

DECISION AND SECTION 43 STATEMENT TO THE VETERINARY COUNCIL BY THE COMPLAINTS ASSESSMENT COMMITTEE: CAC16-26

Dr Alfa¹

Complaint from Miss Bravo

Introduction

1. A Complaints Assessment Committee (CAC) of the Veterinary Council of New Zealand (VCNZ) has investigated a complaint about Dr Alfa. The CAC has concluded that it will be taking no further action in relation to Dr Alfa for the reasons set out below.
2. In the course of its investigation, the CAC has found that a large number of veterinarians involved in this case did not demonstrate an adequate knowledge of Addison's disease and the risk of this in animals being treated with trilostane. The CAC considers that this may indicate a wider issue within the veterinary profession and it is therefore bringing this issue to VCNZ's attention.

Summary of complaint

3. Dr Alfa works as a veterinarian at Town Vet Services.
4. Miss Bravo's dog, Delta, was diagnosed with Cushing's disease in January 2014 and she also had a history of incontinence and arthritis. On 24 July 2016 Delta became unwell and wouldn't eat her food. She was seen by a veterinarian at Allied Vets who gave her anti-nausea medication and sent her home. Delta remained unwell and did not eat or drink the following day. Miss Bravo took her back to Allied Vets where she was kept overnight.
5. Delta improved a bit the following day and she had an abdominal ultrasound scan carried out at another clinic on 27 July 2016. Miss Bravo said that, other than enlarged adrenal glands, the vet who performed the ultrasound did not find any issues and thought the problem might be gastroenteritis. Delta was seen again at Allied Vets on the same day and Miss Bravo was told that Delta seemed to be improving but that she wasn't "*out of the woods*".
6. That night Delta deteriorated again and wouldn't eat or drink. Miss Bravo telephoned Allied Vets and was put through to an on-call service at Town Vet Services, based in Smalltown. Miss Bravo was not expecting this because she had been told that a locum veterinarian based in her home town would be available.
7. Miss Bravo spoke with Dr Alfa and she said he explained that she could either drive to see him in Smalltown (a 35 minute drive each way) or drive to the nearest city's after

¹ All names, locations, and identifying features have been changed.

hours clinic (a 1 hour and 10 minute drive each way²). She said that Dr Alfa told her he would not be able to put Delta on a drip. Miss Bravo noted that Dr Alfa did not offer to drive to see Delta or suggest that calling another clinic was an option.

8. Miss Bravo drove to see Dr Alfa. He saw them at 9pm and gave Delta anti-nausea medication which he said should start working within an hour. Delta had an involuntary bowel movement at the clinic and Miss Bravo said that Dr Alfa commented that it was good to see her bowels were working.
9. Miss Bravo returned to her home town but Delta did not improve and was, in fact, getting worse. She called Dr Alfa again at 11:30pm and he told her the only option was to go to the City After Hours Clinic. Miss Bravo suggested calling another local clinic and she said that Dr Alfa told her to go ahead and asked her to let him know how she got on.
10. Miss Bravo called a local clinic's after hours service at 11:30 pm and left two messages and was contacted by them at 1:30 am. A vet agreed to meet Miss Bravo at that clinic at 2:00 am. When she saw Delta, that vet said that Delta was very unwell and recommended euthanasing her. Miss Bravo agreed to this and Delta died at around 2:20 am.
11. Miss Bravo later spoke with staff at Allied Vets and was told that her having to go to Smalltown to see Dr Alfa was not what Allied Vets had agreed with Town Vets as part of their after hours arrangements.
12. Miss Bravo summarised her complaint as being that Dr Alfa failed to provide adequate treatment and follow up, which resulted in Delta suffering for six hours while Miss Bravo found another clinic. She said that Dr Alfa did not recognise that Delta was dying or offer to provide further support locally.

Dr Alfa' response

13. In his response, Dr Alfa said that, when he first spoke with Miss Bravo, he explained the service he was able to provide which was that he could deal with simple cases at the clinic in Smalltown but that his clinic could not provide hospitalisation and, if that was required, they were a member of the City After Hours Clinic which could provide that service. Dr Alfa said that Miss Bravo asked whether Delta would require a drip and he told her that this was a possibility and that she was best to go straight to the City After Hours Clinic. However, he said that Miss Bravo did not want to travel to the city. Dr Alfa said he told Miss Bravo that he could not see her in her home town because he did not have access to the Allied Vets Clinic.
14. Dr Alfa provided his clinical notes, which indicate that he did not have access to Delta's history or the current treatment plan from her primary veterinarian at Allied Vets so, in the absence of this information, he decided to treat Delta's apparent nausea. Dr Alfa explained that Delta's clinical signs did not demonstrate the need for intravenous

² According to Google maps (maps.google.co.nz).

fluids and Miss Bravo did not voice any concern with Delta's treatment at the time of the consultation.

15. Miss Bravo later called Dr Alfa again and he told her that she would need to take Delta to the City After Hours Clinic for further assessment. Miss Bravo declined this and decided to contact another local veterinarian.
16. Dr Alfa explained that Town Veterinary Services had an informal agreement with Allied Vets to cover their afterhours. He confirmed that there was no written protocol for this. Dr Alfa said that Town Veterinary Services do not hospitalise animals because they do not have the staff or facilities and that this service is provided to their clients through the City After Hours Clinic.

The CAC's investigation

17. The CAC obtained Delta's clinical records from Allied Vets, Town Veterinary Services (through Dr Alfa), the vet who performed the ultrasound, and the local clinic that euthanased Delta.
18. The CAC identified that only the first of the five consulting veterinarians that managed Delta's case made a mention of '*over treating cushings*' as a possibility and even this comment was not followed up on in subsequent examinations and treatments.
19. Allied Vets were asked to provide information about their after hours arrangements and what Miss Bravo would have been told about the after hours service available. They responded that they provide 24-hour emergency care and that access to this is by calling their clinic phone number. This number and the availability of 24-hour emergency care is posted on the front door of each clinic. Allied Vets were unable to say whether after hours care was discussed with Miss Bravo specifically.
20. The CAC identified concerns that Delta may have had an undiagnosed and untreated illness that led to her deterioration. It therefore decided to seek an expert opinion from Dr Courtney North, a small animal medicine specialist, on the veterinary care provided. Dr North noted that it was difficult to speculate on the cause of Delta's death in the absence of a post-mortem examination but she considered that an Addisonian crisis arising from the use of trilostane was a reasonable possibility and primary gastrointestinal disease, including infiltrative cancer or ulcers, could not be ruled out.
21. Dr North suggested that all of the veterinarians involved in Delta's care should have recognised these potential causes and several veterinarians, including Dr Alfa, did not list differential diagnoses in their notes so it is not clear whether they considered these possible causes. Dr North was critical of the lack of basal cortisol level testing in the days leading up to this incident which could have ruled out the possibility of a trilostane overdose, as well as the lack of documented consideration of treating potential Addison's disease with a glucocorticoid. Dr North expressed surprise that none of the veterinarians involved in Delta's care decided to investigate the minimum care indicated for a suspected Addisonian crisis. However, Dr North also commented that, through her research and discussion with colleagues, she found that this sort of oversight is common, albeit not acceptable.

22. The CAC considered that there was an issue around the reasonableness of the travel times involved in this case. It reviewed a number of previous CAC decisions on this point as well as the requirements of the Code of Professional Conduct for Veterinarians.

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 sections of the Code which are relevant to this complaint are attached as **Appendix 1**.

CAC considerations

Travel times and the referral to the City After Hours Clinic

24. Miss Bravo is clearly worried about the delays in accessing emergency care for Delta during her time of need. The Code of Professional Conduct and VCNZ guidelines provide a guide for reasonable availability of after hours care including, where veterinarians work cooperatively to provide this service, timeframes. They also provide that, where a vet does not have the necessary skills or resources, they are to assist the caller to find an alternative service.
25. While the CAC understands that the delays Miss Bravo experienced in accessing care for Delta on this occasion would be concerning for any pet owner faced with this event, it considers the travel times and referral to the City After Hours Clinic to fall safely within the expectations of the profession.
26. The CAC also notes that availability of clinical notes in complex cases such as Delta's may provide a valuable resource for attending veterinarians and may have even changed the course of events in this case. Whilst this is outside the scope of this complaint, the CAC would like to bring this to VCNZ's attention so that it may be able to encourage clinicians to share this information in situations in which they anticipate a patient needing after hours care.

The adequacy of Dr Alfa's care of Delta, the adequacy of care generally and the failure to investigate Addison's disease.

27. The CAC have drawn on expert advice when understanding the treatment provided by Dr Alfa. On reflection it appears that Dr Alfa may have omitted to investigate the possibility that Delta was experiencing an Addisonian crisis. This, though not acceptable, does not appear to be uncommon and in fact five veterinarians consulting on Delta's case overlooked this possibility.
28. The CAC notes that, though this is a disappointing finding, Dr Alfa's omission would likely be repeated by a large proportion of the profession. The CAC therefore considers that Dr Alfa's conduct did not fall short of the prevailing standard of professional conduct of members of the veterinary profession. The CAC acknowledges that the ability to recognise and treat Addisonian crises in patients who are receiving

treatment for Cushing's disease may be an issue for the wider profession and an area where the prevailing standards need to be raised.

Competence and health

29. The CAC found no concerns during its investigation about Dr Alfa's competence or his health. There is therefore no need to make any recommendations to VCNZ in this regard.

Decision

30. Based on the considerations set out above, the CAC considers that this case can be closed and no further action needs to be taken.

Recommendation to VCNZ

31. Based on the investigation of Delta's care, the CAC brings to VCNZ's attention that there may be a wide-spread failing within the profession in adequately diagnosing and treating Addisonian crises in patients under treatment for Cushing's disease. The CAC recommends that VCNZ consider whether further action, such as guidance to the profession and liaison with Massey University, is needed.

Learning for the Profession

32. Treatment for Cushing's disease (hyperadrenocorticism) with trilostane is known to carry a risk of an Addisonian crisis. Veterinarians should be aware of this and factor it into their diagnosis and decision making, particularly where hyperkalemia or hyponatremia are noted.



4 April 2017

Dr Seton Butler
Chair
Complaints Assessment Committee

Date

Appendix 1: Code of Professional Conduct for Veterinarians (the Code)

Veterinary Services

7. Veterinarians in clinical practice must make an emergency service available at all times. This service is required so that their clients' animals can receive essential veterinary treatment in order to relieve unreasonable or unnecessary pain or distress.

The emergency service must be sufficiently resourced, so that except in extraordinary circumstances all veterinary emergencies involving clients' animals are attended in reasonable time to ensure the welfare of the animals. A decision of what is a reasonable time will take into account the type of practice and the locality.

Those veterinarians on duty and directly responsible for providing the emergency service can refer callers who are not clients to the emergency service provided by the caller's own veterinarian. However, if that alternative service is not available and if the veterinarian has the necessary skills and resources required for the particular emergency, the veterinarian must attend the emergency and provide essential treatment.

8. There will be times when a veterinarian who is not currently working in clinical practice, or who is not on duty, is called upon in a veterinary emergency. On these occasions, if the veterinarian is unable to attend the animal personally to provide emergency treatment, he/she must make a reasonable effort to assist the caller to locate an alternative source of emergency veterinary care.

Instances will occur where neither of the options in paragraphs 7 and 8 is suitable or applicable. In any such case the veterinarian must provide appropriate advice in order that the person in charge of the animal is able to take the necessary steps to alleviate any unreasonable or unnecessary pain or distress being suffered by the animal.

Appendix 2: Relevant guidance and precedent

The CAC referred to the following items when considering this complaint:

- A previous CAC decision regarding after hours emergency care (CAC12-13), available on the VCNZ website (http://www.vetcouncil.org.nz/documentation/CACDecisions/CACOutcome_1213.pdf).
- An update issued by VCNZ in September 2013 to the veterinary profession about after hours emergency care issues, available on the VCNZ website (http://www.vetcouncil.org.nz/documentation/VCNZUpdates/VCNZUpdates_201309.pdf).