

Advice requested via social media

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, 'Advice requested via social media', was submitted and is discussed by Andrew Knight. 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.

The series is being coordinated by Steven McCulloch, a practising vet with a PhD in the ethics of veterinary policy. It aims to provide a framework that will help practitioners find solutions when facing similar dilemmas.

Andrew Knight is professor of animal welfare and ethics, and founding director of the Centre for Animal Welfare, at the University of Winchester. He established Winchester's distance learning MSc in animal welfare science, ethics and law, and is a European, RCVS and American specialist in this field.

Advice requested via social media

For years you have been diligently reading articles advising you to build the online profile of your practice. You now have a substantial Facebook following, largely comprised of people you don't know, and have just received a message from Sasha in Oklahoma, whom you have never met. Her dog Forbes is a seven-year-old schnoodle who suffers from periodic diarrhoea and vomiting. It was hospitalised recently and diagnosed with pancreatitis. Last night it ate a small can of chicken food, which was followed an hour later by recurrent diarrhoea. Today it started vomiting yellow liquid. Its vet prescribed metronidazole, but the drugs won't arrive until tomorrow, and Sasha has asked you for advice. What should you do?

Issues to consider

With the rise of social media, veterinarians increasingly receive such requests for assistance. These present a dilemma.

On the one hand, most veterinarians have a strong altruistic streak. We have all put ourselves through hard years of veterinary school, precisely so we could provide such assistance. Our desire to help is increased further, when a friend or family member is asking. Even when the supplicant is unknown, such as in this case, it is hard to lightly dismiss any such request, particularly if we care about our online reputations. Yet, when you have developed an online profile and social media presence to publicise your veterinary practice, it is all too easy for disgruntled followers to damage your reputation as a

caring veterinarian by publishing negative comments.

On the other hand, performing a diagnosis, and prescribing a course of treatment (even 'just' nutritional), are considered acts of veterinary medicine, which are restricted under Acts on veterinary practice to those who are licensed veterinarians in the relevant jurisdiction. You can reasonably presume this will apply in the state of Oklahoma where the animal, Forbes, is located – and indeed in virtually any country with a veterinary practice Act – as well as the UK. Accordingly, to be legally entitled to perform such acts of veterinary medicine, you may need to be licensed both where Forbes is located and where you are located when practising (ie, the UK in this case).

Your next barrier is that veterinary codes of professional conduct, or similar, normally require the establishment of a valid veterinarian-client-patient relationship before diagnosis and treatment can commence. This generally requires personal knowledge of the patient, including from clinical examination in the recent past and maintenance of patient records and so on. (AVMA 2017, RCVS 2017).

Accordingly, if you issue advice that could legally be construed as making a diagnosis or prescribing treatment, you could be vulnerable to charges of practising without a license, as well as unprofessional conduct for practising in violation of the relevant code of professional conduct. If you did hold a license, for example in the UK, and were found guilty of the latter, license suspension or revocation would be possibilities, as well as reputational damage to you and your practice. Such charges might occur if, for example, you issued advice, something went horribly wrong, Forbes died and the distraught owner decided you were to blame.

Possible way forward

All such cases should be initially met with an appropriate expression of sympathy for the problems experienced by the animal and owner. This should be followed with

Any thoughts?

Readers with views to contribute on 'Advice requested via social media' should e-mail them to inpractice@bva-edit.co.uk so that they can be considered for publication in the next issue. The deadline for receipt of comments is January 12, 2018. Please limit contributions to 200 words.

a standard statement: that unfortunately, for legal reasons, you're not lawfully permitted to issue diagnoses or prescribe treatment courses to animals who are not your patients, and that you are unable to take on new patients without seeing and examining them, and considering their previous history.

However, you can choose to offer generalised advice if you wish, such as by describing the most common causes of canine pancreatitis, and the range of treatment options commonly offered. If you have the time, such advice will help show that you are a caring veterinarian.

If you receive too many such requests for the time you have available, you could explain that you are unable to freely provide significant amounts of time given the number of requests you receive. If you wish, you could offer a paid, consultancy service, which would also allow you to research the disease in greater depth. However, you would need to be clear that any information you provide is not specific to Forbes or any other animal, and that you are legally unable to provide specific diagnoses or treatment prescriptions, without taking Forbes on as a patient in the usual way, and examining the dog and taking its history.



Picture: Olena Yakobchuk, Shutterstock

Finally, in any advice you give, you should always take care not to undermine the existing veterinarian. Criticism of other veterinarians is rightly frowned on by veterinary licensing boards and in codes of professional conduct, because it undermines the public trust in the veterinarians we all rely on and damages compliance with the veterinary advice we give. The veterinarian managing Forbes will usually be best-placed to advise in light of their personal knowledge of its history, and clinical examination findings, and it is worth noting this. It is also wise to ask the client to give their veterinarian a copy of any advice you issue.

References

- AMERICAN VETERINARY MEDICAL ASSOCIATION (2017) Principles of veterinary medical ethics of the AVMA. www.avma.org/KB/Policies/Pages/Principles-of-Veterinary-Medical-Ethics-of-the-AVMA.aspx. Accessed September 23, 2017
- ROYAL COLLEGE OF VETERINARY SURGEONS (2017) 2. Veterinary care. In RCVS Code of Professional Conduct for Veterinary Surgeons. www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/veterinary-care/. Accessed September 23, 2017.

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Comments on the dilemma in the October issue: Ethical issues in the slaughterhouse

In the dilemma discussed in the October issue of *In Practice*, an Official Veterinarian (OV) is newly employed in a small- to medium-sized three-species abattoir. The OV's attention is drawn to an experienced slaughterman who is shooting inaccurately and practising poor exsanguination technique. He has been under scrutiny already for failing to accurately place bolt shots in cattle. His other work is slipshod, but the business operator fears a counter accusation of prejudice (*JP*, October 2017, vol 39, pp 430-431). John Cranley says that the OV must instruct the business operator to replace the slaughterman without delay. The OV has a duty to acquire evidence and must report the case to the competent authority for further investigation. A full stun must be applied so that the animal does not regain consciousness before death.

JOHN Cranley describes a situation where a slaughterman carries out suboptimal stunning related to conscientious objection. There may be a counter-accusation of prejudice if the Official Veterinarian (OV) reports the slaughterman to the business operator. The situation is no doubt sensitive, involving con-

scientious objection, presumably on religious grounds. Furthermore, the OV may be motivated to avoid the problem of a counter-accusation. However, the OV has a clear duty to uphold the welfare of animals under their care. Furthermore, this duty is reinforced by responsibilities under EC Regulation

1099/2009. Hence, the OV is duty-bound to instruct the business operator to replace the slaughterman to resolve the situation. In this respect, the OV is working within a deontological (ie, rules-based) framework. The OV should simply follow the legal and professional frameworks of the EC Regulation and the RCVS Code of Professional Conduct for Veterinary Surgeons, which are aligned. Readers of *In Practice* were in agreement with this position, with 98 per cent of the 41 respondents voting to report the issue to the area veterinary manager.

Steven McCulloch

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Everyday Ethics Poll

Last month's poll asked:

An OV is newly employed at an abattoir with a slaughterman (Certificate of Competence certified) conducting suboptimal slaughter (ie attempting to sabotage the process). The business operator fears a counter accusation of prejudice if the employee is sacked. What should the OV do?

98% Report to the area veterinary manager

0% Overlook the issue

2% Leave to business operator

(41 respondents)

Vote for this month's online poll at:

inpractice.bmj.com/content/current



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Andrew Knight

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