



In this issue

- [VCNZ submission to MPI on animal welfare regulations](#)
- [Criticising other vets](#)
- [Silicon eyeball transplants](#)
- [Animal welfare issues](#)
- [Regulation of allied veterinary professionals](#)
- [Learnings from recent complaint cases](#)

VCNZ submission to MPI on animal welfare regulations

MPI was recently seeking comments on [proposed animal welfare regulations around live animal exports, care of and conduct towards animals, and surgical and painful procedures](#).

If you would like to see our submission please click [here](#).

Criticising other vets

Some of the complaints we receive are prompted by a second vet's disparaging comments about the services provided by a colleague. We also receive calls from vets concerned about a colleague criticising them.

Section 6 of the [Professional Relationships](#) section of the Code says:

Veterinarians must treat colleagues with professionalism and respect not making malicious or unfounded criticisms of colleagues that may undermine the public's trust and bring discredit to the profession.

If you think a colleague is not meeting standards, talk to them, not the client about your concerns. Similarly if a colleague raises concerns about your practice, respond constructively and try to resolve locally.

If you can't resolve, you can seek advice from Council. If need be, you have the option to formally notify us of any concerns.

Paragraph 10 and explanatory notes to the [Professional Integrity](#) section of the Code contains more information and detail on when to involve Council.

Silicon eyeball transplants

We have had a recent query from a veterinarian about the use of silicon eyeball implants. The veterinarian sought clarification on whether this would be considered a cosmetic procedure.

The Code prohibits procedures that are purely for cosmetic purposes. The query was referred to the Professional Standards Committee.

Under current guidelines Council would consider the use of silicone eyeballs acceptable if:

- they provide therapeutic value
- the procedure can be done without undue risk or harm to the patient, and would create a better life for the patient.

Ocular implants maybe used in two ways:

- Evisceration of the internal eye contents followed by insertion of an implant so that the cornea remains intact and blinking and lacrimation continue. There is no incision of eyelid margins, extraocular muscles or optic nerve.
- Orbit filling implants following enucleation. Implants can reduce the serum/haemorrhage build up in the empty orbit which reduces the risk of infection and chance of chronic dermatitis. The eyelids are stitched together.

We sought the views of two ophthalmologists. Both were of the view that while there are some cosmetic aspects, there are definite therapeutic benefits to the animal – unlike for example the use of neoticles.

The Professional Standards Committee has reached an interim view that the use of silicon eyeballs is not a cosmetic procedure. It is now seeking the views of veterinarians before it makes a final determination.

We would like to hear your thoughts on this. Please send any comments to Wayne at wayne.ricketts@vetcouncil.org.nz

Animal welfare issues

Last month we wrote about a recent animal welfare conundrum involving broken tails. Thanks for the feedback we got on this. If you have any tricky questions or thoughts on what would be useful to see in these updates, please get in touch with Wayne wayne.ricketts@vetcouncil.org.nz

Regulation of allied veterinary professionals

Council has had the regulation of allied veterinary professionals on its radar for the last decade and continues to lobby Government for this.

We are therefore very supportive of the New Zealand Veterinary Nursing Association's (NZVNA) voluntary registration initiative and the steps they are taking to build the foundations for a future regulatory framework.

The Association is keen to engage with veterinarians as they work toward their long term vision of formal regulation.

Please click [here](#) for NZVNA's update for veterinarians on progress to date.

Learnings from recent complaint cases: [CAC15-16](#)

Case summary

In this recent case the notifier said:

- he had been told by a vet that his cat had cancer. However it was later determined that the cat had likely been suffering from an infection
- having been given this information, there was a possibility that he may have elected to have the cat euthanised unnecessarily
- during the course of assessment and treatment at the vet clinic, the cat was seen by several vets and staff members. The notifier considered they did not communicate effectively with him.

The vet said that:

- neoplasia was on her list of differential diagnoses (along with cardiac disease and pneumonia)
- she had offered the client referral to a specialist who could confirm if this was the case and provide any necessary treatment. The notifier declined this offer.

Complaints Assessment Committee outcome

The committee considered that:

- the vet's diagnostic workup of this case was sound and she made good use of the diagnostic aids that were available to her
- she produced an appropriate differential diagnosis list and refined it appropriately
- while the vet's response suggested that her communication of the results of her findings appeared to have been adequate, it was apparent from the complaint that it wasn't effective. It suggested that she reflect upon how she may be able to improve her communication with clients especially in stressful situations.

Learnings for the profession

- The complainant was not always aware of the names or roles of the staff members treating/dealing with his cat. To ensure there is good communication, it's important that clients are aware of who they are dealing with and what their roles are.
- Communication can often be improved if the number of people communicating is limited on both the veterinary practice and client sides.
- When their animals are unwell and particularly when the diagnosis and prognosis are uncertain, clients don't always hear the messages as they are delivered or intended. Asking the client to explain what their understanding is of the information they have been given can reduce the risk of misunderstandings.
- It's ideal to document all communication with a client (whether the communication is by phone, email, fax or in person) in the clinical record.