



Ethics *and* Standard of Care

by Lisa Dubé-Forman

Recently, several events have transpired that have opened my eyes, and then some. I have been roused to contemplate that the science of morals and standards of care varies between small animal veterinary medicine — mainly companion animal care — and those of large animal practitioners. Qualifying the latter group includes equine and bovine medicine as well as medical and surgical aspects of care for food animal production such as swine, goats and sheep.

My epiphany has revealed a jarring, cold probability. The benchmark behind levels of care for companion animals, to include purebred dogs, is not only debatable but hardly standard. While practicing medicine, there is a familiar expression, 'the standard of care is a moving target.' At first, this phrase seems in some measure unclear, impersonal, but after careful thought I find it troublesome giving rise to uncertainty and is, to be sure, very personal. It can and does affect all of us at one time, or another. Clients of community and specialty veterinary practices, as well as colleges of veterinary medicine (teaching universities), have a tacit expectation of the standard of care their pets receive. We assume and trust that the doctors are competent, compassionate and dedicated. However, this expression 'a moving target' does not necessarily instill confidence as, unfortunately, levels of expectations can move in both directions, up and down. Most of us only assume that veterinary standards of care and ethics are increasing. Wisdom dictates that one should never assume anything. As for ethics, the American Veterinarian Medical Association (AVMA) boasts their principles of veterinary medical ethics and, in the same vein, the American College of Veterinary Surgeons (ACVS) mission is to advance the art and science of surgery and promote excellence in animal care. Members are expected to adhere to these outstanding levels, and many of the top tier veterinarians and board certified specialists belong to one, the other or both.

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Perhaps it is the money involved in companion animal care that has been so seductive, especially with a 2014 population projection of 83 million dogs in US households who will require care from the approximately 100,000 employed veterinarians. Small animal care can be a very lucrative profession, having mentioned in last month's article that one of my veterinarians drives a Ferrari as a secondary vehicle. However, as is the case with physicians, there are always different levels of quality care, some with serious repercussions. With these repercussions in mind, I am writing about one or more deeply disturbing, documented deaths of dogs that allegedly were due to sheer negligence and incompetence. For example, in at least two cases esophageal intubation occurred and allegedly was the main factor in the immediate decline and death of the animals. Yes, you read that right. The animals were subjected to botched, incapable attempts of intubation resulting in tubes being inserted inside their esophagus instead of the trachea for ventilation. Further, in at least one of these cases, after failed attempts, finally an endotracheal intubation took place, what followed were critically low levels of oxygen delivery and finally hypoxemia. The consequences were tragic and the animals, upon awakening, suffered cruelly at the hands of incompetency. Both were elective anesthetic experiences which left the owners devastated. One being a surgical artificial insemination, and another an x-ray for a limping dog — the latter being a surprising requirement for a medium-sized dog.

However, maybe not surprising, as with the latter case, it is not unusual to hear of many veterinarians who can be very convincing, even coercive. During my considered years of observation, those dog owners without decades of breeding experience are easily persuaded, sometimes bullied, into following a veterinarian's lead which may have been the case with the medium-sized dog having been anesthetized for lameness. Consider another incident where the owner brought their new pup for his initial wellness check and the veterinary teaching school insisted the young pup required extensive dental surgery. Alarmed at what would have been significant expenses for such, the new owner fortunately contacted the breeder who intervened immediately. Skipping to the conclusion, the pup's dentition matured normally without any oral surgery or extractions.

How the aforesaid and avoidable tragedies even occurred are nearly beyond the bounds of possibility. My veterinarian(s), when told of these events, shook their heads in disbelief. I asked how is it licensed practitioners can be so incapable of performing fundamental endotracheal intubation? But it did and does happen, and these are only two documented cases within several months that I have been informed about. Expounding on the surgical insemination case, this was not a 'fly-by-night' reproduction specialist. Moreover, after returning home the breeder immediately recognized the bitch was in serious distress and sought medical attention. After lengthy and repeated attempts, a diagnosis was determined by an independent, large animal veterinarian whose x-rays revealed an esophagus so badly damaged, they wept as they humanely euthanized the bitch. As for the state of pregnancy, the heartbroken owner chose not to be informed if the inseminated bitch was or was not in gestation.

What I find equally appalling is that 'death' was not the final in-

sult for this and other owners. At the beginning of their nightmare, the breeder immediately informed the reproduction specialist of the bitch's anguish. The reproduction specialist did not offer any medical consultation, choosing to remain unresponsive even after their office was advised of the bitch's death. There was no acknowledgment or condolences from this veterinarian, just dead silence. Other owners sit helplessly as the abuse is heaped upon them callously by medical professionals denying any and all responsibility as they hide behind the knowledge that people are reluctant to pursue formal complaints or even litigation. Moreover, many owners feel they played a role in the deaths of their dogs for if it were not for their decisions, their dog would be alive today.

In another unrelated case, a hound was admitted to a teaching hospital for a penis fracture. Suffice to say the dog did not come out alive after extended care and ten thousand-plus dollars in medical bills. Deeply upset and agitated, the owner pursued complaints and administrative hearings against the attending veterinarian. He attempted to show sustained negligence in a chain of events during the care of his hound using the teaching hospital's medical records and notes. Ultimately, and although unsuccessful, the owner felt

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he demonstrated that there were evident omissions and exercising of any standard of care. Insofar as teaching universities, I too have had experience with a renowned institution and am obliged to contemplate if what some insiders say is true — that a teaching hospital loses a dog but in return gets

one or more research papers out of it.

In these and so many other countless, alarming cases it leaves us to ponder legitimately if small animal care has been hijacked. A majority of seasoned fanciers have personally experienced or have had people close to them endure incidents of veterinary malpractice. A friend recently prognosticated that there is a growing distinction between large animal and small animal companion care. If one resides in the heartland, breadbasket, corn or grain belts of our country or where herd and dairy production are prioritized, this assertion may not be so far-fetched. Large animal sciences prioritize nutrition, herd management and profitability, cow comfort and pain management. Importantly, livestock represents a farmer or rancher's livelihood. The decline or demise of a particular high producing milking cow, top breeding bull, or stakes winning racehorse, for example, can impact sources of income. The loss of a good milking cow may be consequential for a small farmer. My friend continued in a very profound manner that it seemed some small animal veterinarians have an attitude that the dog breeder usually has more dogs at home and pet owners, well; they can always get another dog.

There is no way to prove or disprove this sentiment though fanciers and dog owners with firsthand experiences may be convinced this is true. As I prefaced earlier, high-income professions are enticing. With nearly 80 million-plus dogs in the United States; we may not know the motivations driving many of our small animal veterinarians and specialists. We can meditate on veterinary medicine ethics but despite the poster on the wall displaying membership in an accredited organization, we can only hope for morality.