



So what is an emergency?

VCNZ's Seton Butler clarifies the differences between urgent and emergent cases.

The *Code of Professional Conduct for Veterinarians* states: "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."

A 'veterinary emergency' is defined as "any sudden, unforeseen injury, illness or complication in an animal, demanding immediate or early veterinary treatment to save life or to provide timely relief from unreasonable or unnecessary pain or distress".

Some may say that the veterinary response to a 'black and white' life-threatening case is relatively simple: the animal's life is in immediate danger and there's a high risk of severe injury, illness or death if prompt medical intervention isn't provided.

Examples of animal emergencies include (but are not limited to):

- ➔ significant trauma (such as a road traffic accident or dog attack)
- ➔ respiratory distress
- ➔ cardiac issues
- ➔ severe bleeding
- ➔ toxic ingestion
- ➔ seizures
- ➔ unconsciousness or recumbence
- ➔ complications during labour or delivery.

I suspect that previous generations of veterinarians have successfully 'trained' clients to call if they're at all worried about their animals, and those veterinarians have then felt obliged to see them. It's likely that this would have occurred in an environment where veterinary staff were less scarce than they are today and veterinarians wanted to compete with neighbouring clinics.

However, the landscape has changed: veterinarians are in short supply. In almost every case clients still expect to see their veterinarian so they may feel shunned if a veterinarian exercises their professional judgement and delays attending or even declines to attend after-hours, with a view that the patient could be safely attended to during normal business hours.

The veterinarian's decision can be influenced by a range of factors, including clinic culture or policy, personal values in relation to pain and distress, workload, time of day and professional judgement

and/or ethical viewpoint. And the client's point of view may be influenced by naivety or uncertainty, personal values in relation to pain and distress, cost, convenience and previous experience.

So what's the veterinarian to do?

One way to rationalise the response when on-call is to triage the case and determine whether it's urgent or an emergency, and assess the animal's pain level.

An 'urgent' case can be defined as one in which a medical issue requires prompt attention but doesn't pose an immediate threat to life. While it still requires a timely intervention, it's less critical than a 'true' emergency. We often prioritise emergency cases over urgent care cases, but the latter still require professional attention.

Consider a client calling at 8am on a busy Saturday, where the next available appointment is at 2.30pm:

- ➔ Could the animal (eg, a dog with sore ears, a vomiting cat, a lame horse) wait until then or later? That is, is the case urgent but not emergent?
- ➔ Could you see the animal (eg, a very depressed cat with stranguria or a road traffic accident dog with dyspnoea, both possibly emergencies) earlier, as an admitted patient?

According to this philosophy, anything that's urgent can wait until the following morning and anything that's emergent shouldn't.

Alternatively, the veterinary could ask themselves, "Even if it's what I assess it to be, would my seeing the animal materially change the course of the case?" or "If this happened to a person, what would the likely process be?" Would they go to an emergency department and possibly have to wait for some time to be seen? Would they receive significant pain relief? Would they receive immediate treatment that resolved the condition, or would there be a delay for further work-up and treatment?

Consider the client's perspective. They may not appreciate the seriousness of the problem or know what they should expect from the veterinarian. Our role is to triage each case and schedule time with the client if it's an emergency, or give them peace of mind that the situation is urgent but not emergent and their pet can be seen safely at a time in the near future.

There appears to be a divide between the public's expectation of round-the-clock veterinary care and the profession's desire and capacity to meet this expectation. Undertaking a thorough triage of after-hours calls is one step veterinary teams can take to better utilise their available time and energy.

I encourage veterinary teams to work together to develop a policy for staff to rely on for guidance when they are faced with tricky situations. It will help to ensure consistency of care among all staff.

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