

## **DECISION AND SECTION 43 STATEMENT TO THE VETERINARY COUNCIL BY THE COMPLAINTS ASSESSMENT COMMITTEE: CAC16-02**

### **Dr A Complaint from Ms B**

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|-------------|--------------------------------------|
| <b>Dr A</b> | <b>Veterinarian complained about</b> |
| <b>Ms B</b> | <b>Complainant</b>                   |
| <b>C</b>    | <b>Clinic where Dr A works</b>       |
| <b>D</b>    | <b>Ms B's pet chicken</b>            |
| <b>Dr E</b> | <b>Dr A's colleague at C</b>         |

### **Summary**

1. A Complaints Assessment Committee (CAC) of the Veterinary Council of New Zealand (VCNZ) has investigated the above complaint. In line with section 43 of the Veterinarians Act 2005 (the Act), the CAC has reached the following decision.

### **Background**

2. At the time of the complaint, Dr A was a veterinarian at C.
3. This complaint relates to his treatment of a chicken, D, owned by Ms B.
4. In correspondence received on 11 February 2016, Ms B notified Council of a formal complaint. This was referred to a CAC to investigate under s40 of the Act.

### **Information considered**

5. The CAC considered the following information.
  - Notification documents (all received 11 February 2016) including:
    - an email from Ms B dated 11 February 2016
    - a letter from Ms B dated 2 December 2015
    - an admission form from C recording D's admission to the clinic
    - an estimate of costs from C
    - clinical records for the treatment of D from 7 November 2015 through until 20 November 2015
    - invoices for payment from C
    - a letter from Ms B's brother dated 2 December 2015
    - a letter from another of Ms B's brothers dated 21 January 2016
    - 36 photographs
  - Dr A's response (and accompanying email) received 29 February 2016
  - emails from Ms B received 5 and 6 May 2016
  - a letter from Ms B received 6 May 2016
  - email correspondence of 19 May 2016 between Dr A and the Deputy Registrar (Standards), VCNZ.

## Brief case summary

6. Ms B advised that on 7 November 2015 she and her brother took her pet chicken (D) to be treated by Dr A as it had *'a small back scratch'*. She wrote that she also wanted him to give D a full health check.
7. She reported that Dr A:
  - told her that the chicken was very sick and asked her and her brother to leave the treatment room
  - drained the liquid from D's body and gave an injection to stop producing eggs for nine months
  - didn't seek her consent to undertake this treatment
  - treated D *'with ridicule and neglect'* and was *'careless and without mercy and compassion'*.
8. Ms B wrote that D was well before she took her to the clinic. However after she took her home she *'found her abdominal colour changed which caused internal bleeding'*. She wrote *'this lack of blood worsened the health of my pet, she became very sluggish, sleepy at all times, could not open her eyes and even struggling to eat and drink (sic)'*.
9. In his response, Dr A reported that the reason Ms B gave for seeking treatment for D was that she was not eating. He reported that D was very anaemic and had an enlarged abdomen. These comments are reflected in the contemporaneous clinical record for that appointment.
10. Dr A wrote that, after examining D, he determined that she was *'drowning in her own fluids due to a severe coelomitis'*. He noted the superficial scratches on her back but did not consider these to be the cause of D's illness.
11. Dr A confirmed that Ms B wanted him to do blood testing and take x-rays however he suggested to her that this was not a good idea as *'restraining her for bloods was likely to kill her as would the anaesthetic required for the x-rays'*. He also didn't consider that blood tests or x-rays would *'add much to the diagnosis'*. He wrote that he advised Ms B that *'a far safer procedure would be to drain the fluids from the coelom so the bird could breathe more easily'* and that she *'agreed to this but still would not accept the bird was in a serious condition'*.
12. According to Dr A, despite spending *'considerable time explaining it was indeed a serious condition, [Ms B] appeared to assume [he] wanted to put her bird down.'* He advised that he tried to calm her down, reiterated that the condition was very serious and that he would do his *'very best'* to help D.
13. Dr A wrote that he drained 250mls of fluids from the coelom which was *'blood tinged mainly straw coloured fluid'*. He noted that, as D only weighed 880 grams, this was a considerable volume. He reported that he told Ms B that the most likely reasons for fluid in the coelom were *'eggs that has [sic] missed the fallopian tube and caused the resultant coelomic reaction. The other main possibility was cancer and the reaction of the abdominal lining to this'*.

14. Dr A described Ms B as being *'very emotional about her pet'* and that he *'had difficulty explaining to her the seriousness of the situation'*. He considered that she *'either refused to believe or accept that her bird was seriously ill'*.
15. Dr A said that he told Ms B that *'it was impossible to make a definitive diagnosis and it if was cancer there would be no hope. If it was coelomitis due to egg spillage then there was a slim chance it could come right by draining the fluids and giving her a suprelorin implant to shut down the ovaries from producing more eggs'*. He advised that she elected to go with the implant as that seemed to be the only treatment that held some hope of improvement. Dr A placed the implant in the sternal muscle.
16. He reported that he saw D at a follow up visit on 12 November 2015 and her condition had worsened and she had developed gut stasis. He wrote that he examined the crop fluids under the microscope and did gram stains. He noted that *'the population of bacteria was not that unusual and there were no yeast present. This was not the primary cause of her problems but antibiotics were dispensed to help deal with the gram negative rods seen (probably e-coli)'*.
17. D's condition continued to deteriorate. From 13 November 2015 until her death on 20 November 2015 she was treated by Dr E.
18. When Dr E saw D on 13 November, she was *'weak, thin with further weight loss, and was very pale'*. In his response to the CAC he wrote that *'treatment options and prognosis were discussed for the majority of the extended 30 minute consultation, partly due to a massive language barrier'*. However he considered that following this conversation *'the owner understood that her bird had a poor prognosis'*. He noted that she refused euthanasia and so D was admitted for *'aggressive hospitalization and treatments'*. Ms B signed the consent form for intensive treatment.
19. Dr E reported that diagnostic tests included crop, faecal cytology and blood tests. A diagnosis of avian gastric yeast was made along with a confirmation of severe anaemia. He said that Ms B was informed about the results and the poor prognosis however she wanted to persist with treatment.
20. According to Dr E, D's condition did not improve while she was hospitalised. In fact she deteriorated due to lack of food intake. Ms B requested that treatment be continued however D died on 20 November 2015.

### **Issues raised in the complaint about Dr A's treatment of D**

21. Ms B raised the following issues with Dr A's treatment.
  - Dr A did not seek her consent before *'draining the liquid'* from the chicken
  - Dr A treated the chicken with *'ridicule and neglect'* and *'without mercy and compassion'*
  - Dr A did not prescribe any medication for her chicken or give her any instructions about how to care for D when she took her home
  - Dr A *'guessed'* when it came to diagnosing D's condition.

### **The Code of Professional Conduct for Veterinarians**

22. The CAC referred to the requirements of the Code of Professional Conduct for Veterinarians (the Code). The following section of the Code is relevant to this complaint:
1. *Veterinarians must interact with clients in a way that promotes effective communication and trust. This includes:*
    - a. *Listening to clients, respecting their views, responding to their concerns and preferences and treating them with courtesy:*
  2. *Veterinarians must obtain appropriate consent before proceeding with a proposed treatment/course of action. Veterinarians must provide clients with the information they need, in a way that enables the client to understand and give consent to the proposed treatment / course of action...'*
23. The CAC also referred to the Competency Standards and Performance Indicators for Veterinarians (the Competency Standards), including
- Understand the scientific and evidence basis for veterinary medicine and integrate this knowledge into current practice
  - Obtain and record relevant information sufficient for analysis, diagnosis and retrieval
  - Analyse information to enable accurate diagnosis and develop appropriate treatment strategies
  - Implement safe and effective veterinary procedures and therapeutic strategies
  - Use veterinary skills and knowledge to:
    - Prevent and relieve animal suffering
    - Maintain and enhance the health, productivity and well-being of animals
    - Communicate effectively
    - Practice in a professional, ethical and legal manner

### **Decision**

24. The CAC considers that this case can be closed and no further action<sup>1</sup> needs to be taken.

### **Reasons**

The CAC gave the following reasons for its decision.

- Ms B was very fond of her pet chicken and was worried about her when she took her to the clinic on 7 November. She had seen a scratch or scratches on D's back and was concerned that D was ill because of this. D was very ill but not because of the scratches (which Dr A also noted). D was anaemic (low red blood cells) and had an enlarged abdomen. The CAC considers that the diagnosis and treatment Dr A provided to D was correct and carried out in an appropriate manner.
- While Ms B was concerned that Dr A made a '*guess*' as to the cause of the chicken's issues, the CAC was of the view that this was a considered differential diagnosis based on the presentation of the bird. (D had "coelomitis" which means egg yolk along with bacteria is released into the coelomic cavity resulting in a severe inflammatory reaction. Causes of coelomitis can include inflammation or rupture of the oviduct and cancer. This caused the

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<sup>1</sup> Under s43(1)(f) of the Act

fluid retention and meant that D was drowning in her retained fluids, as Dr A explained to Ms B.)

- Ms B expected that blood tests and x-rays would be done and was unhappy that they were not. The CAC accepted Dr A's explanation that he was concerned that anesthesia would be needed to carry out x-rays and that this was too risky as it could possibly kill D.
- Dr A suggested a safer procedure which was to drain the fluid to enable D to breathe more easily and to give her an implant which would prevent the production of any more eggs. Dr A says that Ms B agreed to the treatment. Ms B says this was done 'without permission'. The CAC considered that Ms B's distress may have contributed to this differing recollection. Dr A showed the fluid to Ms B. She is unhappy as she says the fluid was "*straw coloured and foamy*" and did not have blood in it. The CAC noted that this is how fluid taken from a bird in this condition would appear. Blood does not need to be clearly visible to be present in such samples.
- Ms B was very upset throughout the appointment as she was very worried about her pet. It is clear to the CAC from her complaint letter that she did not appreciate just how ill her bird was at the time and the CAC understands that she was hoping for the best possible outcome. Sadly with a bird in D's condition this was unlikely.
- Dr A saw D on 12 November for a follow up visit and her condition had worsened. She had gut stasis (which means there was a slowing down or arrest of the passage of the intestinal contents so she was not processing food which she ate). Dr A examined her crop fluids under a microscope and gave antibiotics to deal with the bacteria seen. He did not give her antibiotics to take home as this was not required. After 13 November D was treated by another vet.
- The CAC has seen Dr A's notes which were made at the time and which record how D was at the time he saw her, his diagnosis and the treatments he carried out. The CAC accepts that the treatment was the correct one for a bird in this condition and that Dr A went to an effort to explain these things to Ms B. It is clear to the CAC from her letter of complaint and responses that Ms B does not understand the medical explanations for her pet's illness and subsequent death.
- The CAC did not find anything in the diagnosis or treatment amounted to ridicule or neglect or was without mercy. The treatment was the correct one given the condition of the bird. It does not find any any reasons to support Ms B's assertion that Dr A's treatment caused the illness of her pet.
- There were acknowledged difficulties in communication between the parties at the consultations. These arose because of language issues, and the distress of the complainant at the time together with her reluctance to accept that her pet was likely not to recover. D's condition was particularly complicated.

### **Learnings for the profession**

This case illustrates the difficulties which can arise when dealing with clients who are very distressed and unwilling to accept a prognosis. In this instance, despite the vet having tried to explain thoroughly, it appears the client did not fully understand the seriousness of the situation,

implications of the diagnosis, or the reasons for the recommended treatment. In such circumstances it may be helpful for the client if a summary of the situation can be given in writing. This will enable the client to reconsider the information when they are calmer and seek help if necessary with understanding. This may be particularly helpful if English is not the client's first language as was the case here.



9 August 2016

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Ms Susan D'Ath  
Chair  
Complaints Assessment Committee

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Date