



SVME Newsletter

Newsletter of the Society for Veterinary Medical Ethics Volume 13 Issue Number 5 Summer, 2008

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Snippet from SCAVMA 2008



*This newsletter is sponsored in
part by a generous educational
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Hill's Pet Nutrition, Inc.*

President's Message

SVME President's Message Summer 2008

Well, this is it. My last SVME President's message. I initially decided to forego the usual last message recap of the organization's successes and accomplishments in lieu of a controversial topic upon which I could pontificate or at least wax poetic. But then I figured that I'd done enough of that as SVME President and previously as an impatient, critical "pot stirrer" and thorn in the side of the AVMA.

As I was reflecting on what to write about, I went to a CE talk and was speaking with a number of colleagues about the impact the current economic environment was having on their respective businesses. Costs were up, clients and patient workups were down and there was sincere discussion about whether or not veterinary medicine was truly "recession proof".

What you ask, does this have to do with ethics? At times like this, it's tempting to start shedding all of those extracurricular activities in which most of us are involved. Professional organizations, charities, volunteerism and pro bono work start to take a backseat to day-to-day economic concerns because we all feel overextended. It's times like this though when good people need to redouble their efforts to continue to focus on those in need, those less fortunate and in the case of the SVME, continue to stress the importance of ethics in our profession. By continuing to examine, critique and challenge our own professional behavior and animal welfare issues we will preserve our moral compass and ensure that we maintain the high standards that have consistently defined our profession.

I have been extremely fortunate to have worked with SVME Board Members who embody these sentiments and who have demonstrated a sincere commitment in continuing the work of the SVME. To all the SVME members thank you for your past, current and future personal contributions in time, effort and wisdom to the SVME, and for having given me the opportunity to help this valuable organization grow.

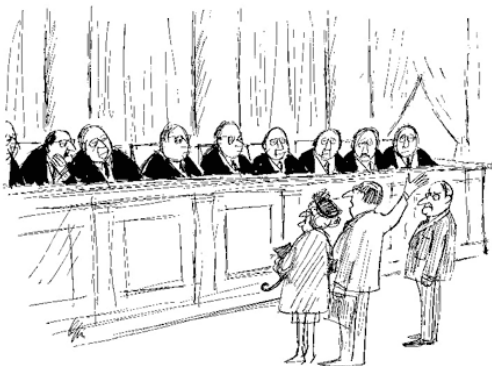
Gary Block DVM, MS, DACVIM
President SVME

Thank everyone, especially Dr. Block, for their contributions to this newsletter and to the list serv which has proved to be a great source of information and resource for so many users. We would like to encourage more people to become members and to share their ideas and experiences with us... Thank you for the opportunity to serve as the Society's secretary. -Diane Levitan, VMD

SHOMER AWARD 2008

This award is bestowed upon an individual who has made a significant contribution to the field of veterinary medical ethics. The recipient must have a distinguished career as a leader in the field of veterinary medical ethics through scholarship, advocacy, or mentorship. Recipients should be outstanding individuals who throughout their professional careers have promoted and embodied the qualities of a true professional including veracity, compassion, courage, and integrity.

The Society for Veterinary Medical Ethics (SVME) is proud to present the 2008 Shomer Award to Dr. Andrew Rowan. Dr. Rowan is a world renowned educator, speaker and researcher with a lengthy resume in academia, animal welfare and veterinary ethics. The SVME is fortunate to have Dr. Rowan speaking at this year's plenary session and he will be receiving the annual Robert R. Shomer Award following his presentation



*"Her landlord kicked her cat!
How did this thing ever get out of Small Claims Court?"*

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SVME WALTHAM Student Essay Contest Winner

The SVME and WALTHAM sponsored this annual essay contest to foster and encourage future veterinarians' interest and understanding of veterinary ethics. Through a generous grant from The WALTHAM Centre for Pet Nutrition, the SVME Student Essay Award includes a \$1000 prize to the winning essay's author as well as up to \$1000 in travel expenses to attend the SVME annual meeting that takes place at the AVMA convention.

The topic this was

The Veterinary Practitioner's Role in Animal Cloning Winning Essay: Danielle Irving

Class of 2009

North Carolina State University College of Veterinary Medicine

The Choice to Clone

In modern-day America, scientific research and science fiction exist side-by-side, sometimes seemingly hand-in-hand. As children, we watch Wiley Coyote fall dramatically from cliffs again and again, only to come back again and again, tirelessly pursuing Roadrunner. As adults, we are intrigued by new television series such as "Pushing Daisies," where death can still be overcome by individuals, even though the cost of life must be paid by someone. Despite frank admission that these dramatizations are just that – fiction invented for mass entertainment – some hidden part of ourselves cherishes the thought that perhaps death is not entirely un-negotiable. To that small hidden part of ourselves, cloning shines a faint glimmer of hope that maybe, in some roundabout way, we *can* overcome death.

Three-hundred years ago, few people would have believed that horseless carriages could even move, much less be the main means of human transportation, yet today, we take for granted that automobiles can take us virtually anywhere we want to go. We have new expectations that these mechanical marvels will not only transport us to our desired destination, but that they can (and should) protect us in the case of a collision, burn cleaner, more efficient fuel, and provide directions to our destination.

Today, the thought of a cloned pet seems far-fetched to most people, a modern-day Frankenstein concept that represents more intellectual fodder than tangible reality, but in the objective sense, it is hardly more far-fetched than horseless carriages must have been to colonial Americans. Given current resource availability, the question is not *if* technology will advance to the point of animal cloning, but rather *when*. The monetary, scientific, and intellectual resources exist: it is only a matter of when, where, who, how, and why.

From an ethical standpoint, the *why* is perhaps more important than the when, where, who, and how. Is cloning being developed because, like organ transplantation, it could save lives? Is it being developed because, like the hydrogen bomb, it could give us immense advantages over our enemies? Is it being developed because, like the Space Race, we feel it is inevitable, and we simply want to be able to say we were the first? Is it being developed because, like the Wright brothers building airplanes, a few individual, forward-thinking scientists find it to be a compelling challenge? Is it being developed because it reminds us of the immortal Wiley Coyote of our childhood and seems to bring us one step closer to escaping death?

I would argue that, ethically, we should be concerned not with the abstract concept of cloning, but rather with the specific details of how cloning will be used. To say that cloning is universally acceptable or unacceptable is close-minded; such absolutism simply serves to propagate extremism both in favor of and against cloning. To be realistic and reach an understanding rationally acceptable to all, it is first critical to recognize that neither extreme is *right*, but that both arguments have their own points of validity.

The complexity of an argument for either viewpoint lies in the dual existence of rational and emotional factors. Rationally, cloning can be viewed as an untapped resource made available by the scientific and intellectual superiority of humankind. As a resource, one could argue that we have a right, perhaps even an obligation, to explore its value and put it to use. Along with this, however, comes a similar responsibility to use it wisely, however one wishes to define 'wisely.' Emotionally, cloning fosters our nostalgia and makes us feel powerful, as if we have slipped one little toe through the door of immortality. The ability to clone a beloved pet also softens the emotional bereavement we inevitably feel upon the loss of a loved one.

This blunting of emotional injury, however, can also provoke a rational argument against cloning: if we lessen the impact of the negative events in life, if we shelter ourselves from the bereavement of death which is an integral part of life, do we simultaneously lessen the

positive experiences as well? Will we come to feel less acutely the beauty and awesomeness of life if death does not remain to apply stark contrast? Perhaps one of the strongest emotional arguments against cloning is simply our intuitive, almost visceral, response that cloning - artificially creating life - is simply, purely, undeniably sacrilege: humans overstepping their bounds, playing God, without any real capacity to understand what consequences may be involved.

These potential, unknown consequences form a strong rational foundation on which to oppose cloning. Every scientific endeavor ever undertaken by man has carried certain risks, and in each instance, some have believed the risks too great, while others have followed the dogma 'nothing ventured, nothing gained.' Particularly in a highly individualized culture such as exists in the United States, one must consider the argument of individual rights: just because I may not believe that cloning is appropriate, do I (or regulatory officials) have the right to keep another individual from making the choice that cloning is appropriate for him or his pet?

In efforts to avoid the conflict that inevitably arises from absolutist views, perhaps it is appropriate to say that cloning is not absolutely ethical or absolutely unethical, but rather that each unique case in which cloning arises as an option must be considered individually, within its own particular context. Just as religion and lifestyle are not one-size-fits-all, perhaps neither is cloning. The argument must then be considered in terms of individual rights, preferences, benefits, and costs. If one person decides that cloning is appropriate for his pet, can someone else justifiably make the argument that one person's cloned pet infringes on others' rights to a pure, naturally derived animal population? Is the mere fact that one person considers cloning morally offensive sufficient reason to deny others the right to clone?

As a society, we do not, strictly speaking, condone murder because it violates the sanctity of life. One could make the argument that cloning also violates the sanctity of life, not by taking away life, but by devaluing it; man-made gems are not as valuable as their natural counterparts, and one could easily make the argument that man-made life is similarly less valuable, or could at the very least decrease the perception of value. One of my greatest concerns over the prospect of cloning companion animals is the fear that such made-to-order pets will create a false sense of reality, potentially leading us not to cherish life's inherent value to the extent that we should and currently do. 'You never appreciate what you have until it's gone' is a cliché, but true non-the-less. If we grow accustomed to the thought that a beloved pet can never be entirely taken away from

us, it stands to reason that we may, at least to some degree, cease to appreciate those pets in the same way we do knowing that we will not get a second chance to have them in our lives.

One could argue that because the technology exists to clone animals, cloning will happen, perhaps on a large scale once the science is made more efficient. However, the fact that we *can* do something does not mean that we should, as most people would argue was strongly evidenced by the dropping of atomic bombs on Hiroshima and Nagasaki. Appropriate regulations should be placed, founded firmly on scientific fact and open communication between all parties involved. The decision to clone, on a single animal basis or just in general concept, should be scrutinized in the context of motivation, costs, benefits, and potential consequences. As a population, we need to recognize the possibility that cloning may be in some instances appropriate and in others unacceptable. I would never choose to clone my pet, but I do not believe I have the right to make that decision for other people; I merely hope that others will approach the decision responsibly and with an open mind.

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"Damn! I suppose this means another malpractice suit."

DID YOU KNOW....?

The AVMA published

“the veterinarian’s role in Animal Welfare” June 2008

For more information see http://www.avma.org/products/animal_welfare/welfare.pdf

AVMA debuts animal welfare Web section : To help veterinarians and the general public understand the complexity and passion behind animal welfare issues, the AVMA has launched a Web section devoted to animal welfare information. "This new section of the AVMA Web site will play an important role in helping people understand the AVMA's science- and ethics-based approach to animal welfare," said Dr. Gail C. Golab, director of the Animal Welfare Division.

The new section is available on the AVMA Web site at www.avma.org/issues/animal_welfare/default.asp

Animal cruelty conviction for killing a goldfish!

Supreme Court, New York County, New York

People v. Garcia
New York

777 N.Y.S.2d 846 (N.Y. 2004) **Summary:** Defendant was convicted

Summary: Defendant was convicted for a number of assaults, including aggravated cruelty to animals. In a domestic dispute and assault, defendant intentionally crushed nine year-old Juan's goldfish with his foot. On appeal, the Court held that the animal cruelty statute was not unconstitutionally vague as applied to the defendant for killing a boy's pet goldfish by deliberately crushing it.



FOR MORE INFORMATION VISIT:

www.animallaw.info

AAHA Begins Evaluating Specialty Practices

Through the American Animal Hospital Association's (AAHA) experience evaluating thousands of animal hospitals, AAHA understands that all practices, both traditional and referral, share similar challenges and goals. To address these similarities and to enhance the referral process, the Association will now offer referral accreditation. The new accreditation brings the value of AAHA *Standards of Accreditation* to specialty practices and teams by addressing the uniqueness of their specialty.

The Associated Press: *(NEW YORK) - Animal welfare groups must be panting: Leona Helmsley reportedly directed that her fortune — up to \$8 billion — be used for the care and welfare of dogs.*

According to the AVMA's: Principles of Veterinary Medical Ethics of the AVMA

(Approved by the Executive Board July 1999; revised November 2003; revised by Council October 2006; approved by Executive Board November 2006; revised April 2008)

I. GENETIC DEFECTS

- A. Performance of surgical or other procedures in all species for the purpose of concealing genetic defects in animals to be shown, raced, bred, or sold, as breeding animals is unethical. However,**



Listserv topics HEATED.....

The following are excerpts from the SVME listserv. All members are invited to join in and express their questions, concerns and opinions.

My associate is very concerned about a local veterinarian's severely inappropriate treatment of several patients. The latest patient was a 2 year old MC Maltese mix that he presumed had IMHA and ITP (however, had only moderately decreased platelet numbers). The dog weighed 6 kg and was treated with the following: 20 mg Depo and 3 mg dexamethasone on day one; days 2-5: 20 mg depomedrol IM and 20 mg of pred orally each day; on Days two and four, got 1200 mg of epogen; on day 5 received one mg of vincristine (IV).

The dog was brought here on day 5, 2 hours after receiving the vincristine and was in DIC (presumably: prolonged PT, low fibrinogen, elevated D-dimer, ~75,000 platelets with severe petechia and ecchymoses). In review of the records, she believes IMHA was a correct diagnosis, however, the concern is with the severely inappropriate therapy. The dog died 12 hours later in our care due to suspected intrapulmonary hemorrhage or PTE-

Should she report this Dr. to the State Board? Call him and discuss as she did with a previous case she was concerned about? She believes he will likely make many more such mistakes in the future and does not know the best way to handle this. Any advice/opinions are welcome on this difficult, yet sadly not uncommon, problem.

Responses

The dog weighed 6 kg and was treated with the following: 20 mg Depo and 3 mg dexamethasone on day one; days 2-5: 20 mg depomedrol IM and 20 mg of pred orally each day; on Days two and four, got 1200 mg of epogen; on day 5 received one mg of vincristine (IV).

In this case, failure to refer to a qualified specialist is the ethical infraction. If the local veterinarian, in fact, according to the medical records, gave the patient this medical protocol, then: that's a deviation of the standard of care. Plain and simple. I would be surprised in this situation if the State Board chose to reprimand the veterinarian. Your associate also needs to find out if complaints have to originate from the public, or if veterinarians are allowed to submit complaints. Then your associate needs to determine if the complaint is warranted.

She believes he will likely make many more such mistakes in the future and does not know the best way to handle this.

That's her opinion and she needs to keep that to herself. Undermining the professional standing of another veterinarian in a false and misleading way is certainly unethical (how can she possibly predict the future behavior of anyone, including herself?). That rationalization is irrelevant here.

In Texas we are allowed to file a complaint against a colleague. I have wanted to and thought about it many times, but did so only once. In that case, the veterinarian was in violation of state pharmacy and veterinary administrative rules (selling prescription meds without a DCP relationship thru his internet pharmacy).

Thank you for your reply. Would you not call this treatment malpractice instead of "deviation of standard of care?"

These doses are toxic to a dog that size. If he believed in his deviation of the standard of care, why would he have to refer, ethically? I am not being argumentative, just trying to understand your interpretation.

Malpractice is a legal term defined by the court system. The meds used were clearly a deviation of the standard of care. That is a State Board evaluation, but I am sure it would qualify as a deviation. These doses are toxic to a dog that size. If he believed in his deviation of the standard of care, why would he have to refer, ethically? Apparently this veterinarian did not think this case "over his head", but I think it's apparent it was. Because of that, he had a duty to refer. That is the ethical infraction as defined by the AVMA Code of Ethics.pg. 42 III. A. 2. and IV. A. 2. I am not being argumentative, just trying to understand your interpretation. On VIN we get involved in these discussions a lot, and someone always tries to point out that malpractice is a legal term defined by the court system and a trial.

Malpractice consists in: (1) Duty (exists whenever professional-client relationship); (2) deviation from the standard of care (set forth in most states' provisions as failure to exercise that degree of care, skill and learning expected of a reasonably prudent practitioner in same or similar circumstances); (3) damages/injury; and (4) error or omission that was deviation from the standard of care proximately caused the damages.

In other words, not every deviation from the standard of care establishes malpractice, as the claim of malpractice has additional elements. For example, an error or omission that results in no damage (death/add'l costs/diminution of value) means that no malpractice claim will lie. Every instance of malpractice does have deviation from the standard of care as one of its elements, however. Regarding the 6 kg dog that received 1 mg of vincristine: The MTD (maximally tolerated dose) of vincristine is 0.75 mg per m² (meter squared). $6 \text{ kg} = 0.33 \text{ m}^2$ $0.33 \times 0.75 = 0.25 \text{ mg vincristine}$ Different states define the deviation in slightly different ways. The MTD is arbitrarily set at approx. 5% risk of serious, potentially life-threatening complications (GI sloughing, profound neutropenia, etc.).

Because of the steep dose response curve of cytotoxic drugs such as vincristine, even a 15-20% increase above MTD is very likely to result in serious complications. A 400% increase in dose is extremely likely to result in death.

It should be pointed out that 0.75 mg/m² is the antineoplastic dosage. The dosage used for ITP is typically around 0.02 mg/kg

$0.02 \times 6 = 0.12 \text{ mg}$ (one tenth of the dose given to the dog in question)

Assuming that this dog did in fact weigh 6 kg, and did receive 1 mg of vincristine, this is, in my opinion, at the least a case of negligence. There might have been a dose calculation error, mistake in transcribing the recommended dose, etc. which can happen when using drugs with which a practitioner is not familiar.

However, once the grossly excessive corticosteroid dosages (with with every veterinarian should be very familiar) are also considered, this seems like an egregious example of gross negligence at the least. It seems, at least to me, to far exceed any arguable "deviation of standard of care" or "failure to refer" and fall into a category of something much worse.

Perhaps I'm overreacting, but in this day and age of readily available information, the least this practitioner could have done was follow a standard protocol for the disease he diagnosed (the accuracy or appropriateness of the diagnosis being a second, separate question).

This is not an uncommon dilemma; that being cases of apparent malpractice (or deviation from the standard of care) that aren't just minor deviations from accepted therapy but horrendous and unfathomable medical choices that speak to either gross incompetence or incredible laziness in simply picking up a drug formulary or textbook to check doses. Yes we all know the usual caveats about not seeing the record, not being there for the actual discussion, etc. but working with the info we have, how in the world can any vet condone this level of (mal) practice? Not only are the steroid and vinc doses wrong, but I do not believe that Epogen is indicated in IMHA or ITP and in fact is probably contraindicated being a foreign protein. The very fact that the RDVM presumably charged this client for improper and inappropriate drugs and drug doses, is, I believe a crime since you cannot charge for negligently provided services.

I think the question, simply put is when do we blow the whistle on vets such as this. Putting aside the legal question of did the vets treatment hasten or result in the dog's death, is this a vet who should be practicing in your local community? While I am a big fan of educating RDVMs and I understand that "standards of care" is a poorly defined term in our profession, why are we so reluctant to self-regulate? We risk losing public confidence and trust when we are perceived as "protecting our own" at the expense of our clients. That said, specialists are in a difficult situation when these cases arise since squealing on our referral base is not exactly known as a practice builder. I think (and hope) that if faced with the same situation that I would respectfully confront the RDVM and inform him/her of my concerns and if I felt he/she understood and would address the issue then leave it at that. If this was a repeat offender or the vet could not justify their medical decision-making then I would consider reporting the vet to my local state board. How may vets have ever reported a colleague to the state board? How many have seen cases they were confident rose to the level of malpractice? I suspect the former is less than 10% and the latter is close to 100%.

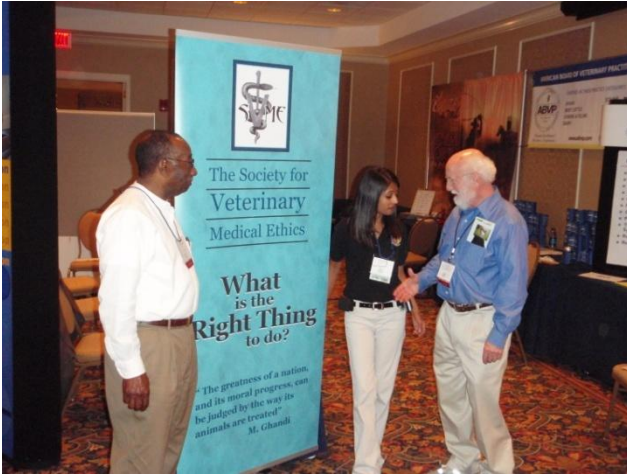
I think it is easy to criticize the outcome of a case we are not involved in. We also need to look at this case as it stands alone - it is unfair to lump it in with other cases from the same veterinarian as we have not seen the record in the other cases and are simply taking another person's word for it that there were other cases that were mismanaged. I am not defending here that this veterinarian made medical errors. I am defending that I am reluctant to jump on a case that I feel I know so little about. There may be circumstances here we do not recognize. We have not seen the complete medical record on this case.

We all have and will continue to make mistakes as we practice. No matter how careful we are or how thoughtful we are in our medical reasoning, none of us are mistake-proof. That is probably why there is less outrage from the practitioners than from the non-practitioners. I hope I never commit an error of the apparent magnitude in this case. I can assure you after several years of reviewing cases as a representative of our local veterinary board that errors do occur that I can see myself or my staff making. The reason I serve on the board is because I learn so much. It keeps me humble. As practicing veterinarians, we do not have a legal duty in our state to report them to the state or to take matters into our own hands and contact the offending veterinarians. This may or may not be the case in other states That leaves the matter to our personal comfort level and our consciousness.

That being said, I have in the past and expect to in the future talk to a fellow practitioner if I am made aware of a concern. But we must be careful how we judge when we do not know all there is to know about the particulars in a case.

I would like to add that we should think of putting the Golden Rule into practice. To paraphrase, we should do for others what we would have them do for us. My interpretation of this ethical axiom is that we should take the initiative to directly contact the colleague about our points of concern. If after reasonable conversation, the matter is not satisfactorily resolved, then it is time to bring another qualified person into the discussion. If the concern is resolved, then everybody may learn from this situation. If the situation is still unresolved, and there is substantial reason to believe that others will be harmed by leaving the issue unresolved, it is then time to escalate the discussion by contacting appropriate individuals or committees. What do you think?

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SVME past president, Earl Dixon, third year Tuskegee student Darleen Saini, and SVME Treasurer John Wright at the SAVMA Meeting

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