



SVME Newsletter

Newsletter of the Society for
Veterinary Medical Ethics

Summer 2010

President's Message Summer 2010

Dear Colleagues.

I hope that your year has been filled with goodness and you have achieved some of your goals and aspirations. I would like to thank every one of you who has been a part of SVME. It has been a privilege to serve as President. Continue to use the new website and provide your wisdom and ethical opinions in the questions that are posted. Our combined knowledge is especially helpful for those just entering into our profession.

I believe that those of us involved in this organization are like small stones that create surface ripples when thrown into a pond. Our motions cause increased awareness and consciousness, provoking thought and conversation about difficult issues. Often it feels as if we have so far to go but each of us is impactful with the ethical dialogues we engage in. Remember, all of these conversations have the potential to radiate outward eventually changing our profession closer to the vision of what we think we can become.

Several weeks ago I was given a unique opportunity to participate in a no kill shelter close down. So instead of crossing off the boxes next to the items on my to-do lists like the dutiful veterinarian that I wish to be, I flew to Pennsylvania with one of my coworkers. I think that part of my decision to go was that this trip would be my ethical redemption for any and all of my real and perceived life time shortcomings. It would help make up for the kittens who died of distemper due to lack of vaccinations at our farm, the little goat that broke his neck when I tied him out inappropriately, the dogs who were killed under our tires, and my ponies who had to wait for me to chop the ice to their water troughs in the winter. Instead of the good feelings I expected, the trip left me even more confused about the human role in nonhuman lives.

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One of my friends says that we do only what is convenient for us when it comes to our treatment and behavior towards animals. When the convenience ends, so does our desire to provide any help. I don't entirely believe that this is true. However, after much reflection I do think I went to Pennsylvania for my own selfish motives. I can only hope that it also benefited those who lives went through turmoil by our presence.

The thing that has stayed with me over the weeks is the disruption that we caused in so many lives. The ripple effect was tremendous. I cannot even fathom our negative impact on the lives of the people who ran the sanctuary. These were people who certainly started out with good intentions and then became overwhelmed with sick and dying cats. Is the perceived good that we did better than the perceived good that they were doing?

Then there were the lives of the people involved in shutting down the shelter. Over 100 people participated in the effort. ASPCA, American Humane, and shelter medicine professors from two universities along with some of their students were represented. I went both in my role as SVME President and as an AAHA Board of Director. We were all there for various reasons and we were often at odds as one group was dealing with due diligence and chain of command for appropriate criminal prosecution, while others were learning about diseases in shelter catteries, and others were charged with sheltering and triaging almost 400 sick cats. The end goal was the same for all of us, but we were responsible getting to it by different methods.

Each of the groups present, doing the tasks to which they were assigned managed to create small, yet significant changes in the population of individuals that we were working with. The issues that we were challenged with during this event are just what veterinary medical ethics is all about. It isn't black and white, and there is not always a right and a wrong. Sometimes the win is the small but concerted effort to move towards a more humane position.

The biggest dilemma and questions remaining for me are what consequences did we have on the lives of the cats that were treated as a population, instead of the individuals that I am accustomed to working with? Is it best to help a population in need or is the individual the one of most concern? At what point do you determine that something good has been done? Why do some individual's suffer when others do not? What is appropriate healthcare and does it depend entirely on economics? Is there a base level to which we all deserve to have? If so, what is to be done if that cannot be met?

As I struggle towards coming to a better understanding of this trip I am thankful for the people in my life who constantly push me towards being a thinking, feeling and sentient creature.

Sincerely,

Kate Knutson DVM

SVME On-Line Transformation

In an effort to improve SVME membership communication and centralize SVME information, the SVME Board has decided to transition all SVME activity to an online membership software program known as Wild Apricot.

This site will allow us to bring together all of the organization and communication tools needed to make the SVME a cutting edge organization. This site will include all the current SVME website information as well as our listserv discussion and has the added benefit of allowing us to manage our membership database more easily. The site will have public and members-only areas with password protection for SVME members. We will keep the membership apprised so that there is a seamless transition for our 100+ members. The new website address is www.svme.org/

Standards of Care-Veterinary Precedent in Minnesota

Dr. Carl W. Seemann was the recipient of some very unwelcome attention in 2006 after the Minnesota Board of Veterinary Medicine suspended his veterinary license. Dr. Seemann was accused of providing substandard veterinary care, specifically failure to provide appropriate analgesia after orthopedic surgery on a dog. In its final decision, the Board noted the following:

A primary function of the Board is to ensure that veterinarians practicing in this state do so in accordance with minimum acceptable and prevailing standards. The record proceeding amply demonstrates that Respondent's veterinary practice does not conform to these standards... Pain management is neither a new nor a revolutionary concept in veterinary medicine. We have long known that animals feel pain and that we, as veterinarians, have an obligation to provide pain relief when an animal undergoes a surgical procedure. As the record demonstrates and as the Administrative Law Judge found, Respondent "did not take to heart" the ten-hour pain management course he completed last year. Respondent continues to believe that his "wait and see" approach is the best approach, in the face of voluminous evidence to the contrary. Respondent's testimony evidences this refusal to use adequate pain medication as a pattern of practice in his surgical and orthopedic surgical practice. As a result, the Board feels that the only safe way for Respondent to return to any surgical practice is to ensure both that he has been successfully re-educated and that he has a veterinarian supervisor to monitor the implementation of his re-education.

The Board has assessed a civil penalty of \$39,865.

A number of SVME members commented on an article written by current SVME secretary Dr. Gary Block that was critical of the veterinary pet insurance industry. SVME member, V. Wensley Koch has written a response to his article that is published below.

The views of Dr. Koch, do not necessarily reflect those of the SVME or the SVME Board.

The Need for Pet Health Insurance

Veterinarians have historically opposed pet health insurance, because of their concerns that the insurance companies would interfere with the business of pet health care, but my own experience has led me to believe that pet health insurance is critical to preventing unnecessary “economic euthanasias.” My experience is very different from Dr. Block’s, in that I operated a military clinic rather than a referral clinic. I saw the pets of some of the poorest of the poor --- privates in the Army even now are trying to support their families on a starting salary of \$1,338.60 a month.

As a military veterinarian, I was allowed to treat only zoonotic conditions, so I had to refer pets to civilian veterinarians for even very basic emergency care. Unfortunately, few civilian veterinarians were willing to accept such referrals because these clients had two predictable characteristics: (1) they would probably only seek care in emergencies, and (2) they would have difficulty paying bills for even minimal services whatever the circumstances. I remember one puppy that died because a local veterinarian refused to see him without an upfront cash payment of an emergency fee --- at 2 am on a Sunday when the client had no way to access such cash (pre-ATM machines). I remember numerous “economic euthanasias” for things such as simple fractures that could have been treated with splints to keep the care affordable for the owners, but the local veterinarians refused to take on such clients (even though a business can get a service member’s wages garnished to pay a debt simply by contacting the command structure at the soldier’s post).

People such as these soldiers would never put money into a pet health savings account, and if they did, they would rob the account to cover other unexpected expenses often enough that it would never accumulate enough money to pay a veterinary bill for anything more than minimal preventive care. They would never be able to make the level of monthly payments required by CareCredit in order to avoid its 15% interest rates. However, some of them did manage to pay the monthly premium for Veterinary Pet Insurance (which was the only policy available at the time), and those with insurance were more likely to be accepted as clients by the local veterinarians, who could then work with them to ensure that the care provided would be affordable for the soldier.

Dr. Block is correct that it is usually cheaper for the owner to pay the veterinary bills rather than paying for insurance. In fact, I have long chosen not to purchase insurance for my horses because my calculations have indicated that it is unlikely that the cost of veterinary care will exceed the long term cost of insurance (which proved true even when my stallion had colic surgery twice in his twenties). However, I also know that I am able to afford emergency care if it is needed. The value of insurance is that it provides emergency care for those who would not otherwise be able to afford it, by spreading out the cost into small, affordable payments over time (in a way that prevents the account from being used for unrelated costs). Yes, the care does cost more by taking this approach, but as a society, we often pay extra for the convenience of paying smaller amounts for a longer time (e.g., credit cards and mortgage payments), and the basic idea behind insurance is that we are paying for someone else to take the risk of covering a loss we cannot afford, while knowing that we might be paying for something which will never occur.

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Insurance companies are indeed in the business to make a profit, but so is CareCredit. Most veterinarians are also in business to make a profit, and although they might be willing to break even or absorb a loss in some cases, as a charitable gesture, it would be in their interests to have clients able to pay for their services. Although my clinical experience was very narrow, I suspect that many general practitioners still see minimum-wage clients who come in only for emergencies and can only offer to pay something like \$25 down and \$25 a month for eternity, and I also suspect that most clinicians prefer not to accept such payment plans. (Alternatively, some of these clients may be taking their pets directly to shelters for euthanization, some may be letting their pets die without treatment, and some may even be killing their pets themselves, believing it to be a waste of time to see a veterinarian when they know they cannot afford the cost of veterinary care.)

I see pet health insurance's primary importance as being a safety net for owners who cannot afford emergency care of any kind, although it is admittedly also a benefit for those who cannot afford the more expensive treatment options that are becoming more available in veterinary medicine. The problem, of course, with pets as with people, is making insurance affordable for those who need it the most. We haven't yet solved this problem, for pets or for people, but we have made significant progress in pet health insurance, and I believe we will continue to do so.

As the number of pet health insurance companies increases and the number of policy holders grows, the relative cost of insurance should decrease. As employers increasingly offer it as a job benefit, its availability to those who need it should improve. In addition, as competition for customers increases, the options which are offered should reflect the varied needs of the different segments of the pet-owning public. Different levels of premium costs, reimbursement limits, deductibles, exclusions, and possibly even preventive care coverages (although veterinarians could easily co-opt the latter) will be tailored to consumer demands.

Insurance company offerings will never be ideal, from the consumer's standpoint, but such is the nature of insurance. Deductibles, limits, and exclusions are not unique to the pet health insurance companies, or even to the human health insurance companies. They are common to all insurance companies, in order for them to limit their risk. The more risk we ask them to take for us, the more they must charge us, if they are to continue to exist. If we want affordable insurance, we must accept the constraints that come with it. We generally accept such constraints and consider it a benefit to be able to insure our homes, for example. How much more important is it, then, to insure veterinary care for our pets, as they become members of our families?

The evolution of the pet health insurance industry is in the hands of its stakeholders --- the veterinarians and the pet owners, as well as the insurance companies. Hopefully, we can avoid repeating the failures of the human health insurance industry --- forewarned is forearmed. For example, co-pays which are set as a percentage of the veterinarian's charges avoid the disconnect from the cost of care that is a problem in the human health care industry, and currently, pet health insurance plans typically reimburse the owner for a set percentage of the veterinary bill. Because the plans usually reimburse the owners, rather than paying the veterinarians directly, the insurance companies are not involved in setting the costs of the veterinary procedures. Veterinarians can, and should, refuse to bow to any pressure to accommodate unreasonably low reimbursement rates. Insurance companies can only set the rates for veterinary care if most of the veterinarians in an area accept such rates. If a majority of veterinarians decide to allow insurance companies to determine the rates for pet health care procedures, then the pet health industry will go the way of the human health industry. If a majority of veterinarians insist on setting their own rates for pet health care procedures, then the growth of the pet health insurance industry will be a boon to pets, their owners, their veterinarians, and their insurance companies. ▲



IN THE NEWS....

<p>More Bark, Less Bite</p>	<p>On April 27, 2010 Gov. Deval Patrick signed into law H.B. 344, a measure that bans the non-therapeutic devocalization of dogs and cats in the state of Massachusetts. Despite opposition from the MA VMA, more than 210 individual Massachusetts veterinarians joined a coalition of animal protection groups in endorsing the legislation.</p> <p>"There are other, much more humane ways to deal with barking and other vocalization issues than subjecting an animal to a risky and painful procedure," said Dr. Nicholas Dodman, a veterinary behaviorist and HSVMA Leadership Council Member. "Since boredom and a sedentary lifestyle are often the cause of excessive vocalization, environmental enrichment, obedience training, exercise and humane behavior modification can be utilized to address the problem rather than attempting to surgically alter the animal."</p>
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<p>Dogs at Church</p>	<p>Cavalry Episcopal Church in Massachusetts is now offering a religious service for dogs. The reverend Thea Keith-Lucas says the monthly service with will help parishioners "who have a rich spiritual life as pet owners" share their experience of God with their canine companions.</p>
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<p>Animals as Property</p>	<p>The Vermont Supreme Court affirmed a lower court ruling in a case where a dog was shot and killed when it wandered onto the neighbor's property. The Court noted that Vermont does not recognize non-economic damages for malicious destruction of personal property. The pet owners stated their pet was part of their family and had asked that the court allow damages for loss of companionship and emotional distress but the court denied their request.</p>
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IN THE NEWS....

Bestiality Bill Fails

Florida is one of a few remaining states without a ban on bestiality on the books. In a rare act of bipartisanship, republicans and democrats in both chambers of the Florida legislature joined forces with prosecutors and animal rights activists to try and ban what all agree is a repugnant form of animal cruelty. Unfortunately, the bill never came up for a vote because lawmakers were reluctant to be seen wasting time on a topic affecting so few individuals and as some noted, the thought of publicly debating the bill made many legislators uncomfortable.

Know someone who might be interested in joining the SVME?

Go to the SVME website (http://www.vetmed.wsu.edu/org_SVME/) to download a membership form or contact secretary Gary Block at GBYLC@AOL.com for a membership brochure.

Remember, student membership in the SVME is *free* so encourage veterinary students to get involved!

Thank You

THANK YOU to **Dr. Gary Block** from all of the present and past SVME board for his dedication and commitment to our organization. Over the past 10 years he has selflessly pushed, pulled and cajoled this organization forward. He has been tireless in his advocacy and dedication to ethical issues in veterinary medicine.

Dr. Block is stepping away from SVME board positions for a much deserved respite. We hope and expect to see him back again. In the meantime let's all endeavor to continue his works.



This year's winner of the SVME-WALTHAM student essay contest is Kristin Tvrdik (Iowa State University, 2012). Ms. Tvrdik received a \$1000 award and travel expenses to attend the SVME plenary session taking place at the 2010 AVMA convention. Below is her essay in its entirety.

Preventing Financial and Medical Excess: Maintaining Veterinary Excellence through Consideration of Client and Case Individuality

In today's age of technological advances and research breakthroughs, people expect the best for their animals. This is amplified by the increasing role of the pet as a family member as well as high expectations for food animal health and productivity, and quality of life for animals in general. Unfortunately, with these changes in expectations and the growing role of the veterinarian in society, cost becomes a factor. Especially in a time such as this when the economical situation of most families and businesses is unsteady at best, examining the implications of excessive costs for veterinary care will be important for client satisfaction, animal welfare, and the success of veterinary practices. In doing so, veterinarians must review the tools at their disposal and recognize the diverse wants and needs of their clients, identifying when it is appropriate to implement high-cost medical treatments and when a more cost-effective, scaled-back approach might be just as successful and more feasible.

The cost of veterinary care has ballooned in most areas, perhaps due to the fact that it is one of the fastest growing sectors of healthcare. The medications and equipment that clients are demanding their veterinarians to produce come at the cost of increased office or farm visits and higher diagnostic costs. Owners want all of their needs to be satisfied at one clinic, but often fail to notice that this comes at a price. A *Consumer Reports* article in 2003, "Pets and Vets-Veterinary Care Without the Bite" painted an alarming picture of how an increasing number of people are viewing the veterinary industry.¹ This group sees rising costs as profit-hungry businessmen and women disguised as trusted health professionals benefiting from overspending on the part of pet owners. The article lists ways to cut corners with veterinary care and uses specific examples where expensive medical treatment did not work. While it is perhaps unfair to highlight cases where a course of treatment was not successful and the tone of the article did undermine the efforts most veterinarians make to provide excellent care, the fact that this view of veterinary medicine exists cannot be ignored.

The AVMA responded with a letter to the editor attempting to explain why costs have often increased so dramatically and can appear high to the uneducated viewer.² An estimate of mean educational debt at the time of the letter in 2003 was \$72,719 with average starting salaries of only \$46,339. The AVMA also mentions that veterinarians must make decisions to independently purchase diagnostic equipment, a burden that other doctors do not carry. These facts are simply not understood by the general public. Many owners want a definitive answer and an immediate fix with the smallest bill possible. It would be highly beneficial for practitioners to express some of these facts to their clients to improve relationships and understanding. It will also help facilitate meeting at a happy medium when considering cost and treatment options. By discussing options rather than forcing the most radical treatment plans on clients, it can only help to improve the issues that the *Consumer Report* article highlighted.

An unfortunate, but timely illustration of the effects of the costs of veterinary care is convenience euthanasia or slaughter of animals. This undoubtedly affects all sectors of clinical veterinary medicine. Companion animal owners are already being forced to consider their own family's medical care as inferior to other monetary commitments during this economic downturn. There will always be cases where the will to

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treat an animal is overcome by the sheer inability to finance the necessary plans. Many owners will opt to relinquish animals or euthanize them when unable to afford the care prescribed by their veterinarian. Similarly, the equine industry is facing an ongoing debate about the humaneness of horse slaughter. Equine care, including veterinary bills, can quickly build to levels that are unmanageable. When owners are unable to care for their horses, slaughter can be a very enticing option. The cost of euthanasia and disposal alone can be out of reach for many people. It is difficult to determine if slaughter is more or less humane than neglect. Much time will pass before this country will reach an agreement about horse slaughter and veterinarians' input is important. This is a topic that requires review when considering the implications of cost of veterinary care.³ The profit-driven food animal sector of veterinary medicine is also no stranger to financial strains and making difficult decisions about treatment or slaughter. While it is important to highlight that farmers, more often than not, care deeply about their animals' welfare for emotional reasons, the very nature of the business forces them to care about welfare in a financial sense as well. A happy cow is a healthy cow and a healthy cow is a productive cow. Unfortunately, finances drive decisions and quality of life can suffer as a result of less than adequate health care or slaughter methods for production animals. The role of the veterinarian in this area is almost always to minimize cost while maximizing efficacy, which is never an easy task. However, it is worth it to prevent tragedy from occurring. One farmer recently slaughtered 51 of his dairy cows before taking his own life after falling into hard times.⁴ Events like those mentioned here, where welfare and lives are at stake, highlight the tremendous role of money in shaping the role of the veterinarian as he or she continues to uphold the values of the veterinary oath.

While cost is obviously an important factor to consider, the very treatments themselves must be placed under scrutiny as well. With all of the new machines, medications, foods, modalities and approaches to treating animal disease, it has become a challenge to balance client options against their true capabilities as owners. Given two animals with similar ailments, one owner may be perfectly equipped to deal with surgical procedures, long-term drug administration, rehabilitation, etc., while another owner may not be able to handle such financial or emotional responsibilities.⁵ It is important to recognize this role as veterinarians—it is as much a duty to consider each case as individual as it is to determine the most effective treatment for the specific complaint. In the time spent in school and clinics, veterinarians are exposed to the latest and greatest techniques and drugs. While it is difficult enough to learn about these methods, it can present an even larger challenge to recognize where a simpler or modified approach to medicine might be more appropriate.

Some clients feel pressured to spend when they enter a veterinarian's office. The bond between humans and animals and the consideration of pets as family members produces thoughts that they should be willing to spend whatever is necessary on vet costs. Bombarding them with vaccine choices, supplements, and food trials has the potential to alienate them. The AVMA reported that although revenues increased overall in 2009, the total transactions decreased by 1% and revenues did decline for 28% of clinics in an AAHA study. Despite the bleak national economic outlook, the AVMA research shows that pet owners predict "they would maintain or increase spending on their pets in the coming year."⁶ Now, more than ever, with an abundance of options, it is important for veterinarians to have a dialogue with their clients, discussing necessities in pet health and explaining the less essential choices in detail so they can make informed decisions. After a review of medical ethics and significant research into vaccination efficacy as well as consideration of the human-animal bond, the AVMA released their policy on the ethical issues of vaccination principles. One of the most applicable statements to this debate regards the discussion of options. "Under a veterinarian-client-patient relationship, the practitioner and client must determine the best patient care programs for implementation. Since our knowledge base is constantly evolving, vaccination decisions require a thorough and ongoing review of scientific information and expert opinion in order to appropriately customize vaccine recommendations for individual animal patients."⁷ It is imperative to consider each case as an individual and involve the client in the decisions whenever possible.

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This view can be pushed even further to examine cases where treatments are not only inappropriate for a specific owner's capabilities, but when the implementation of a medical regimen actually causes undue harm. For example, pain management has advanced quite a bit in recent decades. A dog presenting with low-grade, acute arthritis, will often be placed on one or several new drugs or supplements targeting this pain. While this has undoubtedly improved the quality of life of many dogs suffering from chronic stiffness and lameness, it has had some very serious ramifications as well, with a small number of dogs suffering acute onset of liver and kidney disease. While it may be a first instinct to prescribe an available medication at the first sign of distress, it should be a duty to assess risk and weigh these risks against the benefit. In addition, other options should be considered, like rehab or other less invasive means of addressing the problem, even if they are not as revolutionary or as exciting as a new drug with immediate effects. A similar issue surrounds the equine industry. A client may deliver a complaint of lameness in a horse that is affecting its performance. Phenylbutazone is often prescribed as a means to make the horse more comfortable, but it has the unfortunate effect of masking pain, allowing the horse to be worked with potential for further damage to the underlying issue, which has not been addressed. Another example in the equine world is the case of Barbaro. While many hailed the owners and veterinarians as heroes for their efforts to save the horse's life, others found the measures taken to be excessive, causing unnecessary discomfort, and purely profit-driven, as he would potentially be used as a stud horse. The drive to "fix" a problem with fancy medicine should never overshadow the duty a veterinarian has to examine a case in a thorough matter and address cause rather than symptoms. It is easy to become enamored with the idea of a groundbreaking new option for improving the lives of animals and the clients who bring them in, but it is important to avoid being swept into utilizing new procedures, medications, or other modalities simply because they are available. Being prudent and classic in one's approach can often be as effective as implementing the most recent, most promising methods. In fact, it can often prevent unnecessary risk or harm.

When discussing optimal medicine, several legal issues arise. First, it's important to consider the ramifications of the aforementioned cases where medical treatment or diagnostic cause undue harm. Excessive exposures to diagnostic radiation and medications are coming under scrutiny in human medicine for their potential carcinogenic effects. Who is to say that this issue will not be explored in the veterinary world? When utilizing a new drug, veterinarians must do their own investigations of efficacy and safety without relying on the information from drug companies. If innovative, cutting edge techniques are implemented, it is legally and morally responsible for practitioners to inform clients about other options and risks in addition to weighing the cost-benefit ratio. Interestingly, debate has arisen about the legal obligations of veterinarians and informed consent. Several articles in *Veterinary Economics* have examined this issue. One highlights an ACT (Average Client Transaction) increase in 90% of clinics examined between 1996 and 2004, concluding that the hike could be attributed to the higher quality of medicine and technology offered at these locations.⁸ A second article highlighted the controversial link between good medicine and high profits, mentioning in particular, that "testing every senior pet is good for healthcare and good for the bottom line."⁹ Dr. Thomas Burns indicates in the same article, that "regular diagnostic testing for senior dogs and cats is plenty profitable."

It's easy to see where the moral and ethical lines can be crossed here, but there is an additional legal component. Veterinarians are often encouraged to recommend the highest level of treatment for every animal that presents for treatment. An article, interestingly titled "Fatten up your revenue," indicates that the secret to profit is to "aggressively recommend the best patient care" and even suggests a need for veterinarians to make the medical decisions and then simply inform the client, offering the best care possible without any alternatives.¹⁰ Veterinary law experts, however, are not in agreement. It brings to light issues of informed consent, giving advice to clients without relaying the options.¹¹ If a client was to object or an issue was to arise with the treatment, it's understandable that there might be significant repercussions. The current AVMA policy reads: "Informed consent better protects the public by ensuring that veterinarians provide sufficient

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information in a manner so that clients may reach appropriate decisions regarding the care of their animals.” Clients have long respected veterinarians and hold them among the most trusted professionals. This discussion of legality and profit threatens to tarnish this high esteem. A balance between revenue and level of care is necessary to maintain a high standard of care alongside this trustworthy reputation. There are many clinics that operate very effectively and marry profits and good medicine by recommending the best care possible for a specific client.¹²

It would be ideal if the availability of new technology, new medicines, and better understanding of animal health and wellness would simplify the way veterinarians treat animals. Unfortunately, both medical and financial reasons have precluded these advances from realizing their full potential. The perceived highest standard of care is not always the best option for client satisfaction, cost-benefit analysis, and patient well-being. In addition, the latest, greatest medicine still has the potential to fail or cause necessary harm where more practical measures could have succeeded. Applying aggressive medicine can often promote treatment of symptoms rather than discussions about cause or prevention. The role of the veterinarian in society is always expanding, which is fantastic for the profession as well as the world, especially as professionals discuss the idea of One Health. With the added pressure of a weakened economy and explosions of new research and medical options, practitioners must be willing to take on an increased role as they work with clients to determine the best course of action in each case. Ideally, there will be a solution that is most consistent with maintaining animal welfare while still maximizing the cost-benefit ratio.

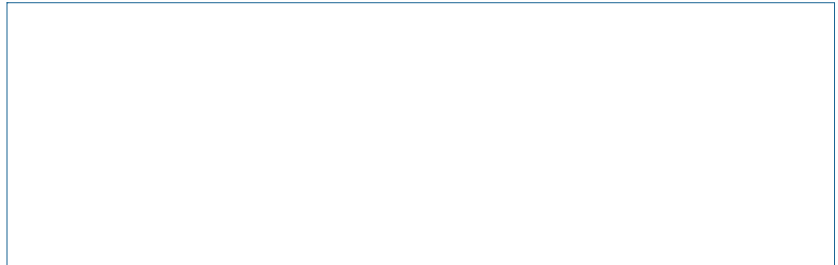
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Newsletter of the Society for
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SVME Mission Statement

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/

