

Comments on the dilemma in the July/August issue: 'TB testing protocol'

The dilemma in the July/August issue concerned a vet and a new graduate assistant who would soon be starting bovine tuberculosis (TB) testing (*In Practice*, July/August 2010, volume 32, pages 318-319). The assistant would initially accompany the vet while they carried out TB tests, before going out on his own. Over time, the vet had developed a way of doing the test that was not exactly as defined in the protocol, but which they believed did not affect either its accuracy or its validity. Gareth Enticott commented that a key issue related to the extent to which the reality of work could ever be captured in a standardised protocol. Signing a TB test certificate was an act of certification, and false certification could have serious consequences for one's career. However, despite offering a way of controlling and standardising behaviour, protocols had their limitations in that they rarely covered all eventualities or offered solutions for new problems. A possible way forward would be for senior vets to remind new assistants of the importance of certification and that it was their own responsibility to ensure that rules and protocols were followed. A second solution would be to demonstrate to the assistant the types of informal procedures that were useful when dealing with problems encountered by the protocol. Potentially, a better way forward would be to see the ethics of TB testing as part of a much broader set of relations, and address these collectively rather than focusing on individuals.

I was shocked to read the Everyday Ethics piece on 'flexible ways' of performing TB tests.

I accept not many practitioners or graduates have been involved in scientific research and serious laboratory work, and therefore do not appreciate the absolute importance of adhering to a protocol when performing a diagnostic test. But this is a test in which a difference of 1mm in skin measurements can detect whether an animal is a reactor or not. And leaving a reactor undetected in a herd, or subsequently moving it to other parts of the country, results in ongoing unmanageable TB. The quoted research which showed the need for flexibility was a philosophical reflection on oncology and cardio-pulmonary resuscitation protocols, something totally different from those associated with diagnostic tests. Imagine if laboratory workers developed their own flexible ways of performing an ELISA or producing a vaccine, because they

did not want to be slaves to a protocol!

These are the first official documents a graduate has to sign – should he or she learn to sign for something they did not do as stated? What is the position of a young graduate with respect to his or her employer, who may pressure them to carry out tests quickly? The test itself may be criticised, but the way forward is to question why we use this particular test, present the evidence and campaign for the use of a more practical test as professionals.

Young graduates need to be trained in safe ways of working, and farmers should be encouraged to install safe handling systems and routines. You do not only work with cattle during TB tests! Learning to be effective, safe and in control during TB testing comes in handy for all other types of work.

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It is essential that tuberculin skin testing is carried out according to the protocol for two reasons – it is vital for disease control and also a basis for trade certification. Within the EU, the protocol is tightly prescribed in EU Directive 64/432/EEC (as amended) for good reasons.

A properly carried out test is vital for disease control purposes, as this will help to maintain the sensitivity and specificity of the TB testing regimen, both at the animal and herd level. As with any other disease screening technique, there are certain steps in the test protocol that are critical for a reliable test result. All testers should be aware of these points, which are: record the official identification of each animal on the first day, clip the injection sites, accurately measure skin fold thickness and then inject the correct volume of the appropriate tuberculin intradermally (resulting in a temporary palpable nodule) and, 72 hours later, recheck the identity of the animals and visually examine, palpate and remeasure the injection sites. Testers should ensure that their technique, equipment and approach meet these needs.

We understand that under practical conditions some flexibility may be needed for health and safety reasons. Official veterinarians must assess the limits within which it is safe to carry out the test without compromising the protocol; this use of their veterinary judgement, together with the requirement for correct certification, should define the degree of flexibility. An understanding of the critical aspects of the test should

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ensure that any flexibility does not compromise test reliability. In the event that the test cannot be carried out both safely and without compromising the protocol, the test should not proceed until corrective action has been taken. Any changes in the protocol should not be the norm and therefore be occasional

and case specific. Testers should question whether such changes expose them to potential criticism relating to technique or misidentification of animals and subsequent damages claims or RCVS investigation, which will affect their relationship with their farmer clients and other vets, and undermine TB

control. Currently, Animal Health is working with the profession to improve training, consistency and quality control issues.

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