

the estimate may enable the clinic to cover costs in the short term, but may have dire costs for the client as well as for the animal.

Given the possible expense of veterinary treatment, not every owner will be able to access funds for a large deposit. A recent study reported that Danish small animal veterinary practices encountered clients with limited finances commonly – 34 per cent saw such clients three to four times a month, while 25 per cent saw such clients five to 10 times per month. Yet only 9 per cent had a written policy on handling financially limited clients (Kondrup and others 2016). Clinics can consider third-party credit, payment plans, payment of a lower estimate or discounted services for persons in financial hardship.

A US study found that 77 per cent of people noted cost as a reason for relinquishing their dog to a shelter, yet the majority of owners reported being emotionally attached to their dogs. Eighty-one per cent of owners said they were not aware of any services or assistance available

to them (Dolan and others 2015). Another study found that many surrenders could have been avoided with some assistance, with 40 per cent of owners who had surrendered or rehomed pets reporting that free or low-cost veterinary care might have allowed them to retain their pet (Weiss and others 2015).

A virtue ethics approach is based on cultivating morally valuable character traits, such as trustworthiness, discernment and compassion (Beauchamp and Childress 2013). The veterinary team should provide an accurate estimate, discuss potential variation and disclose all payment options to the client.

Blaming owners for being 'irresponsible' may function as a way of reducing moral stress. Scotney and others (2015) describe a 'moral shift' in shelter workers, involving 'shifting the responsibility of having to kill animals away from themselves to people outside the shelter, (ie, those who are seen to create the necessity for euthanasia, neglectful owners and irresponsible owners for pet overpopulation).

Instead of judging clients, the virtuous veterinary team would address the system in which surrenders occur. Implementing programmes and policies to help those clients experiencing a financial shortfall, when a sick or injured animal is presented, helps more animals stay with their owners. It may also begin to change the mindset of veterinarians about what 'responsible' pet ownership looks like.

References

- BEAUCHAMP, T. L. & CHILDRESS, J. F. (2013). *Principles of Biomedical Ethics*. 7th edn. Oxford University Press
- DOLAN, D. E., SCOTTO, J., SLATER, M. & WEISS, E. (2015) Risk factors for dog relinquishment to a Los Angeles municipal animal shelter. *Animals* **5**, 1311-1328
- KONDRUP, S. V., ANHØJ, K. P., RØDSGAARD-ROSENBECK, C., LUND, T. B., NISSEN, M. H. & SANDØE, P. (2016) Veterinarian's dilemma: a study of how Danish small animal practitioners handle financially limited clients. *Veterinary Record* **179**, doi: 10.1136/vr.103725
- MORRIS, P. (2012) *Blue Juice: Euthanasia in Veterinary Medicine*. Temple University Press

- NEWBURY, S., BLINN, M. K., BUSHBY, P. A., BARKER COX, C., DINNAGE, J. D., GRIFFIN, B. & OTHERS (2010) Guidelines for standards of care in animal shelters. www.shelternet.org/assets/docs/shelter-standards-oct2011-wforward.pdf. Accessed January 9, 2018
- SCOTNEY, R. L., MCLAUGHLIN, D. & KEATES, H. L. (2015) A systematic review of the effects of euthanasia and occupational stress in personnel working with animals in animal shelters, veterinary clinics, and biomedical research facilities. *Journal of the American Veterinary Medical Association* **247**, 1121-1130
- STEPHEN, J. M. & LEDGER, R. A. (2005) An audit of behavioral indicators of poor welfare in kennelled dogs in the United Kingdom. *Journal of Applied Animal Welfare Science* **8**, 79-96
- WEISS, E., GRAMANN, S., SPAIN, C. V. & SLATER, M. (2015) Goodbye to a good friend: an exploration of the rehoming of cats and dogs in the US. *Open Journal of Animal Sciences* **5**, 435-456
- YEATES, J. W. & MAIN, D. C. J. (2010) The ethics of influencing clients. *Journal of the American Veterinary*

doi: 10.1136/inp.k118

Comments on the dilemma in the November/December issue: Advice requested via social media

In the dilemma discussed in the November/December issue of *In Practice*, Andrew Knight describes a case where a woman asks for your advice about her dog Forbes, a seven-year-old schnoodle suffering from vomiting and diarrhoea (*IP*, November/December 2017, vol 39, pp 478-479). Forbes has been diagnosed with pancreatitis and been prescribed metronidazole, but the drugs do not arrive until tomorrow. The problem is that the client is Sasha in Oklahoma, who has asked you on social media. You are based in the UK and have never met Sasha and never examined Forbes the schnoodle.

KNIGHT describes the problem surrounding giving veterinary advice to Sasha. Professional veterinary regulators, including the RCVS, require the establishment of a valid veterinary-client-patient relationship for diagnosis and treatment to legitimately take place. There is no such relationship with Sasha in Oklahoma and Forbes the schnoodle. Hence, Knight recommends expressing sympathy with the client but cautions against anything that could be construed as advice specific to Forbes.

Despite this caution, Knight goes on to discuss 'generalised advice'. Indeed, the RCVS Code of Conduct

Supporting guidance states explicitly in the section on Veterinary care (2.28) that 'General advice may be given in response to an enquiry'. However, specific advice should only be given 'to the extent appropriate without a physical examination of the animal' (RCVS 2017). Given the scenario described by Knight, a lot would seem to reside on precisely what advice Sasha has asked.

Consider if Sasha communicated that Forbes has deteriorated and asks whether Forbes can wait until the morning. In this case, since you are in no position to examine Forbes and cannot give good professional advice to answer that

question. In contrast, if Sasha has advised you that Forbes is doing well and asks about diet, it would arguably be advice of a general nature to communicate that dogs with pancreatitis should be fed a low-fat diet.

The distinction between specific and general advice, and the grey area in between, probably accounts for the poll results. In the poll, 62 per cent of respondents in a similar scenario would offer some advice but also recommend a visit to the local vets. The remaining 38 per cent of vets would decline to offer advice if they had not examined the patient and the owner was not a client.

Reference

- RCVS (2017). Supporting guidance: Veterinary care. <http://bit.ly/2mJfaLj>. Accessed January 18, 2018

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doi: 10.1136/inp.k263

Everyday Ethics Poll

Last month's poll asked:

You are asked advice from an individual in a different veterinary jurisdiction about a patient that you have never examined. Do you offer advice but also recommend a visit to the local vet, or decline to offer advice, as you have not examined the patient and the owner is not a client?

62% of respondents would offer advice and recommend the owner visits their local vet

38% of respondents would decline to offer any advice

(102 respondents)

Vote for this month's online poll at:

https://twitter.com/Vet_Record



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In Practice 2018 40: 39
doi: 10.1136/inp.k263

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