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, ‘The wrong vaccine’, 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 ‘Advice on horse worming’, which was published in the April issue of In Practice, appears on page 215.

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.

The wrong vaccine

You have just performed a routine vaccination of a cat and a dog from the same household. You are clearing up your consultation room as the clients settle their account, when you realise that you have given the cat vaccine to the dog and the dog vaccine to the cat. What do you do?

Issues to consider

In this scenario, we need to consider first the impact of inappropriate vaccination and any corrective measures on the wellbeing of the patient, and secondly our professional obligations to the client.

This is a case of human error, to which we are all prone on occasion, regardless of the level of experience. It is difficult to admit to this type of error because of the perceived risk that it might shatter the client’s perception of our clinical competence. It may therefore be tempting to say nothing to the client. A consequentialist might argue that, if the client does not notice the error, and their animals remain clinically well, no harm is done. However, one has not provided the service for which the clients have paid.

We must consider both the risk of a vaccination reaction (which is much harder to quantify in relation to vaccination of off-label species) as well as the lack of protection against diseases the animals should have been vaccinated for if the correct vaccine is not later administered.

These risks will undoubtedly vary depending on vaccine factors (eg, the product used, whether it is live or inactivated, adjuvants, and so on) and patient factors (eg, the age and health of the animals and their previous vaccination history).

We should also consider the impact of any further treatment on the patient and client. It is not insignificant to the patients, or indeed the client, that in order to ensure their animal is correctly vaccinated subsequent to the mix-up, it must spend more time in the consulting room and experience another injection – both potential sources of anxiety at the best of times.

If a second (correct) vaccine is administered, the vet should present enough information to the client to allow them to give informed consent for what is essentially a separate treatment. What are the risks of not vaccinating in this case? What are the risks of an adverse reaction? At the practice level, one should consider whether the client should be compensated for the error itself, and/or not charged for the costs of any treatment required subsequently, or both.

Possible way forward

Admitting an error to a client is always an anxiety-laden experience, particularly when the error is easily avoided. The client might think if the vet can’t get a basic vaccination right, what can they get right? But it is possible to admit to an error and build the client’s trust – after all, most owners would prefer to know their vet is honest with them. Nonetheless, one should always be prepared for the client to be upset and let them explain how they feel. If someone has made a mistake, we want to know how it happened and what will be done to fix it. We also want to be satisfied that whoever made the mistake is just as concerned as we are that it occurred in the first place.

For this reason, my approach would be to tell the client the truth. I would state how the error occurred (for instance, during the examination, I was distracted by the telephone ringing, and picked up the cat vaccine when I intended to pick up the dog vaccine, and vice versa). While this might seem obvious, it is not trivial and demonstrates a willingness to determine exactly what went wrong and to correct it.

I would explain that, while I believe the potential for adverse effects to be minimal, for the sake of their pets’ wellbeing, I will contact the manufacturer of the vaccines. Having done so, I would
discuss their advice with the client. This may include the provision of specific treatment to minimise the risk of side effects, monitoring (in hospital or at home) and scheduling future vaccinations.

A client should never be charged for the administration of an inappropriate treatment. Some might argue that they should be charged for the administration of the correct vaccine. However, it may be wise for the practice to provide the correct vaccine and any associated treatment (medication or hospitalisation for monitoring) free of charge. It demonstrates that everything was done to minimise the consequences of an error and ensure the wellbeing of the patients.

Finally, it is helpful to inform the client about any changes made to practice policy that will prevent a similar error occurring in future (eg, keeping the dog and cat vaccines in different sections of the fridge and/or instituting a policy whereby only one vaccine is removed from the fridge at any time). It may be some comfort to them to know that any inconvenience or suffering sustained by their pet and themselves was not in vain.

Any comments?

Readers with views to contribute on ‘The wrong vaccine’ 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, June 11. Please limit contributions to 200 words.

doi:10.1136/inp.c2069