Comments on the dilemma in the September issue: ‘Little nippers’

The dilemma in the September issue concerned a situation in which a vet’s own dog, a young and very boisterous border collie, had recently bitten a nephew at a family gathering. The situation was complicated by several issues, including the dog’s breeding, inappropriate socialisation and training, as well as the child’s misbehaviour and the family’s emotional reaction to the incident (In Practice, September 2014, volume 36, pages 430–431). Paul Rogers suggested that, as members of the profession, vets should endeavour to raise their own pets according to the best practices which they advise clients to follow. This included picking the right breed of dog and providing it with enough physical exercise and mental stimulation. He proposed that at the first sign of poor behaviour or aggression, if physical triggers were ruled out, a pet behaviourist could be contacted. He argued that vets should be leading by example and that it would also be beneficial to have a standard protocol for dealing with similar cases in practice.

PRACTISING what we preach, a general avoidance of hypocrisy, is a central tenet to a cohesive society. Time and again the finger is pointed at hypocrites and their arguments are devalued as a result, sometimes with career-ending consequences for public figures. Paul Roger asserts that our professional and private morality is bound together inextricably and points out the benefits of modelling good practice to our clients. However, he recognises that, just as it is for our clients, it’s sometimes difficult to act in accordance with our values and we end up failing to practise what we preach. So, does that mean that we shouldn’t continue to preach?

With the recent focus on human obesity as a public health priority there have been studies looking at whether a doctor’s BMI affects their approach to overweight patients. One study found that doctors who were overweight were less likely to talk to obese patients about weight loss and felt less confident in their ability to provide dietary and exercise advice. Importantly, it appeared that all the doctors in the study used their own weight as part of the yardstick by which to measure whether their patient was obese (Bleich and others 2012). Notwithstanding that this study didn’t monitor the effectiveness of the interactions between patient and doctor on health, it is an indication that if you don’t practise what you preach you may be less able to have a positive impact on patients.

The main objection to the argument that we are less effective if we don’t practise what we preach, is that we still have the knowledge needed to solve the problem and that information can be passed on. However, perhaps this calls into question what type of knowledge we really have. It’s one thing to know how to socialise your puppy, but if you didn’t do it, because you were busy for example, then there’s a clear demonstration to your (probably busy) client that you don’t actually know how to socialise a puppy when time is limited. Perhaps a consideration of what we are actually competent to preach about will help us to focus on filling in our gaps.

Reference

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