**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, entitled ‘How much information?’, is presented and discussed by Anne Fawcett. 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 ‘Research involving animals’, which was published in the July/August issue of In Practice, appears on page 410.

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.

### HOW MUCH INFORMATION?

A seven-year-old Jack Russell terrier is admitted for a dental scale, polish and extractions. On examination the dog is healthy, but two months previously it had undergone a splenectomy for a mass, which was later diagnosed as a splenic histiocytic sarcoma, with a reported 12-month survival rate of only 30 per cent. The dog fails to breathe spontaneously during anaesthesia, necessitating intermittent positive pressure ventilation. Although the endotracheal tube is cuff ed and the pharynx packed off, a gurgling sound can be heard from the airway. A chest radiograph is clear and the dog recovers uneventfully. The owner asks if there were any problems with the anaesthetic. What do you say?

### ISSUES TO CONSIDER

Anne Fawcett comments: Because treatment proceeds behind closed doors and patients cannot report on their experience, owners rely entirely on the vet’s discretion for an account of what happens, and the level of detail provided. Experience suggests that owners differ in the amount of detail they would like to know about treatment. For example, some want to know as much information as possible, others are satisfied by the bare minimum, while some are even repelled by the mention of medical terms.

There is no consensus on how much information vets are obliged – either legally or morally – to give owners. Unfortunately, there is room for abuse of this system, as it may be tempting not to mention complications, errors or adverse outcomes unless, because of the condition of the animal, one is compelled to do so, for fear that the client may feel that the vet is responsible, exposing them to loss of income, or, worse, litigation.

Furthermore, a little information is a dangerous thing and an incomplete explanation of a complication can lead to a greater misunderstanding than not mentioning it at all.

Some might consider there is no dilemma here, as no errors were made and artificial ventilation is an anticipated ‘complication’ of anaesthesia. It could be argued that there is therefore nothing to explain, and that discussing ventilation will simply confuse the client who may not necessarily appreciate the significance of the information you are providing. In fact, providing this level of detail could be harmful as it causes undue concern to the owner, who may wonder why the vet is saying this. The owner may also associate further deterioration of the patient, consistent with its diagnosis of malignant neoplasia, with the anaesthetic ‘complication’.

On the other hand, if patients are not routinely ventilated in the practice (and this was not a smooth anaesthesia), it may be important to tell the owner in case the dog is presented at another veterinary clinic, so that similar complications can be anticipated. It must also be explained why the chest radiograph was taken.

### POSSIBLE WAY FORWARD

Communication with owners is an art in which there is no right or wrong approach. In my practice, we keep a detailed anaesthetic record as required and note any and all complications on the patient history. All animals admitted are discharged by another veterinary clinic, so that similar complications can be anticipated. It must also be explained why the chest radiograph was taken.

Communication with owners is an art in which there is no right or wrong approach. In my practice, we keep a detailed anaesthetic record as required and note any and all complications on the patient history. All animals admitted are discharged by another veterinary clinic, so that similar complications can be anticipated. It must also be explained why the chest radiograph was taken.

Communication with owners is an art in which there is no right or wrong approach. In my practice, we keep a detailed anaesthetic record as required and note any and all complications on the patient history. All animals admitted are discharged by another veterinary clinic, so that similar complications can be anticipated. It must also be explained why the chest radiograph was taken.

Communication with owners is an art in which there is no right or wrong approach. In my practice, we keep a detailed anaesthetic record as required and note any and all complications on the patient history. All animals admitted are discharged by another veterinary clinic, so that similar complications can be anticipated. It must also be explained why the chest radiograph was taken.

Communication with owners is an art in which there is no right or wrong approach. In my practice, we keep a detailed anaesthetic record as required and note any and all complications on the patient history. All animals admitted are discharged by another veterinary clinic, so that similar complications can be anticipated. It must also be explained why the chest radiograph was taken.

Communication with owners is an art in which there is no right or wrong approach. In my practice, we keep a detailed anaesthetic record as required and note any and all complications on the patient history. All animals admitted are discharged by another veterinary clinic, so that similar complications can be anticipated. It must also be explained why the chest radiograph was taken.

Communication with owners is an art in which there is no right or wrong approach. In my practice, we keep a detailed anaesthetic record as required and note any and all complications on the patient history. All animals admitted are discharged by another veterinary clinic, so that similar complications can be anticipated. It must also be explained why the chest radiograph was taken.

Anne Fawcett

graduated with a BA in philosophy followed by a BSc(Vet) and a BVSc from the University of Sydney, Australia. She works in small animal practice and is currently a lecturer in veterinary professional practice at Sydney University.

Any comments?

Readers with views to contribute on ‘How much information?’ 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 25. Please limit contributions to 200 words.
COMMENTS ON THE DILEMMA IN THE LAST ISSUE: RESEARCH INVOLVING ANIMALS

The dilemma in the last issue concerned a practice that had been asked to take on the veterinary work for a small animal breeding establishment that supplied animals to laboratories for research (In Practice, July/August 2009, volume 31, page 359). The principal of the practice was uneasy about this, not least because of a concern for staff safety, and because ethical objections were raised at a practice meeting. Paul Roger commented that it should be considered whether the practice had staff with the skills to care for the variety and number of animals kept in the establishment. It should also be ascertained whether the establishment was ethically sound. The impact on practice personnel should be taken into account, as it would be unacceptable to place staff in a situation where physical attacks might occur. The perception of the current client base on this new service provision was also an issue. A possible way forward would be to address ethical objections from staff openly, and perform a stakeholder analysis. Consideration of the interests of all parties affected might offer guidance to inform the decision on whether this new direction was appropriate for the practice within the professional ethos of the service provided to the local community.

IT SHOULD be remembered that no establishment is allowed to supply animals under the Animals (Scientific Procedures) Act 1986 (ASPA) without being licensed by the Home Office, and any licensed breeding establishment would be expected to address the ‘three Rs’ – replacement, reduction and refinement. In terms of staff concerns, perhaps the following points could be considered. The establishment only supplies animals for research and no actual research is undertaken on the premises – would this affect staff views? How much do the staff know about work done under the ASPA and the safeguards in place? A way ahead might be to arrange a staff visit to see the facilities.

Not all staff are likely to be involved in working directly with the client – it is very much the vet’s responsibility, so does this change attitudes? Is it worth asking the staff what their attitude is to taking medicines or undergoing medical procedures that have been developed using animal research – do they refuse antibiotics or painkillers that have been developed in this way? Do they see that, as a named veterinary surgeon, the vet will have a very positive influence in this situation with regard to animal welfare and husbandry?

Finally, the threat of attacks can be over-hyped by the media – the National Extremism Tactical Coordination Unit, the police unit charged with monitoring animal rights organisations, says that these attacks are few and becoming less frequent.

Ewan McNeill, Nottingham