requiring complaints from the public to be regulated by payment of a small fee would help to reduce the number of veterinarians faced with the highly stressful experience of board complaints. Other members wrote to decry the lack of solid action from the people that are supposed to care for the profession - the boards and the associations and clubs.

Since then a new idea of what ails vets and forces them on a downward path towards self-harm has come into the spotlight. This has been earmarked to receive attention by the Royal College of Veterinary Surgeons' "Mind Matters" project… Read on.

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Research into mental health in the veterinary profession has recently unearthed the fact that there are connections between veterinarians' mental health and the damage caused by Moral Injury.

Moral Injury is defined as the damage inflicted on the human soul during instances that make us question our moral and ethical notions of right and wrong. Known instances where Moral Injury occurs include war, abuse, rape and violence.

Moral Injury is a term that has its beginnings in the context of war and military service- particularly in the experiences of the atrocities of war and the lasting emotional, psychological, social, behavioral and spiritual impact of the actions taken by, and experienced by, individuals involved in war. Dr Johnathan Shay, a Massachusetts psychiatrist, discovered that the returning war veterans' struggles to deal with their experiences of war could not be well explained by the usual mental health diagnoses; and so the concept of Moral Injury was born.

Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) have become household names over the last few decades due to changing attitudes regarding the costs of war. Similarly, Moral Injury is the focus of current mental health research and is being noticed across various disciplines.

In the human medical field, studies have focussed on trying to care for physicians and other healthcare workers who are identified as suffering from Moral Injury. But, according to Dr. Simon Talbot and Dr. Wendy Dean, writing in the health and medicine publication STAT , what is in place at present is

insufficient.

"What we need is leadership willing to acknowledge the human costs and moral injury of multiple competing allegiances. .. Physicians must be treated with respect, autonomy, and the authority to make rational, safe, evidence-based and financially responsible decisions." [The VDA endorses this recommendation for veterinarians, too! Ed.]

Where veterinarians are concerned, Talbot and Dean called for more instruction on ethical conflict and self-care in veterinary school. "Regardless of the explanation, training in recognizing, naming and navigating ethical conflict as part of veterinary professional education could start to address the problem."

In the meantime, in recent news (August 2020) the RCVS Mind Matters project has awarded £40,000 to two research projects, one of which will investigate Moral Injury in the veterinary profession, and the second of which will examine racial discrimination in the veterinary profession. The two topics were selected from many, because these issues are known to be present but there is a clear lack of evidence-based research available to understand prevalence, impact and solutions. These topics are being researched with the prospect of offering solutions- focused evidence to ensure successful interventions and support mechanisms for those whose mental health has been impacted.

The study looking into Moral Injury in the veterinary profession is being carried out at King's College London by Professor Neil Greenberg, Dr Dominic Murphy and Dr Victoria Williamson. Their research will examine the types of Moral Injuries veterinary professionals may encounter; their prevalence; the perceptions amongst professionals around how these Moral Injuries come about; and what support is needed when they occur.

Moral Injury is the harm caused to your consciousness or moral compass when you witness, are responsible for, or fail to stop an event which conflicts with your moral beliefs, values or ethical codes of conduct. Definitions that identify the types of trauma caused include the following key phrases:
"disruption in an individual's confidence and expectations about one's own or others' motivation or capacity to behave in a just and ethical manner"
"the inability to contextualize or justify personal actions or the actions of others and the unsuccessful accommodation of these experiences into pre-existing moral schemas"
"betrayal of what's right, by a person who holds legitimate authority in a high stakes situation."
"a deep soul wound that pierces a person's identity, sense of morality, and relationship to society"
"Suddenly, you realize there's a capacity for destructiveness that went beyond the scope of your imagination,"
"It's a normal, human response to abnormal conditions. But it is a profound kind of suffering,"

The concept of time is important in understanding Moral Injury in that our moral codes are constantly evolving alongside our identities. These transitions inform current perspectives which form new conclusions about old events. The changes occur continuously, all interwoven with each other, developing layer upon layer, and deteriorating our characters.
Moral Injury is a complicated diagnosis, with the problem not presenting immediately after the incident, but rather days or even years later. Most often, a life- changing event will bring this past unknown injury to the surface.

Moral Injury has the ability to damage the ability to trust (affecting the immediate family and wider community). The consequences of Moral Injury may lead to debilitating distress, depression and suicidality.

Pathways to recovery are currently being explored by researchers who are suggesting that the treatment of moral injury ("soul repair") must be defined by the individual and their unique beliefs and morals where the "soul wound" occurred. Current outlets for treatment include talk therapy, art therapy, spiritual dialogue, writing, and group circles.
Physically, veterinary medicine is a demanding job, not just because of the handling of pets and the fact that veterinarians spend a large portion of their days on their feet; but also because clients may become aggressive and even violent (the VDA has been witness to many a black eye or gun pulled in a consulting room, which suddenly becomes a war zone)!

Nevertheless, veterinarians are in the unique position that the physical component of their job is not necessarily the most draining part; but rather the emotional and mental aspect. To name a few examples: irrational pet owners expecting five star service for free (because all vets are "obliged" to provide "free animal care"), financial debts from student loans, poor remuneration when compared to other professions, poor work- life balance and, more specifically, the psychological pain incurred when a vet is asked to act in a way that is contrary to their moral code, such as putting healthy animals to sleep. There is also the inability to offer quality patient care under the constraints imposed upon the veterinarian by their regulatory authorities - who act as the advocate of the general public, leaving veterinarians without mentorship and guidance (unless they have had the foresight to join the VDA in their country, we would suggest)!

While it may seem dramatic to compare veterinary medicine to war, the pronouncement that Moral Injury is being recognized in veterinarians is serious. We need to deeply examine the circumstances in which we may have lost our meaning system (right or wrong reflex). For example, the cost of 'convenience euthanasia' may be one that is too high a price to pay - because we cannot live without a belief system to which we can consistently adhere.

Instances of Moral Injury could be a major reason why veterinary practice is a professional lifestyle fraught with depression, substance abuse and high suicide rates.

The VDA is here to support members with any mental or emotional questions or concerns.

References

https://www.vetsurgeon.org/news/b/veterinary-news/posts/rcvs-funds-research-into-moral-injury-and-racial-discrimination-in-the-veterinary-profession
https://moralinjuryproject.syr.edu/about-moral-injury/#:~:text=What%20is%20Moral%20Injury.%20Moral%20injury%20is%20the,beliefs%2C%20values%2C%20or%20ethical%20codes%20of%20conduct.%20Link.
https://www.deseret.com/2018/11/7/20658107/your-veterinarian-may-be-suffering-from-moral-injury-and-you-may-have-caused-it-here-s-what-people-a#0
https://www.kcmhr.org/moral-injury-violating-your-ethical-code-can-damage-mental-health-new-research/
https://www.wbur.org/commonhealth/2018/10/15/vets-moral-distress

Published 2020-10-06

Post Covid Psychological crisis

(Article 543)

The sudden impact of COVID-19 on the veterinary profession has had far-reaching effects with most practices adopting a new normal to ensure patients continue to receive essential veterinary care while staff and clients are protected.

In South Africa, puppies have become the new, sought-after “toilet paper” with vets seeing an influx of newly acquired puppies. This is most likely because people are, or were, spending extra time at home and feeling the need for companionship during lock-down and isolation periods. Hopefully this results in many long term client relationships.

The same cannot be said for large animal vets whose clientele has taken a massive financial punch. The veterinary field is known to suffer widespread mental health distress and COVID-19 is having a further effect on vets who are experiencing increasing financial strain, emotional exhaustion and the constant fear of the unknown. **This is a psychological crisis!**

New research (July 2020) by Braemar Finance (operating in the UK and Ireland) regarding the opinions of senior members (200 vets) in veterinary practice about the impact of Coronavirus has been published and the results reveal:
*Almost 70% said it will be up to six months before they are fully operational again
*85% expect income over the next 12 months to decrease
*63% believe that once things return to normal, staffing levels will return to normal too.
*Almost 60% have made use of government financial assistance.
*When asked how supported they feel by their professional body, 18.5% said 'very' and 78.5% 'Somewhat'.
*27% felt the worst is behind us, but the economy could decline again, 24% said the worst is behind but it will be a slow recovery, 22% said there is worse to come and 21.5% said the worst is behind and there will now be a quick recovery.

Many practices are reporting a financial loss due to clients seeing pet care as secondary to the chance of getting/ spreading Covid, as well as many clients postponing annual visits and not purchasing their usual products at the vet because they are not earning as before. Vets have been responding to this by taking loans, forgoing salaries, using business reserves or savings, selling off assets, or extending credit.

The most common safety approaches include asking clients to wait in vehicles during an animal exam and providing curbside treatment when possible, contactless payment processing, taking patient history

by phone or virtually (the VDA does not endorse this), drive-thru pick-up and drop-off, ensuring clients visit in their allotted times and by appointment only, ensuring clients maintain a safe distance between each other, working in shifts so if one staff member gets sick then that whole rotation of staff stays home, and the obvious sanitizing and use of PPE.

The added layer of Covid protocol protection is hindering veterinary care with many vets feeling pushed to their limits without having the opportunity to have meaningful face to face conversations with pet owners, which is not only time consuming but also affecting the decision making process in healthcare.

The VDA would like to take this opportunity to once again remind members of the signs and symptoms of various mental health difficulties. Please print these out and post them where everyone in the workplace can easily see them. [in a block?] Yes please.

Signs of anxiety

*Constant worry about a number of concerns, such as health problems or finances, and a general sense that something bad is going to happen
*Feeling overwhelmed by emotions
*Restlessness and irritability.
*Difficulty concentrating, sleep problems and generally feeling tense.

Signs of a panic attack

*A thumping heart or rapid heart rate
*Sweating, trembling, shortness of breath or a feeling of suffocation.
*Attacks happen suddenly and without warning.
*Fearing when the next episode will occur which can cause changes in normal activities.

Signs of depression

*A lack of interest in daily activities.
*Considerable weight loss or gain.
*Insomnia or excessive sleeping.
*Lack of energy or an inability to concentrate.
*Feelings of worthlessness or excessive guilt.
*Recurrent thoughts of death or suicide.

Risk factors for suicide

*Talking about dying or self harming.
*Recent loss through death, relationship or financial change.
*Personality changes (sadness, withdrawal, irritability or anxiety).

*Changes in behaviors, sleep patterns and eating habits.
*Erratic behavior (harming self or others).
*Low self-esteem (feelings of worthlessness, guilt or self-hatred).
*Hopelessness.

Contact a health professional if you feel you may be suffering from any of the above. Alternatively contact the VDA for advice or guidance in these challenging times.

References
https://www.vetsurgeon.org/news/b/veterinary-news/posts/new-research-reveals-impact-of-coronavirus-on-the-veterinary-profession
https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19/covid-19-impact-veterinary-practices
https://theconversation.com/puppies-and-burnout-the-economic-impact-of-the-coronavirus-on-vets-141964
https://www.apa.org/topics/covid-19/psychological-impact

Feedback on Barks 'n Bytes, Moral Injury (Issue 187) article

Dr A, a VDA member, has kindly provided feedback on a recent Barks 'n Bytes article feeling that she 'should submit a few remarks regarding the Barks 'n Bytes article, "*Moral Injury*", which is probably at least 50% of the causes of veterinarian depression and suicide'.

Vet schools need to make it clear to students that 90% or more of future clients are going to be wonderful people, but the ones you remember will be the nasties. If you can compartmentalize the nasties into "they have their own problems, poor things but their problems are not my problems" and locate what (if any) of their complaints have validity; rectify them for your own peace of mine (you'll never satisfy a nasty) and put the nasty aside.

Too many people see pets as a right- not a privilege, and expect someone else to pay for their upkeep. (How often have I been asked "Do you bulk bill?" as if veterinary bills were covered by Medicare!). Veterinarians have to keep reminding themselves to remind their clients that pet ownership is a privilege – and a duty for the life of the pet! "Pets are for life, not just for Christmas!" (or COVID, in the current climate). That slogan is something all pet shelters and pet breeders need to both remind themselves and tell people buying pets. Perhaps also tell the buyers that the purchase price is just the initial cost of pet ownership: just as children cost money to raise to adulthood, pets cost money in terms of feed, veterinary fees, etc., for the life of the pet.

Euthanizing healthy animals is worth a lecture at university all by itself, and perhaps early in the course. No matter what we do or say, there will be clients who cannot (or can't be bothered) or will not rehome their pets when they no longer want them or get into a situation where they can no longer keep them. Some will dump the pet at a shelter, leaving the problem of rehoming to that shelter – and there are too many strays, unwanted litters and abandoned pets for any shelter to rationally hope to rehome all! If the veterinarian refuses to euthanize a healthy pet (and refuses to take the pet on and try to rehome the pet, if the ex-owner is agreeable) there is a large proportion of those ex-owners who won't take it to a shelter for whatever reason. So they will either dump the pet somewhere to die of starvation and/or thirst OR add to the feral cat/stray dog problem; or they will kill the pet some way or another – drowning in a sack in the river (or a cage in a wheelie bin), dumping in a plastic rubbish bag in a dumpster bin to either suffocate or be crushed with the rest of the litter, tring to stab the pet/cut the pet's throat; bury the pet alive; trying to hang the pet. Believe me, in 40 years of practice I have seen or heard/read about people doing all of the above – sometimes (when it comes to a litter of puppies or kittens in the Riverland/Mid-Murray regions of South Australia at least) being advised by their local council to throw them in the river in a sack. Sickening, isn't it? So if I am asked to euthanize a healthy young pet who should have his/her whole life in front of him/her, I do so with regret but without guilt. At least the pet will die in comfort and dignity, not in terror and pain.

It has taken me a long time to reconcile myself to the cruelty, intentional or otherwise, of some pet owners. If I could prevent it, I would. But however I regret that the cruelty has happened or I have euthanased an animal before his/her time, I will no longer let it fill me with guilt. I just wish I had been warned 40 years ago that there is going to be 10% or less of pet owners who will not share my concern for pet welfare. We can't be sure who will be in that 10%: I've dealt with some "real yobbos" who couldn't care less about themselves/human life but will spend every last cent on their dog – or cat – companion; and rich, educated and seemingly pet-loving clients who have brought me a pet to euthanize because the pet was (and I quote one such client!) "superficial to requirement".

Thank you, Dr A, for the insightful words!

The VDA always welcomes feedback from members.

Published 2020-11-05

Second Opinions

(Article 544)

Asking for a second professional opinion has become a norm in a society where people tailor answers to suit their agendas. Just as we have our favorite GP so, too, clients have their favorite vet - and when our favorite GP gives us results we believe 'simply can't be true' or when there is a miscommunication resulting in a loss of trust, the relationship breaks down.

Being the doctor that is chosen to tend to an animal part of the way through the process is frustrating because not only are you receiving mixed information from the previous vet and the client, but you are also now examining an animal that is more likely to be in poorer health than would have been the case had you been the first to treat it. In most cases, this now becomes a time and money sensitive issue.

In a practice that has multiple vets working on a rotation (the majority of small animal vet practices), means that clients will often see multiple vets from within the same practice. For annual check- ups and non emergency situations, a client will often wait a day or two to see their preferred vet. In emergency situations, the client will see whoever is on duty, and may seek a second opinion from within the same practice.

Ms X presented a tiny unvaccinated 2 month old Maltese weighing 800 grams to Dr A because it had been producing loose stools. Dr A suspected worm infestation (there was no stool to test at this point) and treated for this orally. The puppy vomited the dewormer out in the car, so Dr A telephonically advised Ms X to apply a topical parasiticide on the following day.

Later that afternoon, Ms X presented her puppy again for nausea and vomiting, but this time to Dr B. The puppy was slightly dehydrated. A Parvo snap test (the first test) was negative. Dr B admitted the puppy and administered fluid, antibiotic, anti-vomition medication and another oral dewormer.

The puppy became brighter, and was jumping and barking. There was no vomiting or diarrhoea overnight and the puppy began eating well. Dr B discharged the puppy and advised Ms X to return if she had any further concerns, asking her to bring a stool sample with her. Dr B's rationale for discharging the puppy was that he did not want to keep the puppy longer than was necessary since it was unvaccinated and there was a risk of it contracting diseases.

A few days later, Ms X presented the puppy again with the same complaints - diarrhoea and eating poorly. Dr A was on duty. This time there was a stool which revealed a severe hookworm infestation,

confirming his original suspicions. The Parvo snap test (the second test) was again negative. Dr A dispensed 5 days of a liquid dewormer and anti-parasitic and Ms X took her puppy home.

The following day, Dr B re-admitted the puppy because it had vomited the dewormer, was not eating, and because his habitus was quite flat. Dr B again administered fluids and other symptomatic medication. Later that afternoon, the puppy developed a diarrhoea. The third Parvo snap test was positive.

Dr B spoke to Ms X on the telephone and provided a detailed explanation regarding Parvo virus infections which, sadly, included a poor prognosis. After closing time, the puppy unfortunately developed a rectal prolapse, which Dr B sutured with a purse string suture. He continued treatment. Ms X was not informed that night of the prolapse.
The following day, Ms X and her boyfriend arrived for an update. This was the first time that the boyfriend had visited the practice and he did not have any first-hand information from any of the veterinarians, only second-hand information from Ms X.

Dr A was the only veterinarian available (Dr B was busy with hospital cases, including Ms X's puppy), and he informed Ms X and the boyfriend of the surgery the previous night.
Dr A also offered Ms X and her boyfriend euthanasia - this was the first time that euthanasia had been mentioned - and all the veterinarians at the practice concurred that euthanasia was now in the puppy's best interest. So it fell to Dr A to be the harbinger of two pieces of new and upsetting news, even though Dr A was not involved in the surgery or hospital treatment.

Ms X's boyfriend now became very upset and lashed out at Dr A personally. All of Ms X's and her boyfriend's knee-jerk emotional reactions against the bad news of the surgery and offer of euthansia was directed against Dr A. They now accused Dr A of not performing a thorough early examination, that he had not paid careful attention to Ms X's information, and that he had no signs of compassion. As you can imagine, this conversation deteriorated, could not be resolved, and had to be ended.

Dr B spoke to Ms X again and explained all the deteriorating signs and unfavourable test results, and stated that he didn't think the puppy would pull through. Dr B offered referral to a specialist, but this time, Ms X chose to euthanize her puppy. Ms X expressed gratitude to the reception staff and Dr B, however she felt that Dr A "should not be a veterinarian".
Ms X perceived Dr B as empathetic and had established a good rapport with him. But Ms X had the opposite feeling about Dr A. Yet Dr A and Dr B were colleagues and worked well together and had similar dispositions.

So what was it that created a lack of rapport between Ms X and Dr A? Was it the owner perceiving Dr A as the “bad vet”, and Dr B as the ‘good vet’? Would Ms X have felt antagonistic to Dr B if Dr B had been the one to break the bad news of the surgery and euthanasia?

It may not be clear from the above example exactly what steps Dr A could have taken to prevent being the focus of the owner’s unhappiness. It appears that there was that one point in time when all the negative factors came into play - the news of the surgery, the offer of euthanasia, and a new person who had misunderstood some information.
It often happens that when a pet owner goes for a second opinion and the second opinion differs from the first opinion, that their assessment of the first veterinarian is reduced and their esteem of the second vet is elevated. Many times you will not be able to choose which veterinarian you are - the first or the second - the Saviour or the Harbinger of Bad News.

The only way to place yourself in a better position is to build relationships with clients that have meaning. Meaningful relationships with pet owners are built by allowing the owner to feel heard and delivering information in a manner that the owner can understand the information presented to them. It also results in pets having better outcomes and vets reporting greater work satisfaction.

Look out for a future article on Building Rapport with clients to create meaningful relationships.

Published 2020-12-01

Pet Insurance Advice

(Article 545)

Offering pet insurance advice and opinions to pet owners could land you in a snake pit of financial and legal woes. The VDA recommends that you do not offer advice on insurance products to pet owners!

Here's an example: Mrs X presents her 2 month old labrador puppy for its first vaccination and Dr A tells Mrs X all about primary care. Mrs X is currently in the honeymoon phase of pet ownership and has an open frame of mind. She wants to care for her new puppy from the start, and is ready to add all the bells and whistles.

The conversation, inevitably, moves to the high value of vet bills and how to pay for them. Mrs X inquires about purchasing pet insurance or "pet medical aid".

Many insurance companies view veterinarians as unpaid salespeople and have stocked this veterinary practice with brochures displaying their offerings. The Sales Pitch from these insurance companies feeds the vet with a false narrative; along the lines that the more pet owners there are who take out pet insurance, the more pet owners there will be who can afford expensive treatments. And the less animals they will require euthanasia who could, but for a lack of funds, be treated. And the more money the veterinarian will ultimately make, by providing these expensive treatments.

Years of experience tell us that, if it sounds too good to be true, it probably is.

Eager to fulfill this promise, Dr A whips out a brochure from one or more of these national insurance schemes. But Dr A does not just hand over the brochure and leave it at that. Dr A wants to put his "insurance training" into operation and starts enumerating, explaining and "selling" the insurance products, various options and various levels of cover and associated premiums. And Dr A can't even leave it at this; he goes further, giving his opinion on which options he thinks are the best and offering advice about best value for money.

So Mrs X decides on an insurance company and level of cover and premium, based on the opinion of Dr A.

A few years go by and then things go wrong! The pet undergoes an operation, for which Mrs X makes a claim, but the insurance company declines the claim because they do not cover hip dysplasia treatment.

Mrs X remembers Dr A informing her that this insurance company would cover all possible problems a pet would encounter! (Dr A had not read the fine print on the brochure, he had merely presented the sales pitch that he had been taught). Of course, Mrs X will now seek compensation from the person who advised her – Dr A. And the vet/client relationship begins to look rather shaky.

Another common way that Dr A could get dragged into a dispute is that the insurance company receives a claim and then demands a copy of Dr A's clinical notes. To be clear, this is an unlawful request because Dr A is not a party to the insurance contract and has no obligations in terms of this contract.

In this another permutation of this example, Dr A only realises that handing out his clinical notes was a bad idea when the insurance company starts scrutinising his records and disputing certain tests or treatments or diagnoses. Now, there is the strong possibility that Mrs X will not only have her claim repudiated, but that she will consider Dr A to have provided her with questionable treatment. She may even consider making a complaint to the veterinary board.

There are many other underhanded ways in which Dr A can suffer in this insurance advice scenario. Mrs X may try to bully or trick Dr A into back-dating an insurance application or perhaps forward-dating the treatment because she didn't apply for the pet insurance or pay the premiums until her pet became ill.

The main and most important reason that Dr A should not discuss and promote pet insurance to a pet owner is that Dr A does not possess a licence that permits him to offer advice on insurance products. Without an insurance advisor licence, it is unlawful for Dr A to offer any of the advice as outlined above.

Keep in mind that the contract for pet insurance is between the pet owner and the insurance company. The veterinarian is not a party to the contract and therefore the contract cannot lawfully place any obligations on the veterinarian. The veterinarian is not obliged to provide any information or reports or records to the insurance company. AND - another legal pitfall - doing so without the written permission of the pet owner would be a breach of confidentiality!

The VDA has not seen any solid evidence that veterinarians make more money from pet owners who have paid for pet insurance to cover expensive procedures.

There appears to be very little upside, but there is certainly a downside to veterinarians offering insurance advice.

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When the helper needs help

(Article 546)

The stigma surrounding mental illness is known to influence healthcare professionals seeking out mental health services. This stigma is particularly problematic for those that work in professions in which their identity is firmly rooted as “the helper”. Helpers seek to assist others who are seeking help and are less likely to seek out professional mental health services.

Healthcare professionals are less likely to ask for assistance (especially mental health help) because they believe it can be perceived as a sign of weakness from peers and clients. Healthcare professionals are generally a profession of perfectionist personalities and letting others know of any mental health problems may be seen as a weakness and may have career implications.

Healthcare professionals, such as veterinarians, are expected to be ready for action and strong at all times. This is an impossible ask, especially with the stress veterinarians experience, as Dr A discovered:

Dr A had been feeling down for some time and attributed this to a recent long term breakup. She had taken a day off work at the time to ensure she could recuperate and returned to work on the Monday with a steely determination to keep smiling and not let others know what was going on.

A few weeks had passed and with the long working hours and additional overtime hours she was doing due to staff shortages in Covid, her mind had been otherwise occupied.

The additional stress that Dr A was feeling made her short with colleagues, generally withdrawn and feeling as though nothing she was doing was good enough. She was seeing more patients, dealing with clients feeling the fear and frustration associated with Covid, working longer hours, and having less time for herself.

She started to make small errors at work: starting with spelling mistakes, calling clients by wrong names because she was not reading charts properly, giving limited feedback to clients on how to care for their pets, and rushing through appointments because she thought the more help she could give, the better the vet she was.

Unfortunately Dr A was in a downward spiral, with many clients complaining at the reception desk regarding her rude behavior.

Dr B, the owner of the practice that Dr A works in, grew concerned and approached her to have an open discussion about if she was okay. Dr A reacted aggressively, taking personal offence that her work performance was being criticized. Dr B recommended time off and seeing a psychologist. Dr A said she would consider.

The following day Dr A encountered a situation that finally tipped the scale and caused her to have a nervous breakdown. A pet had not recovered from surgery and the pet owners were adamant that Dr A had made a mistake in the initial diagnosis.

This time Dr B insisted that Dr A take time off work and see a psychologist. Dr A sobbed about how the practice could not afford to lose a veterinarian with the increased pressures at the moment. Dr B explained to Dr A that they would rather have her off for a week or two and then return with reduced responsibilities such as not operating, than have a veterinarian making mistakes.

Dr B opened up to Dr A about how he had suffered mental health issues in the past; he had eventually tried to commit suicide but had been caught in the act and saved by the practice nurse at the time. He told Dr A about how he saw a psychologist once a week and he continually worked on his mental health and wellbeing to ensure he did not suffer a similar fate again.

The lack of seeking out professional mental health when it is needed is challenging as mental health problems can escalate to suicidal tendencies, and further to committing suicide.

Dr A could not believe that such a well established and successful veterinarian could have been as ill as to attempt to take his life. Dr B explained to Dr A that this stigma regarding seeking mental health was almost his downfall. Dr B realized that he needed to share this knowledge with other veterinarians in his practice so that they too could see the benefits of maintaining mental wellness and seeking out help when necessary.

Dr A took two weeks off, returned to work and slowly started to build her work responsibilities back to normal. She sees her psychologist on a regular basis, takes an art class on a Wednesday evening and makes sure to include 20 minutes of exercise in her daily schedule.

She is thankful that she had Dr B to guide her and has since opened up to peers about her experience, hoping to help someone else as she was helped.