



Rough with the smooth

VCNZ's **Seton Butler** suggests that, while complaints and investigations can be intimidating for veterinarians, the regulation involved is necessary to maintain public trust.

AS I WRITE this, I have been in this role for a little more than three weeks and I am starting to get a sense of what it involves and a little of what is in the pipeline. It seems to me that a large part of this year will be building on the very successful framework that Wayne Ricketts, in conjunction with Helen Beattie (the NZVA), developed last year, as well as continuing to encourage and foster the sense of collaboration with veterinarians, the association and other regulators. I met with the Christchurch branch just last week in my first official face-to-face. I found the experience enlightening and heartening, as I feel we all have many of the same concerns and moral views.

Another aspect of my role will be to alert the profession from time to time to the learnings from various Complaints Assessment Committee (CAC) investigations. I realise that CAC investigations are almost without fail a very intimidating experience for those unfortunate enough to have complaints laid against them by either members of the public or colleagues.

I think it is important to mention a few things that may not be common knowledge. First, the way that the Veterinarians Act 2005 functions is that VCNZ must forward a complaint for investigation if that is what the complainant requests. There is no scope to divert a complaint once laid. Second, the regulation is a double-edged sword. None of us enjoys having a complaint laid against us, but without some sort of framework the conduct and competence required to ensure

we continue to enjoy the public's trust would be impossible to maintain.

In regard to the opportunity for feedback, I was pleased to read two articles (Diagnosis of hyperadrenocorticism in dogs – *Companion Quarterly* Vol 29, No 1; and Monitoring canine hyperadrenocorticism: a changing paradigm – *VetScript* September 2018), that followed a VCNZ update last year regarding the CAC investigation of a canine patient under treatment for hyperadrenocorticism. The patient had been seen by five practising veterinarians and had not been identified as a potential Addisonian crisis case. It occurred to me that, given the breadth of this error, it made a good case for gathering a detailed history.

Another recent CAC investigation highlighted that not all gastric dilation (GD) cases are gastric dilation volvulus (GDVs). A brief summary of the case is that a small breed dog was presented for abdominal distension. The symptoms of GD and GDV are very similar, as are the approaches to treatment, which should optimally be to fluid resuscitate, stabilise and diagnose so the patient can be in surgery within 20–30 minutes if possible and if necessary. An important distinction is whether a dilation/volvulus has occurred, as the outcomes are very different.

The first article to be published on GD alone due to food engorgement (FE) was published in *Veterinary Record* (Smart et al., 2017). This article reviewed 35 cases of FE,

and all 35 survived with supportive care only. The authors of this study concluded: "An excellent outcome was demonstrated for dogs with FE with supportive care alone, including analgesia and [intravenous fluid therapy]. The success rate of emesis in this study appeared lower than what has been previously reported, but any conclusions as to the benefit of emesis in FE cannot be made. Gastric lavage was unsuccessful in dogs that received this procedure, and the only major complication seen in this study was related to general anaesthesia. Given this evidence, the authors do not recommend gastric decompression procedures for dogs with FE. It is thus important to recognise the presence of FE, rather than GDV, to avoid unnecessary intervention. This would include radiographic signs consistent with FE and absence of concerning physical examination signs, such as impaired perfusion."

I hope you will find me approachable, and feel free to reach out for all things that concern you about the profession and how it is regulated. If I don't know where it is in the *Code of Professional Conduct*, I will do my best to find it and come back to you. I notice already that I have had the code open on a daily basis trying to navigate it in search of answers to veterinarian and public enquiries! ☺

REFERENCE:

Smart L, Reese S, Hosgood G. Food engorgement in 35 dogs (2009–2013) compared with 36 dogs with gastric dilation and volvulus. *Veterinary Record* 181, 563, 2017

