Brachycephalic dogs and honesty with clients

THIS series gives readers the opportunity to consider and contribute to discussion of some of the ethical dilemmas that can arise in veterinary practice. Each month, a case scenario is presented, followed by discussion of some of the issues involved.

In addition, a possible way forward is suggested: however, there is rarely a cut-and-dried answer in such cases, and readers may wish to suggest an alternative approach. This month’s dilemma, ‘Brachycephalic dogs and honesty with clients’, was submitted and is discussed by Anne Fawcett. Readers with comments to contribute are invited to send them as soon as possible, so that they can be considered for publication in the next issue.

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Brachycephalic dogs and honesty with clients

You work in a companion animal practice that treats many purebred dogs, including brachycephalic breeds. One of your colleagues was interviewed on the local radio station about the health problems associated with brachycephalic breeds and stated, among other things, that veterinarians should not promote ownership of brachycephalic dogs. One of her clients, a pug owner, books an appointment with you and says that he will no longer see your colleague as he feels judged. You agree with your colleague’s position on brachycephalic breeds. What would you do?

Issues to consider

Members of the veterinary profession are well aware of the health problems associated with extreme brachycephalic morphology, particularly brachycephalic obstructive airway syndrome (BOAS) (Teng and others 2016). This is characterised by stenotic nares, an overlong soft palate, tracheal collapse and everted laryngeal saccules. Cephalopelvic disproportion means that these breeds often require caesarean section. These dogs also suffer from conformation-related dental, ophthalmic and dermatological disease (eg, facial fold dermatitis), and may be hypoxic, hypercapnic and acidicotic. They live on average four years less than non-brachycephalic breeds.

In one study, 58 per cent of owners of dogs affected with BOAS reported that their dog did not have a breathing problem (Packer and others 2012). This lack of understanding of the welfare problems associated with BOAS suggests that affected, undiagnosed dogs may be negatively impacted by a lack of treatment because owners simply do not see the problem. The other danger is that affected dogs may be selected for breeding, perpetuating this extreme morphology.

The British Veterinary Association’s 2016 Animal Welfare Strategy, pointedly entitled ‘Vets Speaking Up for Animal Welfare’, argues that ‘there are risks to the veterinary profession of not playing a full and visible role in the advancement of animal welfare. Reputationally, if we don’t speak out about systemic animal welfare problems or if we only do so reactively once a critical mass has already been achieved, then this can lead to accusations of weak morality and, worse, complicity in animal welfare problems’ (BVA 2016).

The discussion goes on to acknowledge that veterinarians must acknowledge breed-related health problems as they arise, but if they fail to address the underlying problem, they are enabling poor animal welfare to persist.

Nonetheless, companion animal practice operates as a type of private health care. Your colleague has already lost this client who feels judged, and there is a clear risk here that by voicing your opinions about brachycephalic breeds that you, too, will lose this client. It may be easier to simply ignore the welfare issues associated with brachycephalic breeds and focus on the individual patient.

Possible way forward

If the veterinary profession exists to protect and promote animal welfare, it is clear that the veterinary professional must address not only the welfare of the patient in front of them, but the wider population of dogs impacted by this condition. In failing to do so, there is a risk that the owner may not comprehend the severity of clinical signs associated with BOAS. Moreover, we don’t know in this scenario if the owner would consider breeding with this dog or would purchase another brachycephalic animal. Failing to address the underlying issue (brachycephalic conformation) is essentially only doing half the job.
In considering the role of a veterinary professional, a virtue ethics approach may help. The Greek philosopher Aristotle said that virtuous actions flowed from a virtuous character. Beauchamp and Childress identify five focal virtues as important for medical professionals: compassion, discernment, trustworthiness, integrity and conscientiousness (Beauchamp and Childress 2012).

A compassionate veterinarian would identify and address welfare issues and communicate sensitively to the owner, acknowledging their concerns and the feeling of being judged. The discerning veterinarian would speak about welfare issues without being biased by their own conflict of interest. Clients and the community expect us to be honest – our job as veterinarians is not to tell owners what they want to hear, but what we judge to be important to animal health and welfare. Integrity requires us to address these issues consistently as they arise. And conscientiousness means we need to address the clinical signs as well as the underlying cause.

The virtuous veterinarian would discuss the client’s concerns, reinforce their commitment to the care of the individual patient, but discuss the wider animal welfare issue with the client, perhaps by providing evidence (e.g., published papers about BOAS), eliciting questions and engaging in discussion. The veterinarian may also discuss the role of the profession in perpetuating the problem. Ideally, the client will feel that they have had an opportunity to be heard, and may be more aware of signs to look out for in their pug and continue the conversation about extreme morphology with others.

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References


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