



# SVME Newsletter

Newsletter of the Society for  
Veterinary Medical Ethics

Summer 2015

## President's Message

Washington Animal Clinic in Brenham, Texas is about an hour west of my practice. The associate veterinarian there was immediately discharged after her Facebook post went viral on the internet. In the Facebook post, the veterinarian was shown holding up a dead cat with an arrow through his skull, and the caption proudly proclaimed:

**"My first bow kill, lol. The only good feral tomcat is one with an arrow through it's head! Vet of the year award ... Gladly accepted."**

The following day my email filled with letters from clients, pet rescue organizations, a former President of the American Association of Feline Practitioners asking me to issue a statement. Soon after the Texas Veterinary Medical Association, American Animal Hospital Association, American Veterinary Medical Association, and the American Association of Feline Practitioners (AAFP) issued strongly worded statements condemning this act by a licensed

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veterinarian.

As the author of the current position statement on Euthanasia in Cats in Clinical Practice for the AAFP, I found this action by a veterinarian incomprehensible. But the comments made by the veterinarian in the Facebook post were honestly terrifying. I found myself wanting to apologize to my clients.

I have considered myself to be so fortunate (blessed actually) to be allowed to serve animals and the public as a veterinarian. All of the veterinarians I know are good honest people with a broad sense of decency and respect. And I find it difficult to actually express my feelings about all of this. It's so hard to understand.

The Society For Veterinary Medical Ethics is the singular institution in our profession dedicated to discussing these issues. I am very happy the discussions have been increasing on the list serve.

I would like to invite ALL SVME members to attend the Annual General Meeting (AGM) and Annual Board of Directors meeting at AVMA in Boston, which will be held at 4:30pm on Saturday at the Boston Renaissance Hotel in the cocktail lounge area and dinner will be at 5:30pm; all are invited to join. Look for SVME sign. The Annual Board of Directors Meeting will be conducted by Board Members during the dinner meeting. All are welcome to participate and nominate new Board Members.

Please RSVP to Roni at [svmeinfo@gmail.com](mailto:svmeinfo@gmail.com)

***Respectfully Submitted,  
Bill Folger***



## 2015 SVME Waltham Student Essay Contest

### Student Essay Contest Topic for 2014-2015 :

**How Should the Veterinary Community Respond to the Issue of "Economic Euthanasia?"**

### 2015 AWARD WINNERS:

**Alice Villalobos Award:**                      **Emma Svenson**    (University of Wisconsin, SVM)

**VTS Award:**                                      **Christie E. Kershaw**    (Alfred State College)

**Honorable Mention:**

**Abaigeal Mleziva**                                      (University of Wisconsin, SVM)

**Adeyemi Olayide Abraham**                      (University of Ilorin, Nigeria)

The SVME thanks Dr. Karyl Hurley, ACVIM, of WALTHAM for her continued support of the Student Essay Contest \$1,000.00 cash prize and travel expenses for the winner to attend the AVMA Convention to receive the award and present the winning essay

**Congratulations from the SVME and WALTHAM!**



## 2015 Shomer Award Honors Hal Markowitz, Ph.D.

Hal Markowitz, Ph.D. (Animal Behavior) spent his long career devoted to enriching the lives of captive animals. He passed away on September 13, 2012. He was chosen posthumously to receive the 2015 Shomer Award because of the tremendous impact of his work in improving animal welfare worldwide. Hal essentially invented environmental enrichment, which has made a huge improvement in the lives of many zoo animals. The concept is now spreading even to pet animals who are left home alone all day. Hal felt that his lifelong push to improve the lives of animals was an ethical issue. The success of Hal's enrichment movement is an ethical success.

Hal was initially criticized because his designs were too unnatural for zoo settings, so he then pioneered more natural designs (although it probably doesn't matter to the animals whether their enrichment is natural or not, as long as it improves their lives). Hal's original designs engaged zoo visitors as well as the animals, which is something that is both important and often lacking in current designs. For example (borrowed from Terry Maple): "One of his most ingenious innovations and perhaps the first computerized enrichment device was a reaction time game he introduced to mandrills at the Oregon Zoo. The game presented three translucent buttons illuminated at random. The subject (an adult male named 'Blue') was trained to play against zoo visitors or, when visitors were absent or unwilling to engage, a computerized competitor. The first player to press the lighted stimulus won the trial. The game was highly entertaining for visitors (who were usually defeated by the quick-handed mandrill) but also reduced aggression and stereotyped pacing by the group, and contributed to increased animal activity in the enclosure. ... Markowitz' experimentation inspired more sophisticated technology in other investigators, notably a computerized cognitive testing system activated by a joystick at the Language Research Center at Georgia State University. Beyond its use in the study of cognitive processes, this system proved to be an effective enrichment device for singly-housed rhesus monkeys in the laboratory. The technology also proved effective for socially-housed nonhuman primates, clearly demonstrating the wider efficacy of Markowitz' original concept."

Hal's techniques in enrichment spread beyond improving zoo animal welfare to assisting in the study of animal learning and cognition, which was a major force in moving science away from seeing animals as robotic black boxes to seeing them as the sentient creatures they are, with a major impact on improving the welfare of all animals. Many cognitive studies are now providing enrichment for zoo and lab animals at the same time as they are advancing our knowledge of animal (and human) cognition. Some zoos are even using computers to allow primates to communicate with humans and with primates in other zoos. (See [http://www.huffingtonpost.com/2012/05/09/orangutans-use-ipads-to-communicate-miami-jungle-island\\_n\\_1502371.html](http://www.huffingtonpost.com/2012/05/09/orangutans-use-ipads-to-communicate-miami-jungle-island_n_1502371.html) for an example of such a program.) It seems we are coming full circle in realizing that, although "natural" is important, it is not everything.



## 2015 Shomer Award Honors Hal Markowitz, Ph.D.

Naturalistic enrichment is important because it encourages zoo animals to perform their natural behaviors in captivity, and Hal was a master designer in that area, as well. His own comments provide yet another example, as well as providing insight into his own values: “The first time I saw Harvey, a white handed gibbon feeding himself by brachiating between response areas to activate food delivery ... the effect on me was multiplicatively more than I expected ... The gibbons in this cage no longer had to wait for the keepers to drop food on the floor and sit awkwardly to procure their rations. They had incentive to exercise and use their natural talents to obtain a healthy variety of food chunks high in their environment. At the same time, it gave me hope that we might, in a small way, make the lives of captive animals more stimulating and naturalistic.” Hal recognized early that providing animals with increased choice and control over their environments improved their well-being, and that important understanding has come to be a core tenet in animal welfare science. So, his work in enrichment has had a major impact on animal welfare science, as well as animal cognition science and animal enrichment.

Another quote from Terry Maple sums up the magnitude of Hal’s impact: “His most important book, *Behavioral Enrichment in the Zoo* (1982), launched a global movement to improve the conditions of captivity in zoos, aquariums, and biomedical facilities. As an indicator of his international standing, a copy recently sold on Amazon for the hefty price of \$456.” Hal’s work on enrichment not only directly improved the lives of animals, it also had a major impact on animal learning and cognition science, as well as on animal welfare science, other areas which have also contributed to improving animal lives. Hal was truly a pioneer in addressing ethical issues around the welfare of animals in captivity, with a wide-ranging impact on areas important to the ethics of how we understand and treat all of the animals in our care. He is eminently deserving of being chosen to receive the Shomer award.

### Dr. Greg Timmel Accepting the Shomer Award on Behalf of Hal Markowitz

Gregory Timmel, DVM, MS, DACLAM, is the Director of the Department of Comparative Medicine and Attending Veterinarian within the Legacy Research Institute of Legacy Health, the largest nonprofit, locally-owned health care system in Oregon and the Vancouver, Washington region. He served as a Clinical Veterinarian for the University of California, San Francisco in the Animal Care Facility, where Hal Markowitz was a consultant on Behavioral Enrichment, when he first met Hal. After some years running a small and exotic animal practice and performing field research on the Big Island of Hawaii he accepted the position of Campus Veterinarian at the University of California, Berkeley. He then completed a Master’s degree with Hal, studying Hawaiian Spinner dolphin interactions with humans in Kealahakua Bay, Hawaii. Greg was and is a good friend of the Markowitz family and has graciously agreed to accept the Shomer Award on behalf of Hal and his family.



## **Goldilocks and the Veterinary Profession - too many, too few, or just right? Living with Student Debt - the good the bad, the ugly.**

Do you recall Goldilocks and the three bears? They were testing their bowls of porridge: is it too hot, too cold or just right? Questions and concerns about the future health of our profession were addressed by a distinguished panel and facilitated by yours truly during the CVC DC Convention on Saturday, April 25, 2015. The day was supported by The VIN Foundation with the Society for Veterinary Medical Ethics ([www.svme.org](http://www.svme.org)). Esteemed members of the day long program were: Dr. Dennis McCurnin, Mr. Mark Cushing, JD, of Animal Advocacy Group, Dr. Paul Pion, co founder of Veterinary Information Network (VIN) and Dr. Tony Bartels, MBA, who combined with his veterinarian wife, have about \$450,000.00 of student debt.

Dr. McCurnin began with his description of how our profession crept into the situation with information and statistics that show that veterinary medical education is in a potential bubble. He pointed out that 2 new veterinary schools will be operational this year and 2 more in the near future and that there are more foreign schools being accredited by the AVMA's Council on Education (COE). Dr. McCurnin is concerned that we are creating a veterinary oversupply by graduating more veterinarians into a saturated job market in future years who are saddled with growing student debt loads that funded their 8 years plus of college ranging from \$160,000 to \$450,000.

The debt ratio for graduates of all medical professions is calculated upon their total student debt over their first year wages. For example if the student owes \$150,000 and they make \$100,000 in the first year, the debt ratio is 1.5. The current debt ratio for all veterinary students is 2.4 and this is the highest debt ratio of all the health care professions and it is increasing yearly.

What ethical questions can we ask ourselves about Goldilock's veterinary porridge? Does this model serve the rising number of veterinary students, interns and residents who will be entering the job market in the next 20-25 years? Dr. McCurnin noted that the recovery from the 2008 recession remains slow and has created a 13% fall in annual visits to private practices. He asks if the job market is saturated and if there will be enough public demand for veterinary services to fully employ new graduates. This problem already exists for law school graduates.

Mark Cushing presented based upon the predicted expansion of the USA's population growth over the next 25 years. He made a valuable point that leadership in the veterinary profession needs to innovate and create inroads that will result in future demand within the 50% of pet

owning population that does not use veterinarians or their services for their animals. Cushing pointed out that many animals in society; especially rural areas such as Appalachia (which is near Lincoln Memorial in Tennessee, one of the 4 new veterinary schools), are underserved by veterinarians and could use up to 700 more.

Dr. Paul Pion eloquently summarized the polarized viewpoints presented and noted that Dr. Michael Dicks, who is an AVMA economist, stated that veterinary school does not have a good return on investment (ROI) when compared to earnings if one is employed directly after 4 years of college.



Pictured from left to right are: Tony Bartels, DVM, MBA, Dr. Alice Villalobos, DVM, FNAP and Paul Pion, DVM, ACVIM who presented the Goldilocks panel discussion about student education and rising debt at CVC DC on April 25, 2015. Not pictured are Dennis McCurnin, ACVS and Mark Cushing, JD.

Dr. Pion agrees with Mr. Cushing that the veterinary profession is racing to reach status quo and that decision makers need to listen to all aspects of the problem and become more innovative. He stated that there is a great need to pull diverse viewpoints together for strategic planning to offset fallout and to increase demand.

The panel discussion was sparked by some who feel strongly that the AVMA Committee on Education (COE) should be independent of the AVMA.

Dr. Pion's talk, *Every veterinarian-young and old needs to understand student debt*, pointed out that we are leaving too many issues for future DVM's and that kicking the can down the road threatens career satisfaction and viability of the profession. Dr. Pion introduced VIN's Student Repayment Estimator which can simulate a graduate's specific pathway to payment when data is fed into the ap.

Dr. Tony Bartels, talk, *Climbing and surviving Mt. Student Debt*, was illuminating to all attendees including students and recent graduates with student debt. He provided actual figures of current student debt loads which have increased 24% since 2010 vs. no similar increase in salaries. He said student debt is actually much higher than published data which often averages in the 10% of debt-free students with those that have debt and may not include students from off shore schools.



He introduced “Traumatic Statement Syndrome” (TSS) and pointed out pitfalls, loan parasites, errors and the benefits of using the Income Based Repayment (IBR) vs. Pay As You Earn (PAYE) plans, which the graduate must re-certify annually.

He explained the Loan Forgiveness Program that allows one to pay off their loan for its tax value which is truly an amazing bargain 20 years from now. But he said that “It can freak some people out if they don’t understand it and prepare for it.”

At the end of each session attendees asked questions that sparked some debate and audience interest and interchange.

Members of the Panel have future plans to generate a white paper and to present this program at the CVC Kansas and San Diego to inform current and future colleagues. The goal is to educate students and recent graduates who have college debt with the information and understanding that they need to modify, streamline and handle their student loans properly to help them succeed in their future livelihood to enjoy our profession’s porridge!

## **2015 AVMA Convention CE Sessions**

### ***Practice Management and Professional Development: Ethics***

#### **Monday, July 13**

7:00 AM **Ethical and Legal Dilemmas Associated with Microchips and Lost Pets**, Dr. Linda Lord

8:00 AM **Ethical Considerations when Screening Healthy Populations**, Dr. Bob Larson

10:00 AM **Ethical Imperative to use Scientific Literature in Clinical Practice**, Dr. Bob Larson

11:00 AM **Drug Testing in the Veterinary Workplace: It's Time for a Conversation**, Dr. Jon Geller

1:00 PM **The Indigent Client**, Dr. Jon Geller

2:00 PM **Ethical Opportunities for Veterinarians, Part I**, Dr. Mary Ann Vande Linde

2:50 PM **SVME AWARDS CEREMONY: Shomer Award, Student Essay Contest Award**

4:00 PM **Ethical Opportunities for Veterinarians, Part II**, Dr. Mary Ann Vande Linde

5:00 PM **The Principles of Competition Horse Medication Ethics**, Dr. Sid Gustafson

**Tuesday, July 14**

8:00 AM **The Ethics of Alternative Medicine**, Narda Robinson, DO, DVM, Dr. Sid Storozum, JD

In the past 25 years, more veterinarians are offering their clients complementary and alternative medicine and integrative veterinary services. There are classes and webinars for instruction, various associations, and journals such as *Integrative Veterinary Medicine*. The question has arisen as to whether it is ethical to provide services that do not have evidence-based medicine backing up their efficacy. Is it ethical to encourage people to use alternative techniques and procedures? Is it ethical to recommend products and supplements that are not regulated by the FDA for purity and content? It has been shown that 38-60% of supplements do not actually contain the products listed on their labels. How does a veterinarian operate ethically while providing alternative medicine services?

9:00 AM **Is Euthanasia an Ethical Answer to Animal Homelessness?** Dr. Lila Miller

What is the alternative to euthanasia for homeless animals? There is not enough money available to house them all. Is it more ethical to let them starve to death, be killed by predators, get run over by cars, etc.? Society is uncomfortable with killing healthy animals, but which is the lesser evil? Should people who drop off animals at shelters be told what the animal's likelihood of surviving is? Is that act of honesty problematic? If people know the animal will be killed, they often decide to abandon it instead, and then the problem is perpetuated, which gets back to the "which is better?" debate. Even in a no-kill shelter, if the animal is unadoptable and spends the rest of its life in "jail", is THAT outcome ethically acceptable? In some "jails", it might be, but what about the others? The State of Virginia has defined "shelter" as "a facility operated for the purpose of finding permanent adoptive homes for animals." Will this definition allow groups like PETA to euthanatize 95% of the animals that they "rescue"?

3:00 PM (Hot Topics) **Ethics of Veterinary Journal Editing**, Dr. Dennis Lawler

Editors-in-Chief and associate editors of many scientific journals will vigorously defend the scientific review process in publishing. Their universal response to challenge is that all is well, albeit not perfect. But all is not well. In fact, the review system now has deteriorated to the point that it is essentially collapsed. Peer review remains fatally flawed, with little evidence of improvement.<sup>3</sup> Observations collectively suggest that systemic lack of accountability and inadequate ethical behaviors constitute a generational failure of the educational process. Increased transparency, more strict competency and ethical evaluations of reviewers, increases in accountability for journal editors, and sweeping educational changes, could help solve some of the problems.



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**Narda G. Robinson, DO, DVM, MS, FAAMA** is the country's leading authority on scientific integrative medicine from a One Health perspective. With over two decades of practicing, teaching, and writing about holistic approaches in both veterinary and human osteopathic medicine, Dr. Robinson delivers straight talk on integrative approaches to help healthcare professionals sort fact from fiction.

Dr. Robinson holds a Bachelor of Arts (AB) degree from Harvard/Radcliffe, a doctorate in osteopathic medicine (DO) from the Texas College of Osteopathic Medicine, and both a doctorate in veterinary medicine (DVM) and master's degree in biomedical sciences (MS) from the Colorado State University College of Veterinary Medicine and Biomedical Sciences. After achieving the status of fellow within the American Academy of Medical Acupuncture, a physician acupuncture leadership organization, she began serving on the American Board of Medical Acupuncture, the board-certifying organization for physician medical acupuncturists.

In 1998, she launched Colorado State University's first integrative medicine service and she now heads the Colorado State University Center for Comparative and Integrative Pain Medicine. Over the past sixteen years, Dr. Narda has taught a wide range of scientifically based continuing education courses, ranging from medical acupuncture and massage to herbology and photomedicine. Her book on *Canine Medical Massage*, published in 2015 by AAHA Press, educates readers on the science and practice of soft tissue manual therapy for dogs. Her next book, expected out in October 2015, is a comprehensive neuroanatomic atlas of acupuncture points in the human, to be published by CRC Press.

Dr. Robinson's research interests include neuroanatomical acupuncture, laser therapy, music therapy, and the value of cannabis products for the control of intractable epilepsy and pain.

### **THE ETHICS OF ALTERNATIVE MEDICINE**

**Narda G. Robinson, DO, DVM, MS**

**Colorado State University Center for Comparative and Integrative Pain Medicine**

**Fort Collins, CO**

Over fifteen years ago, skeptics issued a call to "stop giving alternative medicine a free ride." That is, by allowing for two types of medicine, "conventional" and "alternative", two sets of standards develop. According to the authors of this now famous quote from a *New England Journal of Medicine* editorial, "There cannot be two kinds of medicine – conventional and alternative. There is only medicine that has been adequately tested and medicine that has not, medicine that works and medicine that may or may not work... But assertions, speculation, and testimonials do not substitute for evidence." Evidence-based medicine plays an important role in helping clinicians ensure that the procedures they employ in their practice are safe and effective, and helps veterinarians meet



## 2015 AVMA Ethics Plenary Sessions Speakers

their ethical obligations to their patients by recommending treatment plans that are clinically sound and appropriate. Evidence-based guidelines for medical acupuncture have already been proposed and published. Taking a pro-active approach and advancing acupuncture and other minimally invasive techniques in this manner would strengthen the foundation of scientific, integrative modalities, improve patient safety, and promote beneficial clinical outcomes. It would encourage education on these approaches based on rational mechanisms and the weight of evidence instead of opinion.

Basing medical practice on science has relevance for both integrative medical practitioners as well as those who refer to other healthcare providers for these types of treatments. That is, referrals themselves can generate liability for the practitioner making the referral. Before sending a patient to another practitioner for treatment, a veterinarian should ensure that that individual is not practicing an unsafe or ineffective therapy. Furthermore, the healthcare provider receiving the referral should be able to describe what the recognized risks and benefits of the practice are, based on science and not metaphysics. When evidence indicates either serious risk or inefficacy, one should “avoid and actively discourage” pursuit of such treatments.

When integrative medical practitioners can point to evidence to support the legitimacy of their treatments, when they can demonstrate that their services represent a distinct and identifiable specialty of veterinary medicine, and when they can successfully organize an intensive, scientifically based continuing education program in integrative therapies, perhaps their discipline could achieve specialty recognition. This would assure that modalities integrated into the specialty have met muster through a preponderance of evidence based on scientific testing.

Discussions about the “ethics” of alternative medicine need to closely examine each “alternative” or “integrative” approach individually. Otherwise, one risks discarding clinically meaningful, scientific, and beneficial approaches such as medical acupuncture or, perhaps worse, referring animals for treatment with ineffective methods of that are indistinguishable from placebo. Our patients deserve safe and tested medicine, not highly priced pills made of mostly sugar as in homeopathy, imagined mysterious energies surging through invisible pathways as in Traditional Chinese Medical style acupuncture, nor untested Chinese herbs with secret amounts of herbal strychnine, aconite, and endangered species.

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## 2015 AVMA Ethics Plenary Sessions Speakers

**Jon Geller, DVM, DABVP** works as the hospital director and as an emergency veterinarian at Veterinary Emergency and Rehabilitation Hospital in Fort Collins, CO. He is a graduate of CSU College of Veterinary Medicine, and achieved Board Certification from the American Board of Veterinary Practitioners in Canine and Feline Practice in 2010.

He is also the founder and President of the Board of Directors of the Ladybug Fund, 501(c)3, and the founder of the Street Dog Coalition, a Colorado non-profit. It is the mission of both non-profits to reduce the incidence of economic euthanasia.

Dr. Geller is also a Certified Veterinary Practice Manager and Certified Veterinary Journalist, and writes regularly for the Fort Collins Coloradoan.



### **The Indigent Client**

*Jon Geller, DVM, DABVP*

*Veterinary Emergency and Rehabilitation Hospital, Fort Collins, CO*

### Reducing the Incidence of Economic Euthanasia

What is the incidence of economic euthanasia in the veterinary profession? No studies have been done to quantify this number, but every veterinary practice would acknowledge that pets are euthanized for economic reasons.

### Pets of the Homeless: An underserved population

No accurate statistics exist, but recent estimates of the US Homeless population are between one and three million. According to some estimates, 10-15% of homeless individuals have pets, making the approximate number of pets of the homeless between 100,000 and 450,000 in the US. Homeless individuals often rely on their pets as their sole companions and best friends, yet very few of these pets get medical attention, due to financial and logistical issues.

Additionally, in 2013, approximately 45 million individuals, or 16% of the US population, lived in poverty, accounting for an additional 4.5 million pets that may not receive adequate medical care due to financial constraints.



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### What are the current options?

Many options exist for financially-challenged clients and those on low or fixed incomes

Third-party payments: Care Credit, Payment Banc, H3 Wellness, and others

In-clinic financing and payment plans

Assistance from friends and relatives

Delayed deposits to coincide with paychecks of income.

Pet Insurance can provide future protection

Few options exist for the truly indigent client

Greatly discounted and free services

Relinquishment of pet

Euthanasia

### What other options exist?

Creative solutions have been developed in response to this problem. Examples of each, and others provided by the attendees, will be discussed and explored.

Setting up an in-hospital fund for pets of indigent clients

Creating a 501(c)3 Charity for in-hospital or shared-hospital use (i.e., The Face Fund)

Creating a low/no cost clinic for basic medical care, subsidized by area clinics and stakeholders (Shelters, Local governments, non-profits)

“Trickle funds” and “round-ups” to fund low-cost veterinary care

Referral to a centralized regional hospital with a sliding scale (i.e., Pet Aid)

The mobile tent clinic (i.e., The Street Dog Coalition)

### What are the options for Emergency Care?

Middle-of-the-night emergencies are especially difficult because fewer options are available. Economic euthanasia is most common in these scenarios, and to some extent, is veterinary medicine’s ‘dark secret’.

There is a need for new and creative options.

Special emergency-only 501(c)3 funds (ie The Ladybug Fund)

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**Jon Geller**...continued from previous page

Non-profit Emergency hospitals (i.e. Dove-Lewis)

Employee micro-lending programs (i.e. FCVERH)

### The Art of "Street Medicine:"

Delivering basic medical care effectively and economically is the other side of the solution to providing medical care to the pets of indigent clients. Low cost methodologies for diagnosis and treatment have been created out of necessity by creative practitioners. Examples of how to provide very low/no cost care will be shared and discussed. A "Top Ten List for low cost/no cost diagnostics and treatment" will be developed.

### Ethical questions to be discussed:

What obligations to veterinarians have to provide medical care to pets of indigent clients?

Where do we go from here? Is this a profession-wide problem?

Should the AVMA formally address this issue? Is this issue better addressed on a state VMA level instead? Or by individual veterinary hospitals?

### Summary question for participants:

What possible solutions could be implemented at my veterinary hospital to reduce the incidence of economic euthanasia?

References are available from the author

### **Drug Testing in the Veterinary Workplace: It's Time for a Conversation**

*Jon Geller, DVM, DABVP*

*Veterinary Emergency and Rehabilitation Hospital, Fort Collins, CO*

### The Paradox

Veterinary hospitals provide one of the highest risk environments for drug abuse by employees compared to other workplaces in the US or internationally. The stress of the profession has been well documented, with its combination of emotional clients, critical patients, financial constraints and euthanasia. Euthanasia represents one of the most unique, gut-wrenching aspects of the profession, especially when performed out of economic necessity.



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In addition to these emotional stressors, the comparatively ready access to controlled medications, including addictive narcotics, creates a temptation and opportunity for highly stressed staff members and veterinarians. Lax protocols and variability regarding enforcement of DEA regulations within the profession, combined with periods of chaos during the treatment of emergency cases, may present opportunities where vials and pill containers are accessible on countertops and in controlled drug drawers during dysfunction of these protocols.

Individuals with a history of drug abuse and addiction may specifically seek out veterinary employment because of this access. There is no difference in the risks of drug abuse and addiction in the veterinary workplace between staff members and veterinarians. This similarity has been well-documented in human medicine.

Although no statistical overview has been tabulated, deaths (accidental or suicide) due to drug overdose have been documented among veterinary staff and veterinarians.

Paradoxically, the one most effective step to reduce the risk of drug abuse and addiction in the veterinary workplace is to implement employee drug-testing protocols, yet the incidence of drug testing in the veterinary workplace lags far behind that of other industries and professions. In most workplaces, drug testing is done for safety reasons, such as in factories, or in the aviation. In veterinary medicine, drug testing needs to be done for three reasons: 1) to help create a safe workplace, 2) minimize the risk of employing a drug addict who is seeking out access to controlled drugs, and 3) assess the signs of drug abuse or addiction among staff.

### Depression and suicide in the veterinary profession

The issue of depression and suicide has recently significant attention due to ongoing reports of relatively high incidence with the profession. A recent study, the most extensive of its kind, estimated the percentage of veterinarians who consider suicide as high as 15%. Studies among veterinary staff members have not been tabulated.

Depression and suicide are often linked with the use of mind-altering substances. These drugs may be illicit or prescribed, but in both cases are often available through the veterinary workplace. The number of drugs that are available in the veterinary workplace that present a risk for abuse is extensive.

Even human health facilities would not have the diversity of drugs available in one place, such as opioids, anti-psychotic medications, tranquilizers, disassociatives,

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**Jon Geller**...continued from previous page

benzodiazopenes, alpha-2 agonists, barbiturates, opioid-like medications such as Tramadol, and euthanasia solution.

Is a veterinarian who uses marijuana, either recreationally or medically, be considered “unsafe to practice”, as they are in human medicine?

Research by the conducted by the Institute on Drug Abuse shows that marijuana use impairs judgement and motor coordination, delays reaction time, and inhibits memory consolidation. One must consider how these effects could translate to a veterinarian performing a complex surgery or making critical care decisions for a crashing patient.

In states such as Colorado and Washington, marijuana use is approved for recreational use. The Colorado Physician Health Program (CPHP) has taken a stance and considers a physician who uses marijuana in any form, medically or recreationally, as **unsafe to practice medicine**. Physicians are in safety-sensitive positions similar to pilots and other healthcare professionals, where public protection is a high priority.

Results of the VIN and AVMA Survey on Drug Abuse and Drug Testing in the Veterinary Workplace

The incidence of drug testing in the veterinary workplace is low, despite all of the associated risks related to job safety, patient safety and potential for drug abuse. A recent survey available to all VIN members was completed, and preliminary and/or final results will be presented. Results of a similar survey available through the AVMA Communications Division of Professional and Public Affairs will also be available.

Ethical Questions to be discussed

Is Drug Testing effective in creating a safe workplace and reducing the incidence of drug addiction and abuse among staff and veterinarians?

Does employee/DVM drug-testing imply management/ownership distrust?

In states where both medical and recreational marijuana are approved, should employees be tested for THC?

Should video-surveillance be used to monitor treatment areas and pharmacies for drug theft or abuse?

Should drug testing be ‘pre-employment’ and ‘for reasonable suspicion’ only, or include



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random testing also?

Should veterinary hospitals that require drug testing also include a written policy for support for employees with drug abuse or addiction problems, including referral to Employee Assistance Programs?

Should veterinary teaching hospitals require drug testing (of staff, clinicians and students?)

Would you be willing to inform a client that the veterinarian performing services is a recreational or medical user of marijuana? Do public safety concerns apply to veterinary patients?

Summary Question for Participants: Should there be a drug-testing policy in place at my veterinary hospital, and should the profession be more proactive in addressing this issue?

References available from the author

<sup>1</sup> Suicidality in the veterinary profession. *Crisis*. January 2012;33(5):280-9.

*Belinda Platt<sup>1</sup>; Keith Hawton; Sue Simkin; Rachel Dean; Richard J Mellanby*

<sup>1</sup>Centre for Suicide Research, University of Oxford, UK. [belinda.platt@psy.ox.ac.uk](mailto:belinda.platt@psy.ox.ac.uk)

## 2015 AVMA Ethics Plenary Sessions Speakers

**Sid Gustafson, DVM (WSU 79)**, is the equine behavior educator at the University of Guelph, where he teaches students from around the world about the nature of the horse and the human/horse bond, from the equine perspective. In addition to teaching, he practices veterinary medicine in Big Sky, Montana.



Dr. Gustafson grew up amidst the Blackfeet Indian horse and ranching culture in Montana, which included horse racing, Quarter Horse shows, breeding, and training. Sid has practiced as both an attending and regulatory racetrack veterinarian. Permissive medication became prevalent during his tenure as an attending veterinarian for Thoroughbreds and Standardbreds. He is currently an Official Veterinarian for the California Horse Racing Board.

His concern for the behavior, health, and welfare challenges that stabling and confinement create for racehorses led him to the study and practice of equine behavior science.

He writes a horseracing column for the *New York Times* and advocates for the health and welfare of competition horses across America. Sid is the author of *Horses They Rode*, High Plains Novel of the Year in 2007, as well as a variety of articles regarding equine behavior and welfare. His most recent non-fiction book is *Horse Behavior: The Nature of Horses*.



## 2015 AVMA Ethics Plenary Sessions Speakers

This presentation will include the history of horse doping and the history of medication policies and ethics in an attempt to curb doping. The presentation will be prefaced by a summary of the science of equine behavior and the nature of the horse. Appreciation of the evolved nature and behavior of horses provides the foundation for the ethical veterinary care of equine athletes. In accordance with the AVMA Principles of Veterinary Ethics, the establishment of a veterinary-client-patient relationship (VCPR) is instrumental in providing ethical care for the competition horse. Also, pre-competition medication practices that replace or supplant appropriate health care are not in accord with the AVMA Principles of Veterinary Ethics. Ethical veterinary practice supports the horse's long-term health, therapy, and welfare interests while avoiding pharmaceutical intervention in the days before competition. Solutions to managing health without pre-competition medication will be emphasized.



## 2015 AVMA Ethics Plenary Sessions Speakers

### **Bob L. Larson, DVM, PhD, ACT, ACAN, ACVPM**

Dr. Larson received his veterinary medical degree from Kansas State University in 1987. After practicing for a year in southeast Kansas, he returned to Kansas State to pursue graduate training in the department of Animal Sciences and Industry and he received his Ph.D. in 1992. Dr. Larson then spent 4 years in private practice, primarily in Abilene, Kansas. In 1996 he joined the faculty at the University of Missouri working in the area of beef production medicine. In 2006 he returned to Kansas State University as the Coleman Chair of Food Animal Production Medicine. He is board certified by the American College of Theriogenologists, the American College of Animal Nutrition, and the American College of Veterinary Preventive Medicine – Epidemiology specialty.



Bob and his wife Laura (DVM '92) have three daughters, Mariah (17 years), Karrin (14 years), and Annie (10 years).

### **Ethical considerations when screening apparently healthy populations**

The goal when screening apparently healthy animals for infectious disease status is to identify carriers that could cause health problems in the individual or population. To determine the value for diagnostic testing strategies, veterinarians need information on the accuracy (sensitivity and specificity) of available tests, commonness of the condition in question in the population at large and specified sub-populations, disease dynamics such as reservoir, transmission pattern, incubation period, immune response, treatment efficacy, and negative or unintended consequences of diagnosis or treatment. To guide the best allocation of resources, the frequency and impact of false-positive, false-negative, true-positive, and true-negative test results obtained from screening apparently healthy population must be evaluated to estimate the value of a proposed testing intervention



## 2015 AVMA Ethics Plenary Sessions Speakers

compared to alternate interventions.

### **Ethical imperative to use scientific literature in clinical practice**

While clinical experience provides important observations about disease onset risk factors, therapeutic intervention efficacy and patient prognosis, clinical observations lack controls for bias and confounding and as such must be tempered with data from controlled experiments. Clinical experience plays a critical role in veterinary decision making and these experiences form the framework through which all literature will be interpreted. While our own experience and the experience of colleagues that is passed through communications can be useful, the human mind has significant limitations managing normal variation in results, dealing with bias, and overcoming the difficulty of interpreting the complicated biologic systems that make up the animals and populations with which we contend on a daily basis. While every research study has important limitations in either internal validity, external validity or both, well-designed studies have incorporated at least some level of control for bias and confounding and use statistical tests to distinguish treatment effects from random variation.

## 2015 AVMA Ethics Plenary Sessions Speakers

### Linda K. Lord, DVM, MS, PhD

Dr. Lord is an associate professor in the department of Veterinary Preventive Medicine and currently serves as the Associate Dean for Professional Programs at The Ohio State University College of Veterinary Medicine (OSU-CVM) where she completed her DVM and Master's degree in 1999 and her PhD in 2006. Dr. Lord has conducted extensive research on companion animal issues and is recognized as a leading expert related to pet reunification. Currently Dr. Lord oversees student affairs and the curriculum for OSU-CVM. She also serves on the board for the Capital Area Humane Society and the National Council on Pet Population.



### **Ethical and Legal Dilemmas Associated with Microchips and Lost Pets**

*Linda K Lord, DVM, PhD*

*The Ohio State University College of Veterinary Medicine, Columbus, OH*

Microchips continue to grow as an important means for pet identification and reunification when an animal is lost. Veterinarians and shelters play a key role in promoting and implanting microchips as well as assisting in the reunification process. Although microchips, are not a full proof method for reunification, we know they can increase the chances of reunification. In one study of 53 shelters who recorded information on animals entering a shelter with a microchip 73% of owners of stray dogs and cats were found (74% for dogs and 63.5% for cats)<sup>1</sup> In this study, the median return to owner rates for the shelters were 2.4 times higher for dogs with a microchip than all stray dogs (52.2% vs. 21.9%) and 21.4 times higher for cats with a microchip than all stray cats (38.5% vs. 1.8%)<sup>1</sup>.

One of the major areas of concern for veterinarians occurs when a client presents with an animal and is unaware that a microchip is present. The AVMA policy on microchipping states the



## 2015 AVMA Ethics Plenary Sessions Speakers

veterinarian should encourage the client to contact the microchip database company but is not responsible for settling ownership disputes<sup>2</sup>. Based on legal restrictions related to confidentiality and when a VCPR is established, this can offer a veterinarian legal protection and may be necessary due to state practice act policy. Ethically, however, veterinarians face the dilemma of potentially not notifying a rightful owner of their missing pet. As veterinarians are often the ones promoting microchips as a method of permanent identification to help owners find a pet if lost, not feeling able to help locate a potential owner for an animal can lead to cognitive dissonance for the veterinarian.

Veterinarians must consider all factors when deciding how to approach a case of a potentially lost pet including timing of establishing the VCPR, communication strategies with the presenting client, legal requirements, and their own ethics.

### References

1. Lord, L.K., Ingwersen, W., Gray, J.L. et al. (2009). Characterization of animals with microchips entering animal shelters. *Journal of the American Veterinary Medical Association*, 235(2), 160-167.
2. American Veterinary Medical Association. Microchips: The Objectives and Key Elements Needed for Effective Electronic Identification of companion dogs, cats, other small mammals, birds, fish, reptiles, amphibians and equids. Available at <https://www.avma.org/KB/Policies/Pages/Electronic-Identification-of-Companion-Animals-Birds-and-Equids.aspx>. Accessed on April 3, 2015.



## Meetings & Events

### 1. AVMA Convention

July 10-14, 2015, Boston, MA

The SVME Ethics Plenary Sessions will be held in Boston, MA during the  
AVMA Convention

#### Preliminary program:

Hour 1- Linda Lord- Ethical and Legal Dilemmas associated with Microchips and Lost Pets

Hour 2- Bob Larsen-Ethical Considerations when screening healthy populations

Hour 3- Bob Larsen- Ethical Imperative to use Scientific Literature in Clinical Practice

Hour 4- Sid Gustafson- The principles of Competition Horse Medication Ethics

Hour 5- Jon Geller-Drug Testing in the Veterinary Workplace: It's time for a conversation

Hour 6- Jon Geller- The Indigent Client

Hour 7-8 - Mary Ann VanDeLinde- Ethical Opportunities for Veterinarians in Private Practice

<http://www.avmaconvention.org/avma14/public/mainhall.aspx>



## APPLICATION FORM

### SOCIETY FOR VETERINARY MEDICAL ETHICS

NAME: \_\_\_\_\_

BUSINESS \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME (optional) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PLEASE SEND MAIL TO: \_\_\_Office \_\_\_Home

Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_

OCCUPATIONAL AND PRESENT POSITION:

PROFESSIONAL DEGREES:

PROFESSIONAL MEMBERSHIPS:

INTERESTS IN VETERINARY ETHICS:

MAJOR OBJECTIVES OF THE SOCIETY ARE:

To encourage ethical practices and professional behavior of veterinarians in all aspects of the profession.

To increase the understanding of the philosophical, social, moral and ethical values encountered by the veterinary profession.

To sponsor seminars and other presentations on ethics and values at local, state, regional and national meetings of veterinarians and other interested individuals.

To promote the teaching of ethical and value issues at colleges of veterinary medicine and to identify speakers on these subjects.

To encourage persons from other professions and disciplines, such as biomedical research, discussions and studies of these issues.

To exchange information about veterinary ethical issues via bulletins, periodicals, and newsletters.

To maintain archives of appropriate documents and materials related to these disciplines.

*I hereby make application to the Society for Veterinary Medical Ethics*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

Dues are \$40 for Regular Membership & Free for students per year.

Please mail this completed & signed application to: John S. Wright, DVM, SVME Treasurer, Dept. of Veterinary Clinical Sciences, University of Minnesota College of Veterinary Medicine, 1352 Boyd Avenue, St. Paul, MN 55108 (email: [wright008@umn.edu](mailto:wright008@umn.edu))



## SVME Mission Statement

c/o

John S. Wright, DVM, SVME Treasurer  
Dept. of Veterinary Clinical Sciences  
University of Minnesota College of  
Veterinary Medicine  
1352 Boyd Ave.  
S. Paul, MN 55108



The Society for Veterinary Medical Ethics was founded in 1994 by a group of veterinarians, biomedical researchers and academics to promote discussion and debate about ethical issues arising in and relevant to veterinary practice. The SVME publishes a newsletter, provides a listserv, holds an annual meeting at the AVMA convention, sponsors an annual student essay contest and honors an individual annually with the Shomer Award for outstanding contributions to veterinary medical ethics.

*Individuals interested in information or in joining the SVME can visit the SVME website below to learn more about the organization.*

[www.svme.org/](http://www.svme.org/)

### SVME Board of Directors member list:

<b>President:</b>	Bill Folger DVM, MS, ABVP	
<b>C/E course co-chair:</b>	Alice Villalobos DVM, FNAP (president emeritus SVME)	
<b>C/E course co-chair:</b>	Diane Levitan DVM, ACVIM	
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