

DECISION AND SECTION 43 STATEMENT TO THE VETERINARY COUNCIL BY THE COMPLAINTS ASSESSMENT COMMITTEE: CAC16-11

Dr A

Section 39 referral – Mr B

Dr A Veterinarian complained about
Mr B Complainant
C Clinic where Dr A works
D Mr B's dog
E Veterinarian who treated D after Dr A
F Clinic where Dr E works

Summary

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

Background

2. At the time the notification was received, Dr A was a veterinarian at C.
3. This complaint relates to her treatment of Mr B's Shar-Pei dog, D.
4. In correspondence received on 19 and 27 January 2016, Mr B notified Council of his concerns. This was considered by Council's Notification Review Group (the NRG). The NRG considered further investigation may be required and so referred the matter, under its delegated s39 authority, to a CAC to investigate under s40 of the Act.

Information considered

5. The CAC considered the following information.
 - a letter of referral from the NRG to the CAC of 18 April 2016.
 - notification documents from Mr B (received 27 January 2016) including:
 - a completed concern form
 - a letter from Mr B dated 12 January 2016
 - a hospital chart for 1 December 2015
 - GST invoices for Professional Services dated 1, 2, 3, 4, 5, 9, 10 and 12 December 2015
 - patient history for care provided on 1 December 2015
 - a letter of response from Dr A received 15 March 2016
 - clinical records for D (provided by Dr A) for consultations at C between 24 February 2014 and 12 December 2015

- clinical records provided by Dr E for consultations at F, between 13 December 2015 and 27 April 2016
- Dr E's response of 4 May 2016 to a request for information from the CAC
- an email received 9 June 2016 from Mr B commenting on Dr A's and Dr E's responses.

Brief case summary

6. Mr B initially took D to see Dr A on Tuesday 1 December 2015. According to Mr B, after two consultations, Dr A advised him that D needed to be *'put down or get skin grafts done'*.
7. Mr B stated that he *'refused to have grafts done, due to D's skin being in the condition it was in, then Ms A insisted she (D) be 'put down' if not now then Friday, but Saturday at the latest.'* Mr B told Dr A that he *'was taking D home to nurse her 24/7'*. He wrote that over the next week *'D's condition [appeared] to improve. Meantime Ms A [demanded] I return D to her clinic. She did this via numerous phone calls via [his] cell phone'*. He reported that when he *'finally accepted her call, she [demanded] I return D' to the clinic.*
8. Mr B said that he returned to the clinic and was told by Dr A that D needed further tests. At this stage Mr B advised that he would be seeking a second opinion. According to Mr B, Dr A *'demanded'* to know who he would be going to see. He said that he told her he would *'check out what vets were considered the better option in this case and that [he] would let her know Monday as it was now the weekend'*.
9. Mr B wrote that Dr A *'became very demanding over the next 4-5 days'* and that she *'constantly'* called his cell phone. He said that *'When I finally accepted her call, she demanded 'what vet are you going to?' and that 'you need to bring her back, or I will report you to the SPCA for neglect'*. He said that he *'informed her that due to her prior decision that 'D should be put down' we would be seeking another vet'*.
10. Mr B reported that he subsequently took D to another vet (Dr E) and *'we have worked successfully to bring D's health back to almost 100%'*.
11. Mr B advised that on 12 December 2015, a SPCA officer visited his home however D was not at home *'as at that stage she was not left alone, whenever we needed to go somewhere'*.
12. He further wrote that, on 14 December 2015, he attempted to set up a meeting with the manager of C *'in an attempt to set up mediation for last account which has had services added to it.'* However his call was not returned. He advised that he was subsequently contacted by someone at the clinic (who he assumed was the receptionist) and told that if he didn't pay his account it would be passed to debt collectors.

13. Dr A was asked to respond to the notification from Mr B. She provided details of D's history with the clinic, including information about a previous diagnosis (in February 2014 when D was a puppy) of entropion of the lower left eyelid and entropion of both upper and lower right eyelids. She wrote that corrective surgery was offered and declined, as was a referral to a practice which offers a '*special interest referral service for canine eye disease*'.
14. Dr A reported that she personally had seen D for the first time in April 2014 when D was presented to have her eyes checked and because she was lethargic and quiet. Dr A saw D on three consecutive days. Dr A felt that the most likely diagnosis was Familial Sharpei Fever (FSF). She wrote that she advised Mr B at that time that:
 - if her suspicions were correct (about the presence of FSF) that there were potential lifelong effects, including recurrence of the fever syndrome and secondary renal problems with amyloid deposits in the kidney known to be a real risk
 - there was a need for regular checking for kidney damage
 - it was desirable that the dog be medicated with prophylactic colchicine to attempt to stop the amyloid deposition.

Dr A wrote that Mr B '*indicated that he would monitor the condition himself but didn't want any intervention [by the clinic] at this stage*'.

15. In October 2015, the clinic phoned Mr B to advise that D's vaccinations were overdue. The staff member who phoned was told that D had been spayed and vaccinated at another clinic.
16. Dr A reported that when she saw D on 1 December 2015, '*The dog was experiencing another very severe episode of Shar-Pei fever*'. She wrote that D '*had very swollen both hind legs (sic), mainly around her hocks and raw open wounds, from burst blistered skin on both inner thighs, reaching caudally to her vulva and ventrally to her knees. There was some strange undermining process going on with more skin looking as if it is going to pop soon. After further research the following day I found out that this is most likely skin sloughing consistent with necrotizing vasculitis seeing in advanced untreated FSF*'. The dog '*had a high temperature (39.9) and was not responding to talking or petting*'.
17. Dr A was reluctant to give the high doses of steroids indicated for this condition as D had been given voltaren, by the owner, '*for most probably a few days*'. Once the steroids were started though, D responded well in that the steroid treatment stopped further sloughing but Dr A considered skin grafts would be required in the future.
18. D was started on iv fluid therapy, iv antibiotics, painkillers and ranitidine. Dr A cleaned D's wounds with cold saline and covered them with clean cold saline packs. As D was '*very unwell*' Dr A said she recommended that Mr B take her to the After Hours clinic for overnight care (to carry on iv fluids, pain control and change of saline packs) however he declined and took her home.

19. Dr A reported that D was brought back the next morning for blood and urine tests and treatment. She described Mr B as *'very uncooperative'* and wrote that *'he would not leave the dog at the clinic so that the medication could be continuous'*. Due to this, she described the treatment they were able to give as *'intermittent at the best'*.
20. Dr A wrote that when D was presented at the clinic on 9 December 2015, she had a *'nasty infection in her right hind leg. She had no skin from proximal thigh down to her hock on her right hind leg, similar slightly lesser amount gone on the left hind leg and open raw wounds, missing skin between her vulva and anus. The right leg was infected, markedly swollen, very smelly, with multiple discharging tracks and the original four day old gauze, which I had put on the wound on 5 December 2015 still attached to it'*.
21. Dr A decided to take a swab from the wounds and send it for a culture and sensitivity. She stated that the reason for this was *'due to the badly infected leg, the intermittent antibiotic therapy the owner had apparently provided to D plus the poor wound cleaning and dressing change at home.'* She considered that D needed *'hospital care, regular cleaning, iv antibiotics'*. She wrote that, until this point, *'all of these things the owner had been declining and did not allow me to do and was indicating that he can just do better at home'*. Wednesday 9 December 2015 was the last day on which Dr A saw D.
22. The results of the culture showed the presence of multiple resistant bacteria but by the time these results were received, Mr B had advised that he would be taking D elsewhere (for a second opinion). However having received the results, Dr A *'knew that appropriate treatment was needed for D's welfare'* so she phoned Mr B and left a message on his cellphone advising him about what her *'next step would have to be if the dog did not get the treatment that she required.'* She wrote that *'Mr B was not communicating with her at this point.'* Mr B immediately phoned Dr A back after receiving this message. This was Friday 11 December 2015.
23. The following day Dr A phoned the SPCA as Mr B *'did not follow his promises or my advice and kept D at home without medications.'* Dr A believed *'this was now an animal welfare issue.'* She wrote that, following on from this phone call she had spoken to two SPCA officers and had been advised that *'Mr B has been ordered to seek a second opinion and provide veterinary care for D immediately'*.
24. Dr A advised that she had liaised with Dr E, owner/manager of F where Mr B subsequently took D on Sunday 13 December 2015. She said that she talked to Dr E about the case before, and after, he had seen D and she provided him with D's last microbiology report so that he would be able to provide appropriate therapy for her.

Issues raised in the complaint

25. Mr B's letter set out the following issues as being of concern. In his opinion:
 - Dr A did not work in partnership with him as she did not listen to his thoughts about D. She did not take his hopes and thinking into consideration saying instead *'You are not a vet'*

- Dr A was demanding and appeared *'bossy and rude'* and became *'irate and demanding'* when he told her he would be seeking another opinion. He wrote that Dr A threatened *'If you don't bring D back I will report you to the SPCA for neglect.'*
- the bandages which Dr A used were *'worsening D's wounds'*
- *'Dr A took advantage of my ignorance, and then became erratic in their (sic) interventions and statements of various tests'*.
- his attempts to set up mediation with C over his account went ignored.

The Code of Professional Conduct for Veterinarians

26. The CAC referred to the requirements of the Code of Professional Conduct for Veterinarians (the Code). The sections of the Code which are relevant to this complaint are attached as **Appendix 1**.
27. The CAC also referred to the Competency Standards and Performance Indicators for Veterinarians (the Competency Standards). The indicators considered to be relevant to this complaint are attached as **Appendix 2**.

CAC considerations

28. The CAC contacted Dr E for a copy of the clinical notes from his consultations with D. The CAC also asked Dr E to provide an update on the dog's condition, and a comment on Mr B's compliance with his recommendations.
29. Dr E advised that the dog had a *'serious issue with a huge slough leaving all the muscular and connective tissue exposed affecting 50% of the right hind leg and also the perianal and left hind leg moderately affected.'* Dr E described this as *'a fairly significant medical/surgical challenge to resolve'*. He wrote that he expressed this to Mr B at the first examination.
30. Regarding Mr B's engagement, Dr E wrote that he *'was compliant with my advice regarding D's care, however this was after a robust discussion that if he was not compliant and did not take the partnership of care seriously – we would fail'*. Dr E wrote that Mr B was given the option to euthanize if he would not accept that there would be a six week commitment to this care with the associated cost.
31. Dr E advised that D was treated as an outpatient, *'due to [Mr B's] requests'*.
32. Dr E reported that the SPCA had concerns *'and contacted the owners a number of times and [Dr E] twice as part of their monitoring programme.'* Dr E described the lesions as looking *'very bad'* but he said that he was unsure if the SPCA staff had actually seen the lesions.
33. In Dr E's opinion, D's lesions were aggravated by a serious E. coli, enterococcus and anerobic infection. He was unable to comment on *'whether the dressings and previous antibiotic/medical therapy had some influence on the progression as [he] only saw it*

for the first time on 13 December 2015'. However he noted that 'once appropriate antibiotic therapy based on culture results was started D improved well and welfare also improved.

34. The clinical notes, provided by Dr E, show that he saw D very regularly during December 2015 and January 2016. He also saw D twice in February 2016. The last time he saw D, 29 February 2016, he noted that the granulation area measured 47 x 17 mm.
35. In her response Dr A reported that she did not consider that she was, at any point, rude or not understanding. She wrote that during the period she was treating D she had *'many long discussions with [Mr B] trying to explain D's condition, prognosis and possible outcome as well as negotiating her care, treatment and welfare. However they largely fell on deaf ears'*. Dr A also said that she had *'given Mr B all the options that I am aware of for treating D, including referral or euthanasia. On several occasions I have offered to Mr B to seek a second opinion... I have encouraged him to take her to a different vet clinic.'* While Dr A felt that she was not demanding and rude, in her dealings with Mr B, this is how he perceived her to be. This illustrates the need for both parties to make sure that they are communicating effectively with each other in high stress situations.
36. The CAC is of the opinion that Dr A acted appropriately and in accordance with her ethical obligations in notifying the SPCA when she became concerned about D's welfare and apparent lack of ongoing veterinary care.
37. The CAC considered that the treatment provided to D by Dr A was appropriate and of a good standard.
38. Regarding Mr B's attempts to meet with the manager of C, Dr A wrote that he had been advised by the manager/owner of the clinic to *'write down his concerns, email it to her and book a meeting at the end of January 2016 after her return from annual leave'*. According to Dr A, that phone call was the last communication Mr B had with C.
39. Fees charged are not an area which the CAC deals with.

CAC suggestions

The CAC suggests that Dr A reflect on the issues raised in Mr B's complaint, particularly the effectiveness and style of her communication and see if there are things that she could have done differently that would have resulted in a better relationship between Dr A and Mr B.

Decision

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

¹ Pursuant to s43(1)(f) of the Act.

Reasons

The reasons for the CAC's decision are:

- the response provided by Dr A and the clinical records received indicate to the CAC that Dr A provided a good standard of treatment to D
- Dr A's actions in referring the case to the SPCA were appropriate in the circumstances. (Veterinarians have responsibilities both under the Animal Welfare Act and the Code of Professional Conduct)
- Dr E's responses to the CAC queries were supportive of Dr A's treatment of this case.

Learnings for the profession

This case emphasises the importance of both effective communication and mutual respect in the veterinarian client relationship.



11 August 2016

Dr Mark Simpson
Chair
Complaints Assessment Committee

Date

Appendix 1

Code of Professional Conduct for Veterinarians (the Code).

Animal Welfare

Veterinarians have a special duty to protect animal welfare and alleviate animal suffering.

1. Veterinarians must be familiar with and comply with the Animal Welfare Act 1999 and the relevant Codes of Welfare. In the course of their work, veterinarians must consider and take all reasonable steps to protect the needs of animals in relation to the five basic requirements of:
 - a. Proper and sufficient food and water;
 - b. Adequate shelter;
 - c. The opportunity to display normal patterns of behaviour;
 - d. Appropriate physical handling; and
 - e. Protection from, and rapid diagnosis of, injury and disease.

This obligation is qualified however, as the needs in each individual case are assessed according to what is appropriate to the species, environment and circumstances of the affected animal(s).

Understanding Section 1

- a. *The Animal Welfare Act 1999 establishes the legal framework of obligations and responsibilities applying to people who are in charge of animals. These requirements equally apply to veterinarians when they assume responsibility for the care of animals whether in a professional or personal capacity.*
- b. *The Animal Welfare Act 1999 also places specific responsibilities on veterinarians. Veterinarians are expected to have a working knowledge and understanding of how to apply those expectations in the course of their work. Relevant provisions of the Animal Welfare Act 1999 include:*
 - i. *The destruction of sick and injured animals.*
 - ii. *Responsibilities associated with restricted, controlled and significant surgical procedures.*
 - iii. *Roles of veterinarians on Animal Ethics Committees*
- c. *Codes of Welfare developed by the National Animal Welfare Advisory Council (NAWAC) specify minimum standards and recommendations for best practice. Veterinarians are expected to be familiar with and comply with the published standards relevant to their area of practice.*
- d. *The five animal welfare freedoms were developed in 1965 by the Farm Animal Welfare Council in the United Kingdom and are now recognised internationally as identifying the critical needs of all animals (and what might be interpreted as the legal minimum requirements). They provide a framework for assessing the welfare of animals in varying situations.*
- e. *Section 4 of the Animal Welfare Act 1999 identifies those critical requirements as the basis for defining the physical health and behavioural needs of*

animals. The Animal Welfare Act 1999 then uses that definition in section 10 to establish the obligation of owners and persons in charge of animals to meet those needs in accordance with good practice and scientific knowledge.

- f. When reviewing the physical, health and behavioural needs of an animal, each of the five basic requirements should be considered taking into account what is appropriate for the species, environment and circumstances of the particular animal. It may not be appropriate to consider that the same solutions and standards necessarily apply to all species in all situations.*
2. In the course of their work veterinarians must not ignore circumstances where they have reasonable grounds to suspect non compliance with the requirements of the Animal Welfare Act 1999 and Codes of Welfare. Veterinarians must be satisfied that their co-workers and their clients are informed of and comply with the relevant provisions of the Animal Welfare Act 1999 and Codes of Welfare that relate to work they are undertaking.

Understanding Section 2

- a. Arguably, because of their training and knowledge, and the expectations placed on them by society as the 'animal health professionals', veterinarians are assumed to have expert knowledge of the principles of animal welfare. As such veterinarians are expected to be advocates for animal welfare.*
 - b. As well as informing their co-workers and clients of these provisions, veterinarians have a responsibility to ensure compliance with animal welfare standards. While it is not the role of veterinarians to actively audit clients in relation to animal welfare, they must not ignore situations where they have reasonable cause to suspect that animal welfare standards have been breached.*
3. Veterinarians must act immediately to remedy situations where they have cause to suspect unreasonable or unnecessary pain or distress in an animal(s), or possible breaches of animal welfare legislation.

Understanding Section 3

- a. As well as any legal responsibility, veterinarians also have a professional obligation to take immediate action to remedy situations where they have reasonable cause to suspect violations of the Animal Welfare Act 1999. They are expected to exercise sound professional judgement when deciding how to act in these circumstances. In order to determine the best course of action, veterinarians need to gather as much relevant information regarding the circumstances, as they require to exercise their discretion and should carefully document their involvement showing clearly that they have taken all necessary steps to manage their legal and professional responsibilities.*
- b. The [Flow Diagram of Actions](#) following observation of Animal Welfare Case provides a suggested protocol to consider when presented with a welfare case.*
- c. Situations which must be reported to an inspector appointed under the Animal Welfare Act 1999 (SPCA inspector, MPI animal welfare inspector, Police, or*

the Animal Welfare Hotline 0800 008 333) include:

- i. Where animal welfare is reasonably considered to be at risk (ie a suspected offence under the Animal Welfare Act 1999) and a veterinarian suspects that the owner or person in charge of the animal is not acting reasonably to relieve the situation;*
 - ii. Situations of severe neglect or cruelty to animals, whether the owner person in charge is a client or not.*
- e. When reporting a client to the authorities the veterinarian needs to act in good faith, having regard to all relevant information and preferably base their decision on personal knowledge and not unverified information. If unsure about their responsibility to report, veterinarians are encouraged to ring VCNZ, NZVA, MPI Animal Welfare or their own lawyer for advice.*
 - f. Only the specific information necessary for the maintenance of the law should be disclosed, and only to inspectors appointed by the Minister under the Animal Welfare Act 1999. This includes but is not limited to police officers and inspectors employed by MPI and the SPCA.*
 - g. In situations where veterinarians have reasonable cause to suspect violations of the Animal Welfare Act 1999 other than severe neglect or cruelty; and where the owner or person in charge of the animal(s) is a client and can be communicated with, the veterinarian should, discuss the situation with that person and develop an action plan to relieve the situation.*

Note: *Where, for whatever reason the veterinarian decides they cannot discuss their concerns with the client the matter must be reported to an inspector appointed under the Animal Welfare Act 1999 (SPCA inspector, MPI animal welfare inspector, Police or the MPI Animal Welfare Hotline 0800 008 333).*

- h. Where an action plan has been developed to remedy a situation, the plan should identify criteria to measure improvement, with benchmarks which must be achieved within agreed timeframes. A system of monitoring agreed outcomes must be put in place. Depending on the circumstances an appropriate plan of action might include: improved nutrition in poor condition animals, specific treatment or possibly euthanasia.*
- i. Where improvements are seen the monitoring should be ongoing until the veterinarian is convinced a satisfactory outcome has been reached. If follow-up monitoring shows no improvement, or the plan hasn't been followed, or the situation is worse, the matter must be reported to an inspector appointed under the Animal Welfare Act 1999 (SPCA inspector, MPI animal welfare inspector, Police or the MPI Animal Welfare Hotline 0800 008 333).*
- j. Veterinarians should communicate their concerns to their manager or a senior veterinarian in the practice at the start of the process and at each step throughout.*
- k. Detailed records of each step of the process should be maintained by the veterinarian. A documented plan is crucial in the event that the care of the animal or the role of the veterinarian is called into question in the future. Photographs are a useful additional tool to record progress.*

- I. *Where a new client presents an animal which has clearly been suffering unreasonable or unnecessary pain or distress for some time, the veterinarian must ascertain from the client whether or not the animal has previously been attended by a veterinarian, and if possible confer with that veterinarian. The owner's compliance with any previous veterinary treatment and recommendations should be taken into account in determining whether paragraphs (h) or (i) above are applicable. The requirements described in paragraph 5 of the Professional Relationships section of this Code in relation to supersession are relevant in this context.*

Client Relationships

Veterinarians must practise in a way that promotes effective communication, trust, meets confidentiality and consent requirements and recognises clients' right to choose

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;
 - b. Treating all client information and information related to the provision of veterinary services as the private information of the client except in circumstances where:
 - i. The client's consent has been given, or;
 - ii. Disclosure of the information is made in accordance with the principles set out under the Privacy Act 1993, or;
 - iii. There is a requirement for disclosure of information made under the Veterinarians Act 2005.
 - c. Not exploiting a client's lack of veterinary knowledge.

Understanding Section 1

- d. *Trust*
 - i. *Mutual trust is the cornerstone of the client-veterinarian relationship. Veterinarians trust that clients will be genuinely seeking veterinary care; that they will give a more or less accurate account of their animal's problems, and that they will be compliant with treatment recommendations. Clients trust that veterinarians are competent and honest. That trust leads to confidence that the veterinarian will be able to assist the client to choose the most appropriate veterinary care for their animals in the particular circumstances.*
 - ii. *In the client-veterinarian relationship the balance of power tends to favour the veterinarian. Veterinarians' knowledge and training allows them to potentially exercise influence over a client's animal healthcare decisions. Because of this, veterinarians have a greater responsibility to be trustworthy. Veterinarians must not abuse this position and exploit a client's relative lack of knowledge by encouraging them to undertake veterinary treatment or make healthcare decisions that are not in the client's or the animal's best interests.*
- e. *Communication*
 - i. *For trust to exist open and honest communication between the parties is required. Veterinarians are expected to be able to communicate effectively with clients. They need to be able to elicit from clients what their veterinary needs and expectations are. Being able to listen to a client and identify their concerns are important skills. Being able to*

articulate treatment choices and options is essential.

- ii. *Most of VCNZ's expectations around the quality of veterinarians' communications with clients are set out in its Policy Document [Competency Standards and Performance Indicators for Veterinarians](#). This section of the Code focuses on the ethical aspects of communication including consent issues and the confidentiality of information.*

- 3. Veterinarians must respect clients' rights to:
 - a. Use the services of more than one veterinarian;
 - b. Seek a second opinion or referral;
 - c. Choose an alternate course of action to the one recommended by the veterinarian provided this does not conflict with the animal's welfare.

Understanding Section 3

- d. *Clients are entitled to use the services of more than one veterinarian. Over and above the situations where a client is seeking a second opinion or referral, clients may choose to use additional veterinarians who are able to provide particular skills in order to meet specific needs e.g. reproductive services, nutrition, herd health consultancy etc. When it is known that a number of veterinarians are involved with the same client, there is a strong need for those veterinarians to communicate and co-ordinate their services.*
- e. *Clients are entitled to request a second opinion or a referral.*
- f. *A second opinion is the process of seeking an evaluation by another veterinarian to confirm the diagnosis and treatment plan, or potentially to offer an alternative diagnosis and/or treatment approach.*
- g. *A referral is the handing over of the case to another veterinarian (either a registered specialist, or a veterinarian recognised as having particular skills) in order that they will apply their expertise to manage the case.*
- h. *Veterinarians are expected to:*
 - i. *Comply with client requests for a second opinion or referral*
 - ii. *Facilitate the request in a timely manner by helping to identify veterinarians who could act in this capacity; providing case histories and records as appropriate; and communicating with the alternative provider as needed.*
- i. *Veterinarians must give due consideration when a client wishes to choose a course of action for their animal which may not be the course recommended by the veterinarian. The veterinarian must be satisfied that such a decision complies with sections 10, 11 and 12 of the [Animal Welfare Act 1999](#).*

- j. *For further information on second opinions and referrals refer to the Professional Relationships section of the Code and explanatory notes.*

Professional Relationships

Veterinarians must interact with colleagues honestly and with respect and in a way that fosters good relationships and communication

- 3. Second opinions give effect to a client's right to have a diagnosis or treatment plan considered by another veterinarian.
 - a. When a second opinion is being considered for patients under their care veterinarians must:
 - i. Recognise the client's right to request a second opinion and if necessary identify that right to the client;
 - ii. Use their professional judgement to recognise when they should recommend a second opinion;
 - iii. Obtain the consent of the client before organizing a second opinion;
 - iv. Provide appropriate case summaries for the second opinion veterinarian.

Understanding Section 3

- b. *A second opinion is the process of seeking an evaluation by another veterinarian to confirm the diagnosis and treatment plan, or potentially to offer an alternative diagnosis and/or treatment approach.*
- c. *Second opinions may occur for different reasons, and the expectations of the parties may vary accordingly. Second opinions can be loosely divided into those organised independently by the client and those organised with the involvement of the veterinarian. In the first case the client seeks a second opinion usually without informing the veterinarian that they are doing so because they may be apprehensive about the first opinion veterinarian's proposed course of treatment, or they are unhappy with the care provided. In the second case, the veterinarian might decide for a number of reasons that a second opinion is indicated or advisable e.g. the case is complex or the veterinarian has concerns about whether the client will accept the treatment recommendations. It is a legal requirement under section 138 of the Animal Welfare Act 1999, that a second opinion be sought if the proposed course of action is euthanasia for welfare reasons and the client will not accept the recommendation. A second opinion allows the opportunity for another veterinarian to consider if the proposed course of action is appropriate.*
- d. *When the client organises the second opinion independently it is possible, if their apprehensions are realised that they may choose not to return to the original clinic, or they may choose to have the treatment/investigations carried out at the second opinion clinic. Clients are entitled to choose which*

veterinarian they will use. In this case the professional expectations are that the second opinion veterinarian will manage the case as one of supersession.

- e. When a second opinion is organised by the veterinarian, the veterinarian should assist the client by recommending an alternative veterinarian with the appropriate expertise. The first opinion veterinarian should provide the necessary case summaries and information to facilitate the process and contact the second opinion veterinarian to notify them of the possible client visit. In these circumstances the second opinion veterinarian must not seek to take over the case, and must communicate the outcome (with the client's consent) of the second opinion to the first opinion veterinarian.*

Appendix 2

Competency Standards and Performance Indicators for Veterinarians

7. Communicate effectively

Indicators: Demonstrates:

- effective oral and written communication skills
- an understanding of verbal and non verbal means of communication and cultural differences
- good listening skills
- avoidance of jargon
- effective conflict management techniques
- With clients demonstrates:
 - rapport, sensitivity, empathy, courtesy and respect
 - clear and accurate explanations of findings, treatment options and likely outcomes in easily understood language
 - client's understanding of the information provided is confirmed
 - the need for sensitivity and support for grieving clients in situations of euthanasia