Comments on the dilemma in the March issue: ‘To refer or not?’

The dilemma in the March issue concerned a client presenting a cat that had a heavily infected descemetocele (In Practice, March 2010, volume 32, page 122-123). In the primary vet’s opinion, a conjunctival pedicle flap was required, a procedure they had performed six times previously, with four of the cases healing successfully. The nearest referral practice was 40 miles away. Michael Stevenson commented that referral might be especially attractive to new graduates, and increasing the numbers of referred cases could decrease experience levels in general practice, possibly leading to a fall in service quality. Both the welfare of the animal and the wellbeing of the client should be considered, as well as the probability of a good outcome. A possible way forward would be for the primary vet to perform the operation him or herself, having gained informed consent. Even if the surgery did not go to plan and required enucleation, then, so long as the vet assessed his or her chances as acceptable, they were justified in proceeding. Assessing welfare compromise was retrospective and there was no way of knowing if alternative therapeutic strategies would have been more successful. However, such retrospective judgements were useful for determining the success of similar procedures carried out subsequently – if the vet should have referred the case in hindsight, then henceforth he or she should do so.

MICHAEL Stevenson discusses the merits of referring (or not) a cat with a heavily infected descemetocele. His advice that both options should be offered is in agreement with the RCVS Guide to Professional Conduct (2010). However, the Guide does not provide advice on recommendation between options. Mr Stevenson argues that we should consider the ‘wellbeing of the client, due to the financial burden and stressful experience of an unfamiliar vet’. Although financial implications need to be discussed with the client, how clients choose to spend their money is not our concern. Any attempt to predict how much an owner is prepared to pay would compromise the owner’s right to choose how to spend their own money (Main 2006). However, of course, the vet should avoid making the owner feel guilty if they cannot afford the best. So, while it may be acceptable for the owner to choose not to take the animal for referral, the veterinarian should always advocate the best treatment option, despite the fact that assessing the relative merits of referral is difficult because there is ‘no form of public clinical audit’.

For me, the intention of a veterinary surgeon is key. Self interests, such as practice profitability and academic interest, that could influence one recommendation above another should be recognised and put to one side. However, focusing on advocating the best option for the animal is not incompatible with profitable veterinary practice. In fact, I would suggest that practice profitability would increase if veterinarians put to one side hang-ups about charging for professional services and simply focused on recommending the best for animals in their care.

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References
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