The dilemma in the March issue concerned a well-bred, four-year-old, National Hunt filly, to be vetted before the premier sales (In Practice, March 2014, volume 36, pages 158-156). The horse sounded a bit 'thick in her wind' and the owner’s behaviour during the lunge phase of the examination raised suspicions that all was not as it should be. There was no surgical scar or other abnormality on palpation of the laryngeal area, but you recalled a colleague saying he had scoped some of the client’s horses at the previous month’s endoscopy and laser surgery clinic. In discussing how to proceed, Joe Collins suggested thinking about all the responsibilities that a vet would have in such a situation (e.g., responsibility to the horse, the client, the equine industry, the profession, to oneself). While it would be difficult to reconcile all these various and conflicting responsibilities, one possibility might be to tell the owner that you had heard an abnormal respiratory noise, making it necessary to scope the horse to make sure that nothing was amiss. Alternatively, you could surreptitiously contact the surgery to find out the filly’s status. Either way the client might become upset but the vet’s overriding responsibility was to behave in a professionally responsible manner.

Comments on the dilemma in the March issue: 'Looking a store horse in the mouth'

If I was dealing with this ethical dilemma, I would need to consider that my first responsibility is to myself, as the veterinary surgeon that was called in to the case. To me this means that I have an obligation to apply my training, knowledge and clinical experience to the best of my ability.

In this scenario, I would have to make a clinical judgement. The phrase ‘to vet’ still evokes very positive connotations, and I owe it to my predecessors to keep the profession’s reputation intact by giving my unbiased judgement.

As I also am a scientist, I should aim to be as objective as possible, in order to try to accurately assess my patients’ presentations as quickly as possible. Therefore, if a hands-on clinical examination fails to produce a definitive answer, it is time to go back to back to the lab to make use of technology and pathology.

It is my responsibility as a vet, to find out what is happening. My patient, the filly, cannot speak for itself, I am the person in the best position to make the right decisions for its wellbeing. If I have that nagging doubt (what could possibly be called ‘conscience’) creeping around in the back of my mind, that is a signal to me that the situation needs immediate reflection and attention. Therefore, I would need to nicely let the owner know that the filly needs an endoscopy because I suspect there is a problem which is better dealt with sooner rather than later.

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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. We pay a small honorarium for contributions that are published.