Everyday ethics

THIS series gives readers the opportunity to consider and contribute to discussion of some of the ethical dilemmas that can arise in veterinary practice. Each month, a case scenario is presented, followed by discussion of some of the issues involved. In addition, a possible way forward is suggested; however, there is rarely a cut-and-dried answer in such cases, and readers may wish to suggest an alternative approach. This month’s dilemma, ‘Can’t pay, won’t pay?’, is presented and discussed by Chris Barker. Readers with comments to contribute are invited to send them as soon as possible, so that they can be considered for publication in the next issue. Discussion of the dilemma ‘TB testing protocol’, which was published in the July/August issue of In Practice, appears on pages 414 to 415.

The series is being coordinated by Siobhan Mullan, of the University of Bristol. It is hoped it will provide a framework that will help practices find solutions when facing similar dilemmas.

Can’t pay, won’t pay?

The owner of a pregnant Staffordshire bull terrier, not previously registered with any veterinary practice, presents the dog to your clinic with dystocia. Your clinical examination reveals a grossly oversized puppy impacted in the birth canal. You advise that the bitch requires an emergency caesarean; the owner says that she is receiving benefits and has no savings with which to meet the cost of the operation. How might you proceed?

Issues to consider

The clinical needs of the bitch are self-evident; the dog is in pain and effective resolution of the dystocia can only be provided by surgical intervention. Legal responsibility for the welfare of the bitch is clear – under the Animal Welfare Act 2006 this lies entirely with the owner. If the owner cannot make adequate financial provision for the care of the animal, they are in contravention of the law. Merely presenting the pet to a veterinary practice without the means to pay for the necessary treatment does not satisfy the requirements of the Act. The RCVS Guide to Professional Conduct requires that, in the absence of previous registration with another practice, it is the responsibility of the veterinary surgeon initially contacted by the owner to make immediate provision for the welfare of the bitch. However, this ethical demand requires simply the provision of ‘immediate first aid and pain relief’, or euthanasia, and not the performance of any surgical procedure. Fear of the professional disciplinary process may cause practitioners to ‘over-provide’ to their own financial detriment.

It is not clear that citizens have a moral duty to help other people or animals in need, although there may be societal norms surrounding charitable actions. People who choose to give their time and expertise do so through their own free will. Likewise, veterinary surgeons in the UK have no special obligations to help others without financial recompense, regardless of their need. This stance may be at odds with the underlying motives of becoming a veterinary surgeon, and possibly the desirable image of veterinary surgeons that professional bodies would wish to promote in the public eye. A degree of embarrassment or moral stress for the veterinary surgeon may result when they make decisions based on financial common sense.

The practice owners may choose to perform the operation without receiving payment from the owner and write off the financial loss as a bad debt. Clearly, this is only an option for profitable practices, as practices can only exist to provide a service to pet owners if they are financially viable. While this may defend the reputation of the practice as a ‘caring’ clinic, it may also establish its reputation as an easy target for the unscrupulous. Even if the practice owner chooses to waive anaesthetic and surgical fees, the potential financial costs do not end there. Additionally, if the surgery involves some out-of-hours work, any employed vets or nurses may, quite rightly, expect any additional payments normally due to them for performing such work. Looking at this in purely commercial terms, veterinary practices are no different to other businesses, such as banks, which do not give something for nothing.

The veterinary surgeon may offer the bitch pain relief and pass the decision regarding further action back to the owner, who has the option of taking the animal away and seeking attention elsewhere, or electing for euthanasia on humane grounds. Eventually, such action may force people to recognise their moral and legal responsibilities in owning a pet.

Possible way forward

It would be proper to investigate other means by which the owner might secure payment for the surgical fees – whether by means of a loan from family or friends, using

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a credit card, seeking charity support, or coming to some financial arrangement with the practice (eg, direct debit payments). However, any practice offering the client the opportunity of ‘paying up’ a debt must be aware that, should such an arrangement allow for more than four payments, the transaction becomes governed by the Consumer Credit Act 1974, which requires the business to be licensed by the Office of Fair Trading.

If payment is not going to be possible, it is acceptable (if undesirable) to refuse to perform the caesarean without payment and prevent the suffering of the bitch through euthanasia. Although it may seem public-spirited to deliver the pups, experience suggests that, even with promises of payment, the debt will generally remain unpaid, the owner will never return to the clinic (to repay the generosity of spirit by bringing future work to the business), the bitch will breed again and history will repeat itself. Unless the profession takes a stand and forces pet owners to recognise and budget for their financial responsibilities towards their pet, nothing will change.

Any comments?

Readers with views to contribute on ‘Can’t pay, won’t pay?’ should e-mail them to inpractice@bva-edit.co.uk so that they can be considered for publication in the next issue, or fax comments to 020 7383 6418. The deadline for receipt of comments is Friday, September 24. Please limit contributions to 200 words.

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