In the dilemma discussed in the February issue of In Practice, a client had questioned your practice’s vaccination protocol for their pet dog and cat. You had attended a CPD event recently in which it was suggested that reduced vaccinations and antibody monitoring might be the most appropriate regime, but this was not common in the local area (IP, February 2016, vol 38, pp 94–95). Hanne Stabursvik noted that changing vaccination protocols was a big move, and suggested that this should not be done in an ad-hoc manner. Clients must be considered, and there were some that would not understand why vaccination was being reduced. Strong leadership was needed from professional bodies to support changes such as these, and educational material should be made available. She suggested that, until a profession-wide change to vaccination protocols had been approved, it might be better to hold off making changes. If clinicians were particularly keen on this change, they could lobby the governing bodies, and even the vaccine manufacturers, to help drive the move.

Comments on the dilemma in the February issue: ‘Changing established protocols’

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Does overvaccinating veterinary patients have the potential to cause harm to those patients? This simple empirical question is fundamental to the vaccination debate. If we are vaccinating patients unnecessarily, and there is a significant risk that the vaccination may harm the patient, this is at least prima facie wrong. Conversely, if we are vaccinating patients unnecessarily, and there is no significant risk of harm, it is less obvious that we are doing something wrong.

If it is prima facie wrong to vaccinate unnecessarily if there is a significant risk of causing harm, under what circumstances might this prima facie wrong be outweighed by other considerations? The most obvious answer would be some sort of utilitarian justification. It might be argued that we should continue to recommend more frequent vaccination because, either directly (e.g., disease transmission) or indirectly (e.g., the simple message of ‘annual boosters’), this will benefit the pet population as a whole. Such a utilitarian justification holds this to be the case, even if such a vaccination protocol were to not benefit, but actually harm a small but, both statistically and morally, significant proportion of patients.

There are two serious, and, I would argue, fatal problems with such a utilitarian justification. The first is that the RCVS Code of Professional Conduct strongly suggests it to be the duty of a veterinary surgeon to, first and foremost, protect the welfare of his or her patients, not the general populations of dogs and cats. For instance, the declaration states ‘my constant endeavour will be to ensure the health and welfare of animals committed to my care’.

Secondly, the veterinary surgeon has duties to the client that strongly conflict with such utilitarian justifications. Informed consent is paramount here. If the rationale of more frequent population-level vaccination is for the benefit of dogs and cats generally, it is at least implicit in the Code that the owner ought to be informed about this.

The short commentary above claims that veterinarians have specific duties to their individual patients and clients. This suggests that individual veterinarians have a duty to recommend vaccination protocols based on their understanding of the best evidence rather than necessarily follow the recommendations of national veterinary bodies.

Steven McCulloch

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