

# WEST COAST VETERINARIAN

DECEMBER 2012 | Nº 9

DR. CAROL MORGAN  
**CVMA HUMANE  
AWARD WINNER**

*INDOLENT ULCERS*

**VETERINARY  
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# from the editor



COREY VAN'T HAAFF  
EDITOR

**I**n the past few years, I have had the chance to drive through portions of Douglas Lake Ranch, and, like Dr. Welsman, I am in awe of the size of the property and the volume of work that must be required to run a large-scale successful cattle ranch. Many times, I have had to stop my SUV to allow cattle to cross, often slowly, in front of me. The pace is definitely not what I am used to.

More my speed is the pace and energy level of legal proceedings, such as the regulatory matters discussed by lawyer Jeff Logan. It was particularly interesting to me to hear a lawyer's advice to veterinarians. My familiarity with the veterinary disciplinary process began some years ago when I spent six years sitting on BCVMA panels hearing allegations of misconduct against veterinarians. In my experience on this and other quasi-judicial tribunals, I more than once heard emotional arguments being used to defend against regulatory claims, often unsuccessfully. There is a clear separation between what is legally required and what one may feel is the right thing to do.

The purpose of this magazine is to educate, enlighten, and entertain the veterinary community, but more than that, it is to provide a voice to members; a vehicle for advocacy and a meeting place for ideas and actions. If there is a topic you want to see covered in these pages, write to us at [wceditor@gmail.com](mailto:wceditor@gmail.com) and tell us what the topic is and who should write it. Or, if you want to share your opinion on something you've already read, send a letter to the editor and it could appear in the next issue. Thank you for reading.

*Corey Van't Haaff*

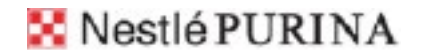


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## WCV CONTRIBUTORS



**REBEKA BREDER** is an Animal Law and Corporate Commercial Litigation Lawyer at Boughton Law Corporation. Rebeka's practice includes defending dog owners in matters regarding "aggressive/dangerous" dogs, veterinarian malpractice suits, strata disputes involving pet restriction bylaws, and the challenge of municipal authorities/decisions involving pets and wildlife. Rebeka is also on the Board of Directors of the Vancouver Humane Society.



**MARNIE FORD, PhD, DVM, DACVO**, graduated from the Ontario Veterinary College in 2000 after completing a Bachelors in Zoology at the University of British Columbia and a PhD in Physiology at Monash University in Australia. Her research interests have focused primarily on retinal function and toxicological retinal degeneration. In 2004 she moved back to Vancouver and opened West Coast Veterinary Eye Specialists. Dr. Ford actively volunteers in Vancouver for the VPD, VECTOR, and Emergency Social Services.

**HEATHER FRASER, DVM**, is a 2002 graduate of WCV. She currently practices at Riverside Small Animal Hospital in Kamloops, BC, where she enjoys an outdoor lifestyle, mostly hiking the trails with her two dogs.

**JEFF LOGAN** practices law in Vancouver. He was called to the Bar in 1977 after studying engineering, science, and commerce at UBC, the University of Guelph, and SFU respectively, prior to returning to UBC to take his law degree. He sits on the Board of Governors of the Trial Lawyers Association of British Columbia, and has chaired a number of that organization's committees.



**KATHRYN WELSMAN, DVM**, graduated from OVC in 2007 and practiced emergency medicine in the Lower Mainland until recently moving to Clinton, BC, where she works as a locum while taking advantage of the beautiful location for outdoor activities.

# WCV

DECEMBER 2012

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### WEST COAST VETERINARIAN



# 20

## CATTLE RANCH VET A DAY IN THE LIFE OF DOUGLAS LAKE RANCH'S VETERINARIAN



FROM THE EDITOR 04

WCV CONTRIBUTORS 06

CVMA PRESIDENT'S REPORT 08

CVMA-SBCV CHAPTER  
PRESIDENT'S REPORT 10

VETERINARY CONTINUING EDUCATION 11

STUDENT CORNER:  
SYMPOSIUM BY THE SEA 12

SPECIALIST CORNER:  
INDOLENT ULCERS 14

IN MEMORIAM 18

THE 2012 EMERGING LEADERS  
PROGRAM SEMINAR 19

2012 CVMA HUMANE AWARD WINNER  
DR. CAROL MORGAN 26

INDUSTRY NEWS 37

CLASSIFIED ADS 38

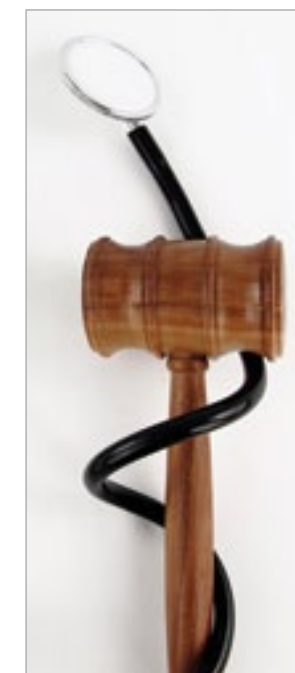
# 28

## VETERINARY MALPRACTICE 101



# 34

## THE COMPLAINTS AND DISCIPLINE PROCESS: PART I THE REGULATORY PROCESS



# deceMBER

## SERVING THE NEEDS OF BC VETERINARIANS

BY JIM FAIRLES, DVM

**A**s the CVMA-SBCV Chapter's second year comes to an end, we wish to thank the 462 members who joined the CVMA and the Chapter in 2012. The inclusion of your voice as a member of the CVMA and the CVMA-SBCV Chapter allows us to remain an effective and influential force for the veterinarians in British Columbia and all veterinarians in Canada.

Recently, you received an offer in the mail to join or renew your membership in the CVMA and the CVMA-SBCV Chapter for 2013. We hope you will join and benefit from the national services provided by CVMA and the provincial services provided by the Chapter.

Our goal is to deliver the best possible value to you in the most cost-effective way. There is no other veterinary organization in Canada that delivers such high-quality, relevant services, and value to its members, at such a reasonable cost.

At the national level, here are just a few issues the CVMA has been working on for you lately:

### REVIEW AND REVISION OF THE CVMA CODE OF PRACTICE FOR CANADIAN KENNEL OPERATIONS

The Animal Welfare Committee of the CVMA has begun a review and revision of the 2007 CVMA Code of Practice for Canadian Kennel Operations. Among the issues that will be considered in this review are tethering of dogs, time spent out of confinement, and kennel requirements for home breeding operations versus commercial kennel operations.

### DEVELOPMENT OF HUMANE SLAUGHTER POSITION STATEMENT

The Animal Welfare Committee has begun the development

of a position statement on Humane Slaughter and is currently gathering background information and scientific references, as well as consulting with experts in the field of humane slaughter practices. Once the draft position is developed, it will be sent to CVMA members for consultation to help finalize the position.

### CVMA PRESENTATIONS ON RESPONSIBLE USE OF ANTIMICROBIALS IN ANIMALS

The CVMA presented at two sessions at the CanWest Conference held in October 2012 in Banff, Alberta. The theme of the conference was *Responsible Use of Medicines in Animals*. Dr. Nigel Gumley gave a presentation on "Anti-microbial decision-making for companion animal practitioners—the CVMA approach." Dr. Warren Skippon, Manager of the CVMA Animal Welfare and National Issues Committees, gave a presentation on "The role of CVMA in livestock antimicrobial stewardship—what have we been doing / what needs to be done."

### CVMA MEETS WITH DEPARTMENT OF FISHERIES AND OCEANS TO DISCUSS RELEASE OF AQUATIC SUBSTANCES REGULATIONS

The CVMA met with the Department of Fisheries and Oceans (DFO) in August to discuss the proposed aquaculture substances regulations. The purpose of this meeting was to ensure that the proposed regulations concerning the use of drugs, pesticides, and other substances in aquaculture do not impinge on the practice of veterinary medicine. The CVMA reviewed and provided comments on the proposed regulations that were published in the *Canada Gazette I* in October 2012.

### JERKY TREAT INVESTIGATION UPDATE

The United States Food and Drug Administration (FDA) expanded its investigation of jerky treats to include duck and sweet potato jerky treats. Until the root cause of these illness complaints can be identified, the CVMA continues to maintain a log of reported incidents and to communicate updated information to veterinarians so that you may caution and educate your clients on this issue. If you have encountered a case that may be associated with the consumption of jerky products, please contact the CVMA Member Services at [admin@cvma-acmv.org](mailto:admin@cvma-acmv.org) or 1-800-567-2862.

### CVMA ATTENDS 2012 INTERNATIONAL SUMMIT FOR URBAN ANIMAL STRATEGIES

The CVMA participated in the 2012 International Summit for Urban Animal Strategies in Lake Louise, Alberta in October 2012. The theme of the Summit, *Sourcing Companion Animals*, provided an opportunity to gain a better understanding of how pets arrive in each of our communities, and to discuss strategies to bring these pets into the system so that they are licensed, housed in pro-active pet families, and provided with a lifetime wellness plan. As a participating delegate, the CVMA came together with other thought leaders in the industry to consider strategies for increasing animal care in the community.

### 2013 CVMA AWARDS PROGRAM NOW ACCEPTING NOMINATIONS

Here's your chance to shine the spotlight on a colleague who has gone the extra mile in support of the profession and the well-being of animals. Nominations for the 2013 CVMA Awards are open until January 31, 2013. For more information, consult the CVMA website. All CVMA members are invited to nominate deserving candidates for the following awards and honours:

CVMA Humane Award  
CVMA Industry Award  
Merck Veterinary Award  
Small Animal Practitioner Award  
Life Membership  
Honorary Membership  
CVMA Practice of the Year Award (NEW)

### COMING TO YOU! THE 2013 CVMA CONVENTION IN VICTORIA, BC

The CVMA, in partnership with its provincial host, the CVMA-SBCV Chapter, invites you to join us in Victoria, British Columbia, from July 10 to 13, 2013, for the CVMA Convention. Take part in a unique four-day convention and experience Canada's ONLY national multi-species event. Go to the CVMA website, under Convention, to view the preliminary Scientific Program.

Your feedback is extremely valuable to us. If you have an inquiry or a comment to share, please contact the CVMA office at [admin@cvma-acmv.org](mailto:admin@cvma-acmv.org) or 1-800-567-2862. Our Member Services Department will gladly assist you. [WCV](#)



A graduate of the Ontario Veterinary College and the University of Guelph, MBA, Jim Fairles, DVM, is retired from a mixed practice in Ontario and currently works at the University of Guelph's animal health laboratory as the client services veterinarian. Not only is he engaged in organized veterinary medicine as a member of CVMA's governing body, his interest in dairy, beef, and swine health management and expertise in diagnostics are put to good use as the CVMA representative on the Canadian Animal Health Coalition.



# cvma-sbcv chapter president's report

BY MARCO VEENIS, DVM

**L**ike all of us, I received the letter from the College of Veterinarians of BC announcing another levy and received my ballot to vote on increased dues for 2013. It struck me that there was no possibility to discuss the new proposed bylaw or suggest changes; all we could do is vote yes or no. In the past, these matters would be discussed in a public meeting where different points of view could be heard, but the current Veterinarians Act with its mandatory voting by mail-in ballot has changed this. The Veterinarians Act does not preclude the College from organizing meetings where matters can be discussed before bylaws are drafted and the ballots are sent out, but so far Council has not done so.

The CVMA-SBCV Chapter has urged Council on several occasions to improve communication with the Registrants. In response, Council has organized a few teleconferences and town hall meetings, but these explained Council's position rather than asking the Registrants for direction. As CVMA-SBCV Chapter, we want to see this changed so that the Registrants are more involved in the decision process.

As CVMA-SBCV Chapter, we believe the time has come to stand up for our members and make sure their collective voice is heard by the Council of the College. To that effect, I have asked Council to keep the CVMA-SBCV Chapter apprised of any new bylaw proposals so we can discuss them

with our members through this magazine, at the AGM, in on-line discussion forums, email communications, and on-line surveys. We want to ensure our members' opinions are heard and taken in to account before the ballots go out.

I believe that advocacy on behalf of members of the CVMA-Society of BC Veterinarians Chapter is one of the most important services our association can provide. However, to be effective we need the support of BC veterinarians. A membership renewal form is included with this issue of *West Coast Veterinarian*, and I encourage you to join us in 2013. [WCV](#)



*Marco Veenis, DVM, graduated with distinction from Utrecht University in the Netherlands and practiced in Holland for nine years before moving to Canada in 1998. For the past 10 years he has raised his family and run a successful small animal clinic in Kelowna. Marco enjoys the daily*

*challenges that practice presents him with and is proud to be a member of BC's veterinary community. As an immigrant and newly minted Canadian, he is grateful for the opportunities Canada has offered him and likes give back to his community by volunteering his time for organizations like the CVMA-SBCV Chapter.*

# veterinary continuing education

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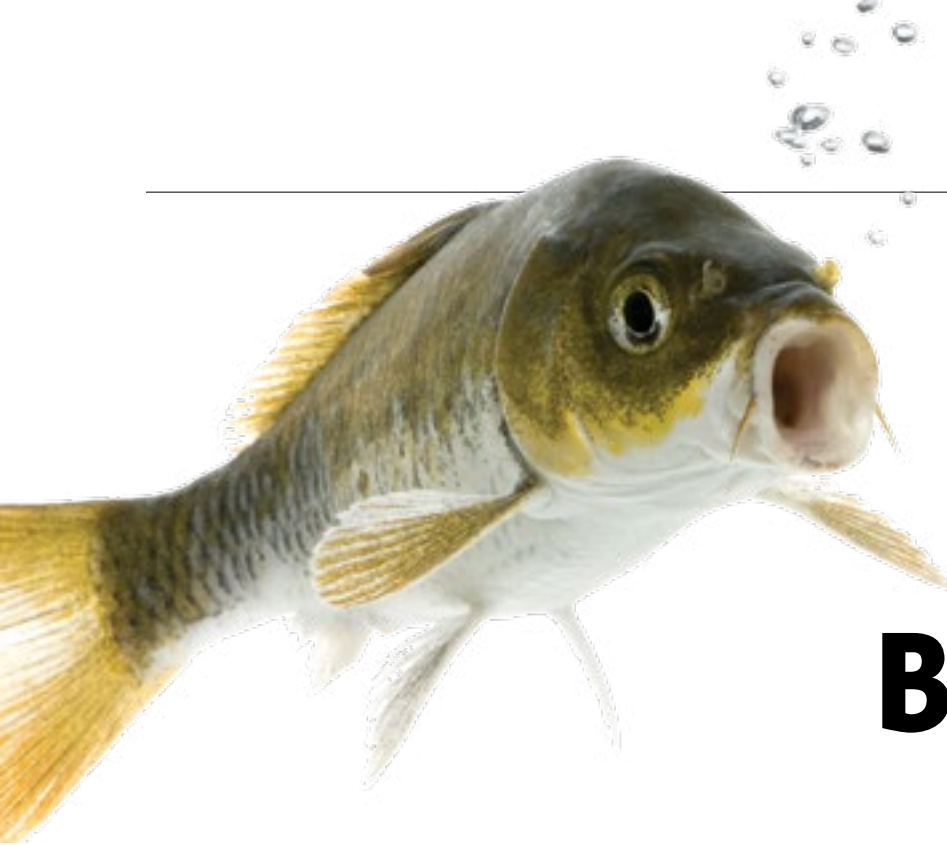
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WE WELCOME SUBMISSIONS OF OTHER OPPORTUNITIES IN FUTURE ISSUES OF WEST COAST VETERINARIAN MAGAZINE.



## student corner

# SYMPOSIUM BY THE SEA

BY KAILEE PRICE

In the midst of fall midterms, many of the students at the WCVM were busy booking flights for a weekend trip to Prince Edward Island in January. What could possibly be happening that weekend to draw so many students? The Students of the Canadian Veterinary Medical Association (SCVMA) Symposium of course! For those of you who are unfamiliar with Symposium, it is an annual conference for veterinary students that rotates around each of Canada's five veterinary colleges. This year's Symposium will be held at the Atlantic Veterinary College in Charlottetown, PEI, January 10–12, 2013.

As AVC is the only Canadian veterinary college located near the ocean, the theme is *Symposium by the Sea*. Aquaculture-themed events, of which there are several, include a wet lab on fish diseases and a tour of a 50,000-fish halibut farm. However, there are also plenty of other lectures, labs, and tours planned pertaining to every area of veterinary medicine. In addition to the halibut farm tour, other tours planned for the first day of the conference include going behind the scenes at the Moncton Zoo to learn about care and enrichment of zoo animals, or going to a sheep hobby farm to learn about livestock-protection dogs and drink some homemade hot chocolate.

Some of the lectures planned for the event include "Reptile Gastroenterology," "Out with the Poison, In with the Fat," "Emergency Radiology in Small Animal Practice," "Applied Neurology: Chiropractics in Veterinary Practice," and "Cardiology Unplugged: How to Make the Most of the Stethoscope." Students will also be able to participate in wet labs, including such topics as treating canine hip pain with acupuncture, thoracocentesis and emergency tracheotomy, nutritional assessment, and heart auscultation of healthy and diseased

animals. These labs and lectures give students the opportunity to learn about areas of veterinary medicine in which they currently have little experience, to practice their skills, and learn about current topics in veterinary medicine from presenters from across the Maritimes. Students can also see what another veterinary school is like and explore a different province. Symposium is a great networking opportunity to meet other veterinary students and veterinarians from across Canada.

So, despite having to endure approximately ten hours of travel, with at least two flights in each direction—as well as having to miss a day and a half of classes—dozens of students at the WCVM are already excited about their adventure to the AVC. This year, both the second- and third-year classes have the Friday off to attend Symposium (although this is apparently the last year this will be granted). To raise money to cover travel costs, students plan to hold a number of fundraisers at the college in the months leading up to Symposium.

Those who attended Symposium last year, held at the Ontario Veterinary College in Guelph, said it was definitely one of the highlights of their veterinary school career—we are all looking forward to attending in January. [WCV](#)



Kailee Price is a WCVM student from Surrey, BC, and the CVMA-SBCV Chapter's first student liaison. Kailee communicates the Chapter's vision and current news/events to our BC veterinary students at WCVM, and she also distributes our magazine to the students.

## A Powerful Partnership Working for You



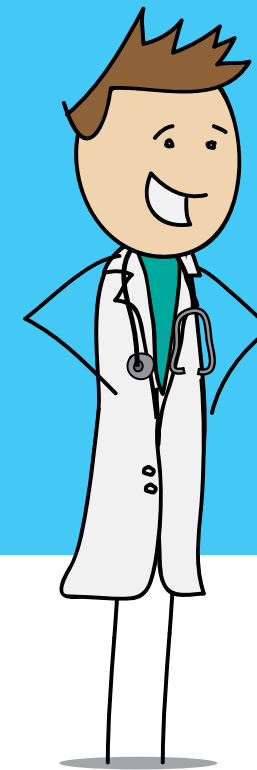
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# INDOLENT ULCERS

BY MARNIE FORD, DVM  
WITH CHARLOTTE KELLER, DVM  
AND CHRISTINA SANDBERG, DVM

**S**uperficial non-healing corneal ulcers have been referred to as indolent corneal ulcers, refractory ulcers, refractory epithelial erosions, persistent corneal ulcers, recurrent corneal erosion syndrome, chronic erosions, spontaneous chronic corneal epithelial defects (SCCEDs) and Boxer ulcers (in dogs).<sup>1,2,3</sup> The first case of an indolent ulcer described in veterinary medicine was reported by Magrane in 1954,<sup>4</sup> and since then the condition has been reported in cats, dogs, and horses.<sup>1,5,6,7</sup>

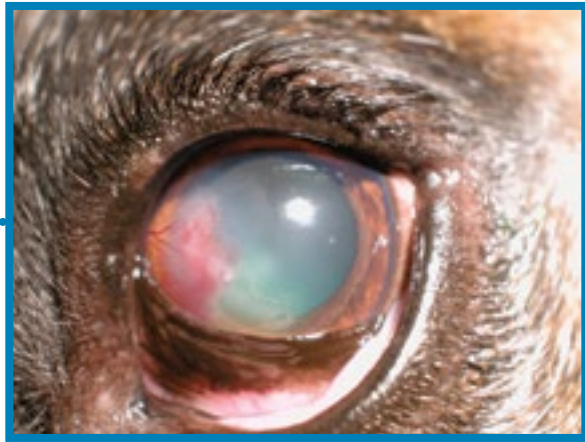
## PRESENTATION

Clinical hallmarks include a superficial, non-infected, epithelial defect with redundant, non-adherent epithelial margins and mild corneal edema associated with variable ocular pain and delayed corneal vascularization (Figure 1).<sup>1</sup> Ocular pain may be manifested as blepharospasm, lacrimation, and rubbing of the eye or face.

Typically occurring in middle-aged to older dogs, indolent ulcers can be present for weeks to months, especially if treated inappropriately.<sup>1</sup> Typically, affected dogs are free of concurrent ocular disease, such as keratoconjunctivitis sicca, ectopic cilia and eyelid entropion, and the Boxer breed is overrepresented. This specific type of ulcer occurs very rarely in young animals.

Histologically, affected corneas are characterized by non-adherent, dysplastic epithelium adjacent to or over the ulcerated region, a prominent superficial stromal hyaline acellular zone,<sup>1,8</sup> absence of a continuous basement membrane in the area of the erosion,<sup>5</sup> and an abnormal nerve plexus in the anterior stroma surrounding the erosion.<sup>1,8</sup>





**FIGURE 1** Indolent corneal ulcer—note loose epithelial edges.



**FIGURE 2** Corneal debridement by cotton-tipped applicator.



**FIGURE 3** Corneal debridement by diamond burr keratotomy. The third eyelid is held with a cotton-tipped applicator to avoid protrusion into the treatment site.



**FIGURE 4** Striate (grid) keratotomy performed with a 25g needle.

## ETIOLOGY

Most small superficial ulcerations heal within 24 to 72 hours by mitosis, migration, and adhesion of the adjacent healthy epithelial cells. In cases of a superficial indolent corneal ulcer, this rapid and simple healing process does not occur. The failure to repair the epithelium is attributed to a failure to generate normal basement membrane and adhesion complexes.<sup>9</sup>

Altered function of the corneal basement membrane disrupts the adherence of the epithelium to the stroma, and there are everted, loosened edges of epithelium around the ulcer.<sup>10, 11, 12</sup> The disrupted adherence between epithelium and stroma has been suggested to be due to histologic changes (noted above) and physiologic changes that include alteration in the homeostasis of growth factors and neurotransmitters, and/or a disrupted balance of degradative enzymes.<sup>11</sup>

## TREATMENT

Many medical and surgical therapeutic options have been described for the treatment of indolent ulcers. The therapy chosen is based on the clinical signs, the experience of the veterinarian, owner compliance, and financial aspects. Medical therapy is often the first choice, as, initially, differentiation between simple superficial corneal erosions and indolent corneal ulcers may be difficult. The absence of a healing response after 10 to 14 days may be a sign of the presence of an indolent ulcer.

Medical therapy is essential in reducing pain and infection by using antibiotics, hypertonic saline, topical lubricants, and topical and/or oral pain medications.<sup>13, 14</sup> Less commonly

used medical therapies have included topical administration of epidermal growth factor, apoprotinin, substance P, polysulfated glycosaminoglycans, 5 insulin-like growth factor-1 and oxytetracycline ophthalmic ointment.<sup>2, 6, 15–17</sup>

The goals of surgical treatment are to remove the irregular and unstable epithelium and the abnormal areas of basement membrane and to promote regeneration of a new, smooth epithelial surface that has strong adhesion complexes.<sup>1, 14</sup> Reported surgical therapies include debridement (by cotton-tipped applicator (Figure 2) or diamond burr (DBD) (Figure 3)), keratotomy (grid/striate (Figure 4) or multiple punctate), third eyelid flaps, temporary tarsorrhaphy, application of cyanoacrylate tissue adhesives (glue), thermal cautery, conjunctival grafts, and superficial keratectomy.<sup>3, 10, 18–20, 21</sup>

Based on ease to perform (most to least) and successful healing (least to most), after one treatment the ranked order is debridement (dry cotton swab), keratotomy, keratectomy.<sup>1, 5, 6, 11, 12, 23</sup> The reverse order is true when ranking treatment options by risk and potential for scarring (most to least).<sup>4, 11</sup> Adjunct therapy following surgery may include placement of a soft contact lens or collagen shield, placement of a partial or complete third eyelid flap, or placement of a temporary tarsorrhaphy suture. Such therapies can be used to increase comfort and to protect the cornea against irritation by the eyelids.

A less commonly used surgical option includes placement of a conjunctival graft. Conjunctival grafts are only indicated in cases of deep ulcers or in cases in which other therapies are not successful<sup>12</sup> and therefore are not generally indicated in the treatment of an indolent ulcer.

## HEALING

The exact mechanism by which surgical disturbance of the superficial cornea influences the healing of corneal erosions is unknown. Previous authors have suggested that debridement (cotton-tipped, DBD) creates micro-erosions of the basement membrane which facilitates the assembly of epithelial cell adhesion complexes, and that physical ‘polishing’ of the basement membrane (DBD) improves the adhesion of new epithelial cells. Debridement with the diamond burr may also induce expression of extracellular matrix proteins that contribute to fibrosis and stronger epithelial adhesions or the exposure of normal basement membrane adjacent to the erosion may positively enhance epithelial cell adhesion.<sup>22</sup>

The high success rate of healing using a superficial keratotomy or keratectomy is thought to be due to the removal of a hyaline stromal acellular membrane<sup>1, 8</sup> but may also be secondary to strengthening the adhesion of the epithelium to the corneal stromal collagen fibres.<sup>8</sup>

## RECURRENCE

It has been suggested that corneas of patients with indolent ulcers are abnormal prior to the time of the erosion.<sup>8</sup> In patients with indolent ulcers, the failure to stimulate the adhesion of the corneal epithelium and basement membrane may result in a corneal issue that remains compromised for a long period of time and is prone to recurrences despite apparent clinical resolution.<sup>22</sup> In normal animals, adhesion complex densities do not reach normal levels for over a year following basement membrane loss through keratectomy.<sup>8</sup> **WCV**

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## DR. LANCELOT NAI-CHUNG LAM 1946–2012

**O**n a beautiful August 21, Dr. Lancelot Lam died peacefully with his family by his side. He is survived by his mother, Lam Wai Yung, son Mark (Miranda), grandsons Trevor and Aaron, brothers Horace (Betsy) and Charles and sisters Alice Chu (Francis) and Mora Tang (Sandys) and five nieces—Christina, Sarah, Ming Bo, Lydia, and Ming Jee. Lance was born on February 22, 1946, the first of five children, and spent his formative years in Hong Kong. He graduated from and became an active alumnus of St. Paul's Co-Educational College where he made many close, lifelong friends. In 1968, Lance move to Canada and attended the University of Guelph. Upon graduation from

the Ontario Veterinary College in 1973, he moved to the Lower Mainland. Beloved by patients and clients, Lance was a kind and compassionate veterinarian. He owned and operated the Island Veterinary Hospital in Nanaimo from 1978 to 1995 and the Coquitlam Animal Hospital from 1995 until his retirement in 2011.

The week prior to his passing had been a particularly joyful one spent with his mother and grandsons, and Lance was excited about the future. We would like to thank doctors and staff at the Nanaimo Regional General Hospital for all their care and attention during his final days. Condolences may be sent to [lancelam1946@yahoo.com](mailto:lancelam1946@yahoo.com).



## DR. ROB MASON 1959–2012

BY GRANT NIXON, DVM

spirit that he lovingly shared. He was an amazing storyteller and could share trivia on almost any subject. Rob believed in trying to make this world a better place and actively volunteered with organizations such as Ride 2 Survive, which raised money for cancer research in a single-day 400-kilometre, 12,000-foot climb-cycling journey between Kelowna and Delta, and with a teen mentoring program.

Rob was double-boarded, and specialized in internal medicine, and had practiced in Vancouver, Seattle, Victoria, and the Interior of British Columbia. Rob truly believed in the pursuit of life-long learning and knowledge as it was a cornerstone of his life.

Dr. Rob Mason will be remembered as a gentle, caring man whose compassion touched all who knew him. [WCV](#)

**I**n October, the veterinary profession lost a great friend and a truly brilliant veterinarian.

Dr. Robert Allen Mason—known to his furry patients and their owners as Dr. Rob—passed away on Sunday, October, 21, 2012 in a tragic mountain biking accident. He was born on July 7, 1959, in Windsor, Ontario and is survived by his loving wife, Mary-Ellen, and two stepdaughters, Kassia and Lily, all from Penticton, B.C.

It is rare in this life to meet someone who is truly extraordinary, Rob was one of those people. He always had a warm smile, a kind word for everyone, and an incredible energizing

# THE 2012 EMERGING LEADERS PROGRAM SEMINAR

BY HEATHER FRASER, DVM

**T**his summer I had the good fortune to be selected as a BC delegate to attend the CVMA Emerging Leaders seminar held as part of the CVMA Conference held in Montreal this July.

The Emerging Leaders program (ELP) is in its third year and brings together veterinarians who have been practicing for ten years or less. Its goal is to stimulate growth in individual leadership for the betterment of our professional, practice, and home lives. This year's seminar, *Leadership: The Secret Ingredient for Good to Great...*, was led by Dr. Rick DeBowes.

The seminar kicked off with appetizers, drinks, and a chance to meet the CVMA Executive and council. It was my first time to meet the CVMA leaders and get an idea of their role in veterinary medicine in Canada (admittedly, I don't always read the CVJ cover to cover!). The meeting put a more human face to the CVMA. A brainstorming session followed to look for ideas to make the CVMA more visible to the general public.

The next morning we met to enjoy the day-long interactive seminar. Dr. DeBowes is a very dynamic speaker, challenging us to see practice from all angles, as veterinarians, as staff, and especially as our clients. He suggests that we all have mission statements for ourselves both professionally and personally, or we should be willing to settle. As veterinarians, we should be proud to sell good health and give direction to our clients as they have come to us looking for that—we are

their pet health leaders. Set goals to not become complacent; we all have capacity for continued growth which will lead to greater job and life happiness and overall fulfillment. It was a lot to consume in a single day, but I know the good bits will stick around!

Following the seminar, a group of delegates representing Canada from coast to coast met for a casual dinner. I found it stimulating to hear about the highs and lows of practice in other parts of the country. I realize we all face similar challenges early in our careers: finances, work/life balance, planning for the future, and often a love/hate relationship with our profession! I know most of the items on that list will last throughout our careers, but accepting them as normal and developing tools to find the solution will be an ongoing journey. Perhaps that is *The Secret Ingredient for Good to Great...*

As part of the ELP we were encouraged to stay for the CVMA conference (with complementary registration). I took this opportunity and was glad I did. I have been a CVMA member for 10 years but had not attended any of the conventions. I was impressed with the quality of CE offered and appreciated the smaller-sized convention which allowed for a more interactive conference experience.

Attending this seminar was a great opportunity to meet a cross-section of recent graduates and develop tools to better manage the pressures of everyday practice. A big thanks to the CVMA and the SBCV for allowing me this opportunity. [WCV](#)

# CATTLE RANCH VET

A DAY IN THE  
LIFE OF DOUGLAS  
LAKE RANCH'S  
VETERINARIAN

BY KATHRYN WELSMAN, DVM

**D**riving home along a back road this summer I came across the Douglas Lake Ranch historic sign. I had been aware that this cattle ranch was the largest in the country, but I had never stopped to think about what 'largest' meant. The ranch is a giant tract of land in the Nicola Valley, crossing the Coquihalla Highway, east of Merritt and south of Kamloops. To put it into perspective, an average beef ranch in BC is 1,000 acres and has 100 head of cattle whereas Douglas Lake Ranch covers 500,000 acres and has up to 20,000 animals. It can take more than three hours to drive from the top of Douglas Lake Ranch to the bottom, over a series of private and forestry roads, longer when you stop for cattle crossings.



Once I got over the enormity of this famed ranch, I started to wonder who had the privilege of doing their veterinary work. It is mainly Dr. Jason McGillivray at Kamloops Large Animal Veterinary Clinic who himself comes from a ranching background. He grew up on a cow-calf ranch in Saskatchewan, using horses for ranch work, showing cattle and always having a few milk cows and the occasional hog around the farm. He graduated in 1994 from the WCVM and since then has been mainly a large animal veterinarian. He also helps run another ranch—his wife's family's beef ranch outside of Kamloops.

Over the past 15 years, Jason has made the hour or so drive to the Douglas Lake Ranch many times. He designs the health program for the herd as well as performing routine pregnancy testing, bull evaluations, and pelvic measuring. Jason also advises on mineral ration balancing, assists in crew training on processing techniques, and provides routine, lameness, and emergency horse work. A lot of the work is epidemiology that

cows—all black, brown, and red. Nearby, a pickup truck had a bridle hanging from the driver's side mirror, and two young horses were tied to a fence. The cowboys themselves would have made a photographer happy with their cowboy hats, neck scarves, well-worn chaps, leather gloves, and cowboy boots complete with massive spurs that clanked when they walked. They dressed so much the part, it looked like a posed photo—except this was very real.

Once I got over the feeling of stepping back in time, what struck me was the businesslike manner with which the crew work around the animals. Everyone knows their jobs; they work as a team and listen to the crew-boss. Jason pointed out that this is one of the differences between this ranch and perhaps a smaller business that relies on neighbours and family to help with some of the work.

As the day went on, Jason explained more of the differences between this cattle ranch and smaller operations. This herd is extremely healthy since they are well-managed from calves with the recommended health program. The herd is also carefully selected with attention to a genetic profile likely to produce a top quality and consistent herd. There are no issues such as herd-level infections like Johnes or BVD, but random testing for such factors continues to ensure the herd stays negative. Good herd health is also due in part to the fact that very few replacement cattle are brought into the herd, reducing mixing stress and the opportunity for disease introduction. In fact, each year, only a few individual sick animals are treated for issues like pneumonia or foot rot. Many of the cows garner huge respect as some of them are upwards of 15 years old and have worked every year of their lives producing calves—another testament to their continued good health.

Like most ranches, Douglas Lake is run as a profitable business. Fortunately, the structure of the ranch also encourages the cow-boss to invest in the comprehensive health program, genetics, and management techniques—as long as there is a return on investment. Some smaller ranches might want to implement some of these costly best practices but are limited by cash flow or manpower. At Douglas Lake, the cow-boss and ranch manager are progressive thinkers and are open to suggestions that Jason makes.

Around the chute throughout the morning I listened to the cowboys talk, often with fairly colourful language, which was more often than not followed up by an apology that they weren't used to having a lady around. Once the gender topic came up, I had to ask if there were any cowgirls on the ranch. The crew-boss explained that no women worked the cattle because they don't have separate accommodations when they live out in their camps. Jason pointed out that this is another big difference between Douglas Lake and smaller operations, where often the split is 50/50, with wives and children helping with much of the ranch work. For example, Jason's wife and

## “GOOD HERD HEALTH IS ALSO DUE IN PART TO THE FACT THAT VERY FEW REPLACEMENT CATTLE ARE BROUGHT INTO THE HERD”

could be done in his office, but Jason prefers to be hands on, saying he gets a feel for the ranch, which allows him to do a better job.

Douglas Lake Ranch started in the late 1800s and over time has changed hands and expanded into different businesses such as tourism, trucking and trailer equipment, feed, and Quarter Horses. The main focus of the ranch, however, has always been raising high quality beef cattle, producing on average about 6,000 calves each year. I haven't dealt with farm medicine in a long time, and the thought of helping calve out one cow is enough to make me shudder; the thought of having to help, or at least help manage, that many calves and such a large herd in general, leaves me a bit speechless. There are probably very few large animal veterinarians who even have to assist with such numbers, and I wondered if the medicine was different, and what kinds of rewards or challenges it presented.

I asked Jason if I could tag along so I could see what the ranch and his work was like. Early one morning in late October, we drove up to one of the corrals, just as the sky was starting to get light. I thought for a moment we'd stepped back in time or at the very least onto a movie set. Even though I live in Clinton, a small ranching community of 500 in the heart of the Cariboo, I still find the idea of real cowboys a bit of a novelty. As I stepped out of the truck I saw brilliant fall colours tempered by the overcast dawn morning and several hundred



their two daughters and son are involved with all aspects of the family ranch.

The morning flew by, and around 430 cows went through the chute. It is a mind-boggling number for a small animal practitioner because I'm not even sure I see that many animals in a week! There would be another 12–15 days of this type of work for Jason before all the cows were pregnancy-checked, vaccinated, dewormed, and sorted. Checking that many cows in so little time requires an efficient sector-scanning ultrasound and manual palpation, with Jason taking only seconds to make a decision on the cow's status. This results in quick cull decisions, aided by the fact that the herd



in general is healthy and has a high conception rate, therefore a cow that is open will be shipped. Some other ranches need to think carefully about each cull decision. Quick decision-making is also good for the welfare of the cows, as no cow is left in distress or in pain to hobble around on a lame foot or with a cancerous growth.

Despite the large number of animals and the stubbornness of cattle, another thing that gave me pause was how gentle the men are around the animals. Occasionally they need to use a bit of brute force to get them moving, but in general they seem to respect the cows. They use words of

encouragement such as "princess," "sweetheart," or "old girl." It's obvious that these men treat the land and cows like their own and take pride in knowing they take good care of the animals on their watch.

Prior to my visit, Jason had told me that he enjoys the work at the ranch because of the excellent people, giving praise to the cow-boss as very knowledgeable and progressive. I asked him about his rapport with the men and whether it was so good in part because he's a rancher himself. Jason agreed that because he knows the business and understands what the concerns of ranching are, apart from just the veterinary aspect, it allows him to make better recommendations. He enjoys observing the cowboys at work and getting a chance to see how they handle big groups of animals in an efficient manner. He said, "I feel privileged, hopefully I'm learning as much from them as they are learning from me." I could see what he meant by the end of the day—the men were a pleasure to be around, and my respect for the hard work they do is huge. After the last cow had been sorted and run through the chute, my day was over, but it was only half over for the cowboys who were then going to move the cattle to another pasture. It certainly was a sight to see, as the herd—with minimal encouragement from the cowboys—naturally formed a line several cows deep and surged into the hills.

Even though there are some major size differences between Douglas Lake Ranch and smaller operations, in reality the medicine isn't that much different. Once you're dealing with 100 cows, you might as well be dealing with 1,000 or 10,000. Jason pointed out that "the cowboys provide the care, all I provide is some advice." That advice stems from the valuable skills that food animal veterinarians have at their command, including herd health, epidemiology, cost-benefit analysis, and industry knowledge. I'm likely not the only veterinarian who is distanced from food animal medicine and therefore from farm life. Visiting Douglas Lake Ranch gave me a valuable reminder of where our food comes from and what effort and emotion goes into it. [WCV](#)



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# 2012 CVMA HUMANE AWARD WINNER DR. CAROL MORGAN

BY COREY VAN'T HAAFF



and is in good health; whether the animal is feeling good emotionally, feeling positive emotions, and not suffering from negative emotions such as pain or frustration; and whether the animal has some ability to exhibit its natural behavior. "Cattle graze; dogs play and socialize," she explains. Today's trend is toward an increased level of interest on the part of the public when it comes to animal welfare, including food animals. "People are interested in the way animals are being raised for food and producers of food are getting more pressure from the people they sell to."

It's a trend that can only benefit the animals. She uses the example of a pig. Sows are often kept in gestation stalls which basically fit their bodies and do not permit them to even turn around. The public has become concerned with the issue of freedom of space, and now companies which include, she says, such biggies as Wendy's, McDonald's and Costco, plan to source meat from farms that don't use gestational crates. There are very few hogs that come from sows not housed in gestation stalls. These companies have asked that producers start to phase out stall use, but that hasn't started yet. The companies' deadline is anywhere from five to ten years off.

Dr. Morgan can count significant accomplishments on the long road toward animal welfare. She graduated from WCV in 1988 and practiced predominantly small animal medicine. She earned a PhD from UBC's animal welfare program, graduating in 2009

with expertise in animal welfare and veterinary ethics. She has been active with the College of Veterinarians of BC with the animal welfare committee and the CVMA animal welfare committee's small animal committee, where she is chairing its subcommittee working on developing a code of standards for the sled dog industry. She has also sat on the Board of the SPCA and the Council of the Canadian Council on Animal Care. She is involved with the Canadian Federation of Humane Societies, and she worked on a code of practice for the care of sheep and pigs through the National Farm Animal Care Council. Her participation also includes work on issues of food, water, shelter, euthanasia protocols, and pain management standards for animals.

"I sometimes spend 20 hours a week on committee work, often travelling to develop codes of practice." Dr. Morgan also travelled to do hands-on work with the ASPCA with the animal victims of Hurricane Katrina. "The bulk of my contribution is policy development. That's why laws are so important. If you set up a guide for the care of animals and do a kennel code and establish a code of practice, it helps with the education of those who care for animals and helps with public awareness."

Establishing a baseline for the care of animals, she says, assists those investigating animal abuse in evaluating whether or not an animal has been properly cared for. The impetus for change, built on a solid foundation of research and policy, is still public awareness as that is what drives market changes.

"The biggest change in veterinary medicine is about analgesics and pain relief. It's been a huge change in my career. People are saying what they don't like. " Dr. Morgan welcomes this public input as a way of improving animal welfare. Lack of pain management in all animals is "just not acceptable anymore." **WCV**

For many of us, the name Dr. Carol Morgan has a de facto association with animal welfare. Companion and food animals have a great friend and supporter in Dr. Morgan, so it is fitting, then, that she has been awarded the 2012 CVMA Humane Award.

The CVMA Humane Award is presented to a member of the association whose work is judged to have contributed significantly to the welfare and well-being of animals. Established by the CVMA and sponsored by Merck Animal Health, the award encourages implications in the care and well-being of animals.

If you ask Dr. Morgan what exactly animal welfare is, she'll give you a three-part answer. It is, she says, whether the animal feels good physically

“THE IMPETUS FOR CHANGE ... IS STILL PUBLIC AWARENESS AS THAT IS WHAT DRIVES MARKET CHANGES”

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# VETERINARY MALPRACTICE 101

BY REBEKA BREEDER

**W**ith the growing interest in and legal practice of Animal Law, veterinary malpractice claims will likely become more common in Canada, including British Columbia. It may prove helpful for veterinarians to understand the essential issues that arise in a companion-animal veterinary malpractice lawsuit.

## **WHAT IS A VETERINARY MALPRACTICE CLAIM?**

Perhaps an easier way of understanding a veterinary malpractice claim is by explaining what it is not. When someone sues a veterinarian, unless the animal is a farm animal or champion breed, the lawsuit is generally not about money. Veterinarians, or insurers who act on behalf of them, can not expect to settle a claim by simply throwing some money at a plaintiff.

An increasing number of people consider their pets family. Whether this is because of a growing number of empty nesters or of people without children of any age is uncertain. However, what is clear is that people unconditionally love their dogs and cats, and will do whatever it takes to correct what they see as a wrong done to their companion animal.

In actions arising from injury or death of an animal, the types of claims asserted against veterinarians are usually in negligence and breach of contract.

## NEGLIGENCE

Just as in a human medical malpractice claim in negligence, a plaintiff suing a veterinarian must establish that: (a) the veterinarian, through act or omission, failed to give the standard of care that a reasonable veterinarian would give in similar circumstances; (b) the veterinarian's breach of the standard of care (or negligence) caused the plaintiff's/animal's injuries; and (c) as a result thereof, the plaintiff suffered damages.

## BREACH OF CONTRACT

In a breach of contract claim against a veterinarian, the contract at issue is for the provision of veterinary services. Specifically that these services will be performed according to a standard of care that is in accordance with the conduct of a prudent and diligent veterinarian in similar circumstances. A breach of the standard of care is a fundamental breach of the contract. The plaintiff also needs to establish that this breach caused the plaintiff's loss or damage. The ability to prove foreseeability of this damage is especially important in a breach of contract claim against a veterinarian.

## OTHER CAUSES OF ACTION

Plaintiffs can also sue veterinarians for bailment, conversion, products liability, and for other reasons. Regardless of the cause of action, a veterinarian will not be excused from having committed malpractice or a wrong by the fact that she performed the service for free.

## DAMAGES

A gross misconception is that companion animals are not worth much, if anything, financially. To date, veterinarians have enjoyed relatively low insurance premiums, mainly because damage awards for the loss of companion animals as a result of professional negligence have been non-existent, or very low. And the monies that have been paid out by insurers are usually as a result of settlements, instead of damage awards by courts. This may change in Canada in the future, as is already happening in the United States.

When people sue, or make a complaint to the professional regulatory body, against a veterinarian, they are often driven by emotions and by a sense of justice. They are not seeking simple compensation for the veterinary fees they incurred; rather, people are ultimately seeking some form of relief for mental distress or loss of companionship.

The fundamental principle on which damages are awarded at common law is that the injured party is to be restored to the position—and not just the financial position—in which the party would have been had the actionable wrong not taken place. Anguish and distress have been long recognized in the law of negligence, and more recently in breach of contract cases (so long as the loss was foreseeable).

The law around “anguish and distress” or “mental distress” is important in the context of veterinary malpractice lawsuits because this provides an avenue for the courts to make damage awards that are significantly higher than only the market value of the companion animal, which would otherwise be nominal.

Technically, the law considers animals as property. I know of no cases in Canada to date, unlike in American jurisprudence, in which courts have awarded damages for mental distress or for loss of companionship against veterinarians. This is likely because (a) these types of damages have not been claimed at all, and (b) veterinary cases have traditionally not proceeded to the trial stage and have often been settled out of court.

However, courts are starting to recognize that companion animals are not just things, but that they occupy a special place somewhere in between a person and a piece of personal property. I predict that this important principle will change the way veterinary malpractice claims are prosecuted and defended.

Canadian courts (outside of British Columbia) have already made awards for loss of animal companionship, including in the following circumstances: loss of dog as a result of another dog attack (approximately \$25,000), loss of dog as a result of negligent boarding (approximately \$4,000), anguish and distress over the possible amputation of a cat's tail (\$300). Although none of these cases have been in the context of veterinary malpractice, they are indicative of the way courts are beginning to view the importance of companion animals in family homes. Surely, if people are awarded significant sums of money for being disappointed in their vacations, and for similar intangibles, it is conceivable, and quite likely, that we will see significant damage awards for injury to or loss of companion animals as a result of veterinary negligence.

## WHAT TO EXPECT IF YOU ARE SUED

### THE PROCESS

In British Columbia, plaintiffs have a choice to sue in either Small Claims or Supreme Court. Small Claims actions involve a claim worth \$25,000 or less.

The Small Claims process is generally more user friendly, faster, and less expensive. There are far fewer procedural steps required, and the rules of evidence are generally more relaxed. If a veterinarian is sued in Small Claims, her defence must be filed within 14 days of being served with the lawsuit. The plaintiff (or claimant as it is referred to at that level of court) then has the choice of filing a reply to the defence. The case then proceeds to a settlement conference or mediation within three or four months. If the case is not settled at that point, the matter is referred to trial within the next six or more months. There are no examinations for discovery or other discovery procedures. There are also rarely interim applications made to Court. Overall, it takes about one year, or slightly longer, for a Small Claims action to be resolved.

By comparison, a Supreme Court action can take approximately five years or longer to be resolved. The Civil Rules of Court set out the procedures to follow, and the rules of evidence are far more strict than in Small Claims. Once a veterinarian is sued, she has 21 days (assuming the veterinarian resides in British Columbia) to file a defence. The plaintiff then has seven days to file a reply to the defence. The parties then proceed to exchange documents, after which examinations for discovery are held. Discoveries are essentially interviews conducted under oath and are used to obtain admissions and discredit witnesses at trial. There are usually multiple Court applications made during the lawsuit. If the matter is not settled, the only resolution to the dispute is trial.

One of the main advantages of a Small Claims action is that it is generally faster and less expensive for both parties. The losing party also does not have to pay the winning party's legal costs, although disbursements (such as expert reports) may be awarded to the winning party.

The major disadvantage of Small Claims, and the corresponding benefit of a Supreme Court action, is that the Small Claims Court does not have inherent jurisdiction. This means that the Court is limited in what it can award both legally and in dollar amount.

Intuitively, it seems that veterinarian malpractice suits should be brought in Small Claims only as the damage awards would likely not exceed \$25,000. However, for plaintiffs who are pursuing novel claims, such as mental distress for loss of companionship, Small Claims Court does not provide the necessary tools for developing and advancing such issues.



# “OBTAINING A CREDIBLE EXPERT REPORT IS KEY”

## ISSUES THAT ARISE

### PUBLIC INFORMATION

One of the issues that always arises is that once a lawsuit is filed (regardless of the level of court), all documents that are filed therein are open to the public. This can be a very intimidating and potentially embarrassing factor for a veterinarian, whose reputation is of utmost importance. This is what sometimes ultimately motivates a veterinarian to settle a case, even if she believes she did no wrong.

### EXPERTS

Obtaining a credible expert report is key to both the prosecution and defence of a veterinary malpractice claim. It is generally much harder for a plaintiff to obtain one in British Columbia as many potential veterinary experts do not want to testify against a potential business referral in a province that is as small, relatively, as British Columbia.

The purpose of the plaintiff obtaining an expert report is to establish, through expert testimony, what is the appropriate standard of care and that the defendant's breach of that standard caused the animal's injury or death. The purpose of the defence expert report is to refute and poke holes in the plaintiff's expert opinion.

### CONTRIBUTORY NEGLIGENCE

Contributory negligence is a defence for a veterinarian. As the facts develop throughout the case, it sometimes becomes evident that the plaintiff contributed to the damage or loss of the pet's injury; usually by ignoring the veterinarian's advice for aftercare. Although this may not absolve the veterinarian fully, this defence can apportion the amount of damages awarded between the plaintiff and defendant.

### INFORMED CONSENT

Another common issue is that of informed consent. Plaintiffs can claim that the veterinarian did not fully and properly inform the plaintiff of the various types of treatment and care available and/or that the veterinarian did not fully or properly inform the plaintiff of the associated risks (even if they are remote). As a result, the plaintiff's consent to the treatment was not an "informed consent" and the veterinarian committed an act (or omission) of negligence. Veterinarians should review their notes for such advice or write down what they recall from this type of discussion at the beginning of the lawsuit; otherwise, the veterinarian risks losing her defence for this allegation.

## HOW TO AVOID A LAWSUIT

### BE HUMAN!

One of the key ways of avoiding a lawsuit is to remain human. Do not act as if you know it all and get on the defensive if the client hints that something may have gone wrong with the medical care given. Maintain an open and honest dialogue. Show compassion and empathy. Client service is of utmost importance, especially during what is an emotional time for the client.

### APOLOGIZE

If something indeed went wrong, many veterinarians believe they are not allowed to apologize. Whether it's fear of an insurance coverage being denied or perhaps some egotistical reasons, apologies are rarely given. And this is wrong.

The client will likely be appeased if the veterinarian offers a genuine apology. Veterinarians would likely be surprised if they knew the number of times plaintiffs wished to have received a simple apology and acknowledgement of wrong. All troubles for the veterinarian would likely have ended with an apology, instead of continuing through a disciplinary complaint or civil lawsuit.

Veterinarians should not fear apologizing, especially in British Columbia which has had an Apology Act since 2006. Under this Act, an apology does not constitute an admission of fault or liability; nor does it affect any insurance coverage that is available, or that would be available but for the apology. In essence, the Apology Act ensures that apologies may be given by veterinarians (and other professionals) without fear of being blamed for fault or denied insurance coverage.

### NOTEKEEPING

Another way of avoiding a lawsuit is by ensuring the veterinarian and staff keep good and legible records. Although it is not necessary to note every detail, the more comprehensive the medical notes, the easier it will be for a veterinarian to avoid something going wrong. Or if something indeed goes wrong, it may be easier to defend.

### INFORMED CONSENT

Despite the veterinarian's belief of the client's knowledge of her companion animal, alternative treatment procedures and associated risks should be discussed—no matter how trivial of a procedure it is (such as neutering). Veterinarians want to ensure that their clients are as fully informed as possible at all times.

Veterinarians should remember that they are at risk of being sued just like any other professional. However, unlike other professions, the potential financial loss has not been

## SUE OR MAKE A COMPLAINT? What's the Difference Anyway?

There is one main difference between suing and making a complaint to a regulatory body. Suing, or an Action, entails seeking a damage award from the Court. The Court can also make a finding that the veterinarian was negligent and/or in breach of contract (and/or "guilty" of any other allegation made). Unlike a regulatory body deciding on a Complaint, a Court does not have the power to discipline a veterinarian and/or impose certain conditions on his or her practice. On the other hand, a Complaint is one in which the Complainant essentially wants the regulatory body to discipline the veterinarian—this can entail anything from imposing certain conditions on the veterinarian to a complete revocation of a veterinarian's license to practice. It's important to note that unlike the plaintiff in an Action, a Complainant is not "seeking" anything. It is the regulatory body that decides what is the most appropriate disciplinary action to take given the Complaint. Damage awards can not be obtained by making a Complaint. A person can, however, sue *and* make a Complaint at the same time. This way, the person can try to obtain a finding from the Court, including a damages award, and attempt to have the veterinarian disciplined.

significant to date because companion animals have been considered as nominal value. Given that Animal Law is developing in Canada, it is only a matter of time before veterinarians will be exposed to much higher financial risks as a result of damage awards that may be made against them. That said, those veterinarians who genuinely care about both their human and animal patients should have less to worry about so long as they maintain a good client service relationship with their clients. [WCV](#)



[ THE REGULATORY PROCESS ]

# THE COMPLAINTS & DISCIPLINE PROCESS

BY JEFF LOGAN

PART 1

**P**erhaps most members of the self-governing professions assume that the organizations they are mandated to join will promote and protect their professional and personal interests.

Most often this would be a misguided assumption.

Professions granted self-government receive that right as part of a bargain—and one part of the quid pro quo is to make protection of the public interest central to the profession’s governing role, generally ahead of the interests of the profession’s members.

While the professions’ interpretations of the public interest and their efforts to promote it vary, a perception, whether accurate or not, held by the public (or perhaps more importantly by legislators, always concerned with losing in the next election) that a specific profession is failing to adequately protect the public, can quickly lead to a loss of some or all of that profession’s self-governing powers. That is a prospect sure in turn to catch the attention of the managing echelons of the profession in question.

Steps taken over the past decade or two by the professions to protect their independence as best they can have varied, from ceding some of their self-governing powers to the state, to including lay members on their disciplinary bodies, and revising their disciplinary procedures.

Generally, if the members of a professional group wish to have a body to promote and to protect their interests as individuals, and as a collective with their self-governing professional group, they will have to form a separate organization. In my profession, we have on one hand the Law Society of British Columbia, one of whose functions is to promote and protect the public interest (one of the mechanisms being through disciplinary procedures), and on the other, the various local, provincial, and national Bar Associations which involve them-

“ON LEARNING THAT A COMPLAINT HAS BEEN LODGED, YOUR FIRST RESPONSE WILL BE CRUCIAL”

selves more in activities and matters of general interest to lawyers. Membership in the Law Society is mandatory whereas membership in Bar Associations is not.

All of the above is to say that should you become the target of complaint from a disgruntled animal owner, not only might you feel alone, you may in fact be alone. The outcome will range from perhaps only an annoyance due to added stress

and emotional trauma at the mild end, to the potential for the loss or very serious interruption of your livelihood at the other.

Out of concern that not many of you would still be with me after even a brief overview of the byzantine mysteries of the Complaints, Inspections, Investigation, and Discipline provisions of the most recent iteration of the *Veterinarians Act* (SBC 2010 c.15), I first offer one or two suggestions, born of experience, in the hope of lessening not only the aggravation and expense of dealing with a complaint, but more importantly, minimizing the prospect of what could be a disastrous and hugely embarrassing outcome.

First, what must be avoided at all costs (because it can be terribly expensive), is transforming what could be a

relatively light sideswipe arising from a disgruntled pet owner into a head-on collision with the College of Veterinarians' disciplinary process.

On learning that a complaint has been lodged, your first response will be crucial, and it can easily predetermine the outcome of the process. Irrespective of our field, most professionals when criticized or complained about, will become stressed, confrontational, defensive, and more. None of these reactions is conducive to either good judgment or clear thinking. The defensiveness will creep into your response and will too often be read as a "mea culpa" or "guilty plea." Most will simply lose perspective as to what is relevant and important to the case at hand. The old "if they only heard my side of the story" defence simply does not work in disciplinary

cases, and it often opens up additional avenues of attack, or at the least raises suspicions, irrespective of the disciplinary forum.

I confess that in writing this article I initially strove to avoid recommending that you take legal advice immediately. But I cannot, and that is not simply because I don't take veterinary advice from lawyers! Few of your friends, family, and associates will appreciate the forum that you are entering. Even at the earliest stages you are becoming involved essentially in an adversarial process, and as it proceeds, it can and often will get much worse.

So while I refrain from recommending legal advice "early and often," I do recommend it at least once, and very early. The old adage that the lawyer who acts for himself (or herself) has a fool for a client has much merit. By not involving counsel early, well-meaning self-help efforts can irretrievably scramble an otherwise defensible case. Sometimes an easily defensible case. And so long as the conduct complained of is not morally reprehensible, and involves the issue of care, one's professional liability insurance may cover the bulk of the costs of counsel.

Additional and independent input from senior veterinarians is often essential to both counsel and member.

One further unfortunate aspect suggests consulting counsel early. Your professional associates are not always your "friends" in the disciplinary ring. In both the human and veterinary medicine fields, I have seen cases of a member shielding him or herself behind junior associates or employees, both of whom are particularly vulnerable to being "thrown under the bus" by fellow members who lack the mettle to accept a test of their own conduct.

In any event, by dealing with a complaint early, and decisively, and with appropriate assistance, there is likely to be, although not guaranteed, reduction in stress and cost to the member, and cost to the insurer, assuming coverage. **WCV**

Coming in our next issue ... PART 2: PROCESS AND PROCEDURE RESPECTING COMPLAINTS



## PUBLIC ADVISORY

### RABIES IN BC

The CVMA-SBCV has been advised that a bat submitted to the CFIA by Cache Creek Veterinary Hospital tested positive for rabies in early September. The bat had been brought into the clinic by a concerned cat owner, after finding their cat playing with the dead bat. Unfortunately the cat was not vaccinated for rabies since the owners had claimed it would only be an indoor cat. Recently they had begun to allow the cat outside but had not updated its vaccines. The cat is now being quarantined, and the family is seeking advice and treatment from the public health department since they had handled both the cat and the bat.

The British Columbia Centre for Disease Control indicates that only 4-8% of all bats tested are positive for rabies, suggesting that only about 0.5% of all bats in the province are infected. The CFIA website shows that seven bats submitted from BC in 2011 were positive for rabies, and in previous years up to 15 bats tested positive. These are very low numbers, but this case serves as a reminder to all of us to recommend vaccination for both outdoor and indoor cats.

## INDUSTRY PRESS RELEASES

### VÉTOQUINOL PURCHASES ORSO LABORATOIRE VÉTÉRINAIRE

Vétoquinol announces the purchase of the entire equity of Orsco Laboratoire Vétérinaire.

Orsco Laboratoire Vétérinaire, an independent French business founded in 1993 and fast-growing company based in the Lyon region, posted 2011 sales of €4.3 million. The company's products include Zylkene®, which is recommended to combat stress in dogs, cats and horses. In just a few years Zylkene® has become a flagship product and leading brand in the pet market. The acquisition of Orsco Laboratoire Vétérinaire fits perfectly with Vétoquinol's strategy to build a range based on leading international products.

### AMERICAN PET INSURANCE COMPANY (APIC) NAMED AS THE UNDERWRITER FOR PETPARTNERS INC., ADMINISTRATOR OF THE AKC® PET HEALTHCARE PLANS

American Pet Insurance Company (APIC) has been named as the sole insurance carrier for PetPartners Inc. with its flagship brands, The AKC Pet Healthcare Plans, providing protection to registrants of the American Kennel Club®, the world's largest registry of purebred dogs. PetPartners also administers the CFA® Pet Healthcare Plans for The Cat Fanciers' Association®, the world's largest registry of pedigreed cats. **WCV**

If you have any industry news, please send it to [wcveditor@gmail.com](mailto:wcveditor@gmail.com) for consideration. Thank you.



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For more information, please contact Dr. Lois Martin, 250-692-7476 or 250-692-7306 or by e-mail at [blvet@telus.net](mailto:blvet@telus.net)

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To place a classified ad in West Coast Veterinarian please contact the CVMA-SBCV Chapter office by email at [cvma-acmv.org](mailto:cvma-acmv.org) or phone 250.652.6384. Deadline for ad submission is February 2, 2013-Spring issue.



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1. "Effectiveness of a Vegetable Dental Chew on Periodontal Disease Parameters in Toy Breed Dogs." *Journal of Veterinary Dentistry*, 26 (4); 230-235, 2011.

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