

# Clients who cannot afford to pay

**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, 'Clients who cannot afford to pay', was submitted and is discussed by Anne Fawcett and Myles Chadwick. 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.**

**The series is being coordinated by Dr Steven McCulloch, acting director of the Centre for Animal Welfare, University of Winchester. It aims to provide a framework that will help practising veterinarians find solutions when facing similar dilemmas.**

## Clients who cannot afford to pay

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### Any thoughts?

Readers with views to contribute on 'Clients who cannot afford to pay' should e-mail them to [vet.inpractice@bmj.com](mailto:vet.inpractice@bmj.com) so that they can be considered for publication in the next issue. The deadline for receipt of comments is February 16, 2018. Please limit contributions to 200 words.

You work in a veterinary shelter that provides a private service. A young man presents a four-month-old puppy that is clearly suffering from parvovirus. The practice policy is that every client must pay a deposit of at least 50 per cent of the fee estimate at the time of admission. If they cannot afford to pay they have the option of seeking treatment elsewhere, euthanasing the animal, or surrendering the animal to the shelter. In this case, the owner is adamant that the puppy is treated now. You overhear colleagues talking about the 'irresponsible owner'.

'Couldn't afford to vaccinate?' one says. 'He really shouldn't have a dog.' The other replies: 'Just make sure you include everything possible in that estimate to get the maximum deposit. At least then we have our costs covered if he surrenders the dog.'

On paper this means that the client will have to consent to paying almost double the actual cost of treatment, which may prompt them to surrender the animal.

What should you do?

### Issues to consider

The stakeholders in this scenario include the puppy, the owner, the veterinary team, the practice and the affiliated shelter that would accept animals surrendered to its hospital. If the puppy is surrendered, factors that determine its fate include shelter policy and capacity, as well as previous socialisation and training that the puppy has undergone.

It is increasingly common for veterinary practices to require a deposit to minimise losses and bad debts. An estimate of fees enables clients to understand and agree to pay estimated expenses, and plan financially.

In this case it is being misused to influence the client's behaviour, and potentially to 'punish' the client for being an 'irresponsible owner'. This is not what we might consider a virtuous member of the veterinary team would do. There are potentially negative consequences. Social scientist Patricia Morris (2012) observed that 'a veterinarian's ability to accurately estimate the cost of a patient's treatment can have life-and-death consequences for animals in their care . . . underestimating the cost of treatment can cause mistrust between the veterinarian and owner as prices gradually rise, while overestimating may lead the owner to choose euthanasia rather than pay to treat'.

According to Yeates and Main (2010), doctoring an estimate with a view to ensuring a particular outcome constitutes a strong method of influence which is ethically indefensible because it does not respect the client's wishes and the animal's welfare. Such behaviour risks undermining trust in the veterinary profession, which may compromise the care of future animals. Furthermore, in branding the client irresponsible, the team dismisses the developing bond that the owner has with the patient, and its long-term future if treatment is successful.

If surrendered, the patient will enter a shelter and be subjected to a number of stressors including: an unfamiliar environment, exposure to unfamiliar people, noise, potential social conflict, confinement, social deprivation, fear and reduced ability to engage in behaviours such as regular exercise and socialisation, which promote well-being (Stephen and Ledger 2005, Newbury and others 2010).

If the patient enters the shelter, it will require resources, including cage space, food, exercise, behaviour assessment and training that might otherwise go to another homeless dog.

### Possible way forward

On a utilitarian cost-benefit analysis, the consequences of inflating

the estimate may enable the clinic to cover costs in the short term, but may have dire costs for the client as well as for the animal.

Given the possible expense of veterinary treatment, not every owner will be able to access funds for a large deposit. A recent study reported that Danish small animal veterinary practices encountered clients with limited finances commonly – 34 per cent saw such clients three to four times a month, while 25 per cent saw such clients five to 10 times per month. Yet only 9 per cent had a written policy on handling financially limited clients (Kondrup and others 2016). Clinics can consider third-party credit, payment plans, payment of a lower estimate or discounted services for persons in financial hardship.

A US study found that 77 per cent of people noted cost as a reason for relinquishing their dog to a shelter, yet the majority of owners reported being emotionally attached to their dogs. Eighty-one per cent of owners said they were not aware of any services or assistance available

to them (Dolan and others 2015). Another study found that many surrenders could have been avoided with some assistance, with 40 per cent of owners who had surrendered or rehomed pets reporting that free or low-cost veterinary care might have allowed them to retain their pet (Weiss and others 2015).

A virtue ethics approach is based on cultivating morally valuable character traits, such as trustworthiness, discernment and compassion (Beauchamp and Childress 2013). The veterinary team should provide an accurate estimate, discuss potential variation and disclose all payment options to the client.

Blaming owners for being 'irresponsible' may function as a way of reducing moral stress. Scotney and others (2015) describe a 'moral shift' in shelter workers, involving 'shifting the responsibility of having to kill animals away from themselves to people outside the shelter, (ie, those who are seen to create the necessity for euthanasia, neglectful owners and irresponsible owners for pet overpopulation).

Instead of judging clients, the virtuous veterinary team would address the system in which surrenders occur. Implementing programmes and policies to help those clients experiencing a financial shortfall, when a sick or injured animal is presented, helps more animals stay with their owners. It may also begin to change the mindset of veterinarians about what 'responsible' pet ownership looks like.

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## Comments on the dilemma in the November/December issue: Advice requested via social media

**In the dilemma discussed in the November/December issue of *In Practice*, Andrew Knight describes a case where a woman asks for your advice about her dog Forbes, a seven-year-old schnoodle suffering from vomiting and diarrhoea (*IP*, November/December 2017, vol 39, pp 478-479). Forbes has been diagnosed with pancreatitis and been prescribed metronidazole, but the drugs do not arrive until tomorrow. The problem is that the client is Sasha in Oklahoma, who has asked you on social media. You are based in the UK and have never met Sasha and never examined Forbes the schnoodle.**

KNIGHT describes the problem surrounding giving veterinary advice to Sasha. Professional veterinary regulators, including the RCVS, require the establishment of a valid veterinary-client-patient relationship for diagnosis and treatment to legitimately take place. There is no such relationship with Sasha in Oklahoma and Forbes the schnoodle. Hence, Knight recommends expressing sympathy with the client but cautions against anything that could be construed as advice specific to Forbes.

Despite this caution, Knight goes on to discuss 'generalised advice'. Indeed, the RCVS Code of Conduct

Supporting guidance states explicitly in the section on Veterinary care (2.28) that 'General advice may be given in response to an enquiry'. However, specific advice should only be given 'to the extent appropriate without a physical examination of the animal' (RCVS 2017). Given the scenario described by Knight, a lot would seem to reside on precisely what advice Sasha has asked.

Consider if Sasha communicated that Forbes has deteriorated and asks whether Forbes can wait until the morning. In this case, since you are in no position to examine Forbes and cannot give good professional advice to answer that

question. In contrast, if Sasha has advised you that Forbes is doing well and asks about diet, it would arguably be advice of a general nature to communicate that dogs with pancreatitis should be fed a low-fat diet.

The distinction between specific and general advice, and the grey area in between, probably accounts for the poll results. In the poll, 62 per cent of respondents in a similar scenario would offer some advice but also recommend a visit to the local vets. The remaining 38 per cent of vets would decline to offer advice if they had not examined the patient and the owner was not a client.

#### Reference

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## Everyday Ethics Poll

### Last month's poll asked:

**You are asked advice from an individual in a different veterinary jurisdiction about a patient that you have never examined. Do you offer advice but also recommend a visit to the local vet, or decline to offer advice, as you have not examined the patient and the owner is not a client?**

62% of respondents would offer advice and recommend the owner visits their local vet

38% of respondents would decline to offer any advice

(102 respondents)

**Vote for this month's online poll at:**

[https://twitter.com/Vet\\_Record](https://twitter.com/Vet_Record)