

DECISION AND SECTION 43 STATEMENT TO THE VETERINARY COUNCIL BY THE COMPLAINTS ASSESSMENT COMMITTEE: CAC16-03

Dr E Complaint from Ms B

Dr E Veterinarian complained about
Ms B Complainant
C Clinic where Dr E works
D Ms B's pet chicken
Dr A Dr E's colleague at C

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 a decision.

Background

2. Dr E is 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 made a formal complaint to Council. 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 Mr B's brothers, dated 21 January 2016
 - 36 photographs
 - Dr E's response (and accompanying email) received 9 April 2016
 - emails from Ms B received 5 and 6 May 2016
 - a letter from Ms B received 6 May 2016

Brief case summary

6. Ms B advised that on 7 November 2015 she and her brother took her pet chicken (D) to be treated at C. It was seen by Dr A as it had *'a small back scratch'*. She wrote that she also wanted Dr A 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 her 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 reported that *'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 information provided to the CAC, 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. He 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 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 a *'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 if it 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. On 13 November 2015 Ms B took D back to the clinic and asked to see another vet.
18. Dr E saw D for the first time on 13 November. She was *'weak, thin with further weight loss, and was very pale'*. Dr E noted that Ms B reported that D was eating but very lethargic. In his response to the CAC Dr E 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. He wrote that transfusion was considered but that *'this would have been the first time this team would have performed transfusion medicine in any avian species'*.
20. Ms B reported that Dr E advised her to leave D at the hospital for three days and *'that her condition was to improve to about 70% and then to be completely healed in a few weeks'*. Further to this she wrote that on 19 November he told her in a phone call that he would *'transfer blood from other bird to [her] but that kill her or will be save (sic)'*. Dr E reported that when the complication rate of 5% was explained to her Ms B refused the transfusion.
21. 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 E's treatment of D

22. Ms B raised the following issues with Dr E's treatment.

- Dr E raised her expectations about the chances of D's recovery, telling her it would *'improve to about 70% and then to be completely healed in a few weeks'*
- Dr E *'guessed'* when it came to diagnosing D's condition
- Dr E refused her requests to find another experienced veterinarian doctor at another clinic to *'rescue [D] from the deteriorating conditions'*
- Dr E told her of her chicken's death *'without pity'*.

The Code of Professional Conduct for Veterinarians

23. 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..."*
24. The CAC also referred to the Competency Standards and Performance Indicators for Veterinarians (the Competency Standards), which state that the veterinarian must:
- 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

CAC considerations

Decision

25. The CAC considers that this case can be closed and no further action¹ needs to be taken.

Reasons

26. The CAC gave the following reasons for its decision.

¹ Under s43(1)(f) of the Act

- The CAC considers that the treatment which was provided to D by Dr E was correct and was carried out in an appropriate manner.
- Dr E performed cytology on crop contents and faeces as well as blood tests. The tests confirmed that D was anaemic, had moderate ascites and associated decreased kidney function. Dr E discussed treatment options and prognosis with Ms B although he states that this was hampered by a language barrier. However he thought Ms B understood that the likely outcome was not good.
- Ms B denies this conversation took place however the records show that she did consent to the hospitalisation and treatment which supports Dr E's version of the events.
- At the time of her admission on 13 November D was a very ill bird.
- The records show that D ate overnight but was still pale (anaemic). A message was left for Ms B. Dr E says that at this point the results of the tests and the poor likely outcome were conveyed. The CAC considers that Dr E undertook appropriate examinations and tests to reach his diagnosis.
- It is not always possible for a veterinarian to be absolutely certain of what is causing an animal's condition, but as with illness in humans, a diagnosis is reached based on the education, experience and knowledge of the veterinarian. Dr E carried out appropriate tests and based his diagnosis on that. He did not 'guess' as alleged by Ms B.
- Ms B rejects the statement that she was told D had a poor prognosis. She says that Dr E told her that he '*could treat D 70% in a week and then she will recover 100% [in] another week.*' The CAC accepts that Ms B had hoped that her pet would recover. However the evidence in the records does not support this statement having been made to her. The bird was extremely ill and death was the likely outcome. Ms B may have been confused but the CAC does not accept that any staff member of the clinic made a statement to her that the bird would be 100% cured.
- On 15 November D's records note that she '*seems to be a bit brighter. Passed some egg yolk-like fluid overnight.*' On 16 November she was showing a poor response to treatment and Dr E considered more aggressive treatment might be required. Throughout her hospitalisation D was seriously ill. Tests were repeated but she did not improve and developed crop stasis due to a bacterial infection. Blood transfusion was considered and would have been the first occasion on which such a treatment had been used by the clinic on a bird. When the complication rate of 5% was explained to her Ms B refused the transfusion.
- During D's time at the clinic regular calls were made to Ms B to keep her updated and she visited D. The CAC is satisfied that efforts were made by Dr E and other staff to keep Ms B informed.
- Sadly D did not improve and died on 20 November. Her death was caused by her illness and her inability to digest and process food. She was not killed by the treatment that she received from Dr E.

- Ms B appears to believe that because D could peck at food during her time at the clinic that she was eating. That was not the case. While D might have been able to ingest food her body was not able to process it because of the gut stasis.
- The loss of her pet has clearly been a serious blow for Ms B and it seems she is still struggling to come to terms with it. Sadly D's death was the result of her illness and despite thorough and caring efforts by Dr E and all the staff at the veterinary clinic they were not able to save D. The CAC is confident that the treatment which was provided to D by Dr E was appropriate and that every effort was put into her care.

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.



Ms Susan D'Ath
Chair
Complaints Assessment Committee

9 August 2016

Date