Comments on the dilemma in the May issue: ‘Anaesthetic death: who pays?’

The May issue’s dilemma dealt with a distraught owner who refused to pay following the unexpected death of his cat during a routine ovariohysterectomy. (In Practice, May 2013, volume 35, pages 286-287). Anne Fawcett argued that taking the time to explain what steps were taken in monitoring and addressing complications during the procedure was vital, as clients often don’t realise how much effort vets and support staff put into reviving an animal, or how upset they might be when an animal dies in such circumstances. She proposed that, although owners were expected to pay for services rather than outcomes, a possible way forward might be to offer a ‘compassionate discount’; this would show empathy for the client’s distress while also being charged in a way that ensured that the practice did not lose money. The vet might also suggest performing a postmortem examination (also at cost), as obtaining a definitive diagnosis could help provide closure for the owner.

IN response to this month’s ethical dilemma, as a virtue ethicist with a sprinkling of principlism, I think this is a no-brainer.

The cat was apparently healthy when presented, and we were seeking to perform an elective procedure. Therefore, all that we can do is harm. (Whether we should be neutering healthy animals is a different ethical debate). To minimise that harm, we can compassionately not charge the client if the animal is one of the very few that do not come through the procedure. How often will an apparently healthy animal die under anaesthetic? In well-managed practices, with appropriate clinical audit, the number should be minimal. Obviously we are assuming that the consent given was informed, and the client was fully aware of the risk of death. We are also assuming that animals are given a full clinical examination before GA, that the GA protocol is the safest available, and that peri-operative care is optimal. The effect of not charging the client in this case, with an explanation of why you have decided not to charge, will be to maintain client confidence and goodwill towards the practice. It is a very small hit for the practice to take, will happen on very few occasions, and should be standard practice. This would not apply to sick animals undergoing required surgical procedures, of course.

As a professional, the veterinary surgeon involved can then take at least something positive from the outcome by reflecting on how the client was treated after the event. And, of course, the practice can use this incident as a focus for an ‘adverse outcome’ discussion and evaluation.

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