Comments on the dilemma in the June issue: ‘Financially strapped owner with a suffering cat’

The dilemma in the June issue concerned a client presenting a cat at a private clinic out of hours for depression and straining to urinate (In Practice, June 2011, volume 33, pages 297-298). Evaluation of the cat revealed a blocked bladder and the signalment, history and clinical presentation together suggested urolithiasis. Unfortunately, the owner did not have the funds required to stabilise, catheterise and hospitalise her pet. It was also a difficult situation for the vet who might have had to consider euthanasia as a possible way forward. Steven McCulloch commented that suffering could be defined as a profoundly negative mental state, the cause of which had overridden the individual’s ordinary physiological and behavioural coping mechanism; therefore, if that suffering could not be alleviated, it was morally justified to perform euthanasia. Hence, an animal should be euthanised first because it was suffering and secondly because the suffering could not be resolved. The animal was assumed to be in pain and suffering so the criterion for morally justified euthanasia was satisfied. However, in a medical sense, the second criterion was not satisfied because the cat could be stabilised and unblocked without significant irreversible complications, but it was satisfied in a financial sense because the owner did not have enough money for therapy. Referral to a charity clinic with no prior treatment, referral to a charity clinic with conservative treatment or treatment at reduced cost at the clinic were all options that the vet could consider as possible ways forward. The last two were preferable from the cat’s point of view. However, supererogatory acts such as the last option could be criticised for encouraging irresponsible behaviour (eg, unable to afford veterinary fees, no insurance) and might also be construed as unfair to those who paid the normal fee.

I agree with most of the conclusions of the author in this article and appreciate that this dilemma could apply to many clinical presentations we see in practice. However, I have a particular frustration regarding what is generally considered to be the normal and ‘correct’ treatment of cats with blocked bladders, which bears directly on the central point of this dilemma— that is, the huge cost of treatment.

In my practice, cats would have the urethra flushed, often without sedation, which, in most cases, resolves the obstruction. The bladder would then be emptied and, unless the animals are collapsed, they are sent home. Occasionally, the urethra may need to be flushed again the following day. This protocol is successful in most cats that have not had a previous blockage treated with catheterisation and is extremely low cost compared with the standard treatment. I believe it gives far better clinical outcomes with very low recurrence and, pertinent to this discussion, it is a treatment that most owners can afford.

I feel the veterinary profession needs to look at itself and ask if a slavish devotion to accepted treatments and the escalation of high-tech intervention is actually beneficial to animal welfare. I would suggest that this is a clear example of a situation where it is not.

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Further reading
doi:10.1136/inp.d4500

Have you faced a dilemma that you would like considered in a future instalment of Everyday Ethics? If so, e-mail a brief outline to inpractice@bva-edit.co.uk