The dilemma in the July/August issue concerned Billy, a 15-month-old Toggenburg buck goat which had suddenly become sick with suspected enterotoxaemia. The goat was out of date with its clostridial vaccinations and on examination was very ill, passing diarrhoea and blood. The vet agreed with the owner that this was enterotoxaemia. The owner insisted that ‘money is no object’ in treatment, but the risk of death was high and the goat was in pain (IP, July/August 2015, vol 37, pp 374–375). Richard Brown suggested that immediate welfare of Billy needed to be weighed against the potential future welfare of the herd, as he was a buck and kept for breeding. Communication with the owner was key and the vet should show empathy and sympathy. The risks, costs and possible outcomes should be explained to the owner, and he suggested that a professional opinion should be given. If treatment was chosen, it might be prudent to ask the owner if clinical judgement, without notice, could be carried out if Billy’s health deteriorated. The matter of missed vaccinations should be followed up at an appropriate later date.

Comments on the dilemma in the July/August issue: ‘Billy the kid’

I DON’T see quite such a dilemma in this case. The owner, an experienced goat keeper, would appear to be fully aware of the seriousness of the condition and would need only gentle reminder of the gloomy prognosis and potential suffering for the patient.

Careful explanation of the planned intensive care approach, its potential cost and probable prognosis should be given to allow the owner every opportunity to decide what to do. This is not the time to have a postmortem about vaccination policy.

If the owner still agrees, I see no reason not to begin aggressive treatment to include appropriate pain relief. If we always took an animal being in pain as an indication for immediate euthanasia, we would never manage to treat a large proportion of our cases! If, after a reasonable period, the pain seems intractable and recovery improbable, euthanasia will be appropriate and likely to be more acceptable to the client.

My (considerable) experience of goat owners leads me to advise that if the veterinary surgeon is not the preferred clinician of the client then he or she should seek the support of the resident ‘goat vet’ to support their plan at the earliest convenience.

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