

ISSUE N°58 MARCH 2025

WEST COAST

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COREY VAN'T HAAFF
EDITOR

TO THE EDITOR

Letters from members are welcome. They may be edited for length and clarity. Email us at wcveditor@gmail.com.

ON THE COVER

PHOTO BY
STEVE JOHNSON/
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When I was approached by a contributor who wanted to do a story on menopause, I jumped on the idea, then immediately questioned myself. Is this magazine the right place for such a story? I came full circle and thought yes! This is exactly the right home for this story. Veterinary practices are filled with people who have gone through, are going through, or are anticipating going through menopause. How SBCV supports these individuals on this part of their journey, happening inside a veterinary practice, is part of our goal to support our members and their veterinary teams.

Supporting our members is, in fact, our primary goal, followed closely by promotion of the veterinary profession and advancement of the human-animal bond. These three goals are what propel us in the office to come to work each day, excited to see how we can help. Whether it's addressing member concerns, organizing CE, developing new programs, or simply working together to learn each other's strengths and how we can apply them to our work, we say that everything we do, we do for you. We live this ideal.

Sometimes, the trends or issues that come to us are ones where there are many sides to an issue. Like with artificial intelligence (AI).

This issue of *West Coast Veterinarian* includes a very deep dive into AI and how it's used—or could be used—in veterinary medicine. There are likely to be challenges around learning curves, limitations of AI, client hesitancy, and speed of adoption amongst practitioners. I can tell you that the first time I saw the AI-interpreted results of a diagnostic test done on my own dog, I was worried. I felt that the artificial part of intelligence might not pass muster; it might not be as good as real intelligence.

What will be required if AI is to play a significant role in veterinary medicine is educating the clients—including me. It will be key to demonstrate that AI is a starting point, not an ending one.

I encourage you to read this issue with a curious mind. They say the only certainties in life are death and taxes. I will add one more. Like it or not, the future is coming, and it will require change. The SBCV will do everything we can to help you prepare. [WCV](https://www.wcvet.com)

Email: wcveditor@gmail.com



WEST COAST VETERINARIAN ISSUE 58

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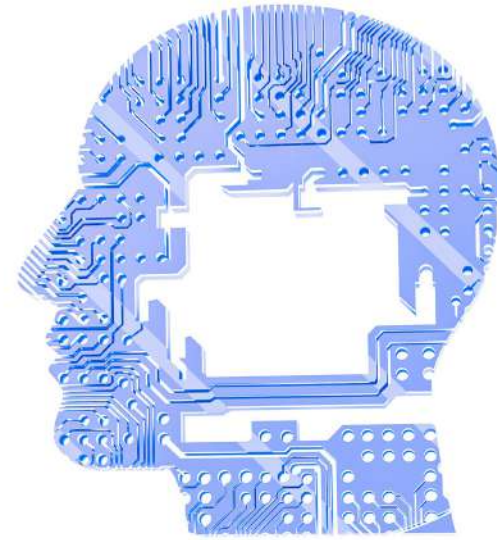
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EVERYTHING A BC VETERINARIAN NEEDS TO KNOW ABOUT ARTIFICIAL INTELLIGENCE



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RVT CASE STUDY

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AMANDA BOOTH, BSc, DVM, MVSc, ACVIM (LAIM), began her studies in an advanced entry program at Lakehead University at the age of 13 and graduated at 17 years of age with her BSc, obtaining the highest average in the university and winning the Lieutenant Governor's Medal and the Dean of Science Medal. She began her veterinary studies that year at the Western College of Veterinary Medicine (WCVM) in Saskatoon, graduating in 1983. Interested in pursuing a more in-depth knowledge of internal medicine, she completed an Internship and Residency in Internal Medicine at the University of Pennsylvania and the WCVM and became a board-certified specialist with the American College of Veterinary Internal Medicine in 1990. Dr. Booth established Saseenos Veterinary Services in 1989 and has focused on building a team committed to medical excellence while keeping compassion for both patients and owners in the forefront. Outside of work, she spends her time spoiling her four-legged family members and training her Canadian Warmblood gelding, Red, in classical dressage.



AMANDA BRACKETT, RVT, VTS (IM-Oncology), has been an RVT for over 10 years, working in the medical oncology service at Canada West Veterinary Specialists since 2015. At work, her passions include providing excellent care for oncology patients, chemotherapy safety, and providing education and training opportunities. She obtained her veterinary technician specialty in oncology in 2023 and enjoys participating in the Academy of Internal Medicine for Veterinary Technicians mentorship program.



CAMILA CAVALLI, PhD, is a postdoctoral research fellow in the Animal Welfare Program at the University of British Columbia. Her research focuses on dog behaviour, particularly the impact of life experiences on learning and welfare. Most of her previous research focuses on therapy dogs.



PETRA K. HARMS, DVM, is the founder and Chief Executive Officer of vetmaite.com. She is a speaker and artificial intelligence (AI) governance consultant, providing responsible AI advisory services, AI literacy education, and community engagement opportunities for the veterinary industry. Her goal is to help companies, licensing bodies, and practitioners navigate technological change and integrate AI into veterinary practice responsibly, safely and effectively. A practising emergency and primary care veterinarian since 2009, she is trained by the International Association of Privacy Professionals on AI governance and holds certificates of specialization from Harvard University and Leland Stanford Junior University on AI in healthcare. She is the proud owner of a White Swiss Shepherd, who is perfect in every way, except for his total inability to walk on a loose leash.



ELAINE KLEMMENSEN, DVM, CEC, is always up for an adventure, especially if it involves people, pets, and creating connections in veterinary medicine. A self-described nerd about leadership, workplace culture, and organizational development, Dr. Klemmensen is a Certified Executive Coach holding the Associate Certified Coach level certification with the International Coaching Federation as well as a certificate in Values-Based Leadership. Dedicated to helping veterinarians and their teams move from surviving to thriving, she founded Evolve Leadership Coaching and Consulting and is currently studying visual facilitation and strategic thinking. She lives in the beautiful West Kootenays and when not learning something new is most likely exploring the world by bicycle with her husband, Rob.

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Dear colleagues and members,

As we step into 2025, I want to take a moment to reflect on the past year and express my gratitude for the dedication and resilience of everyone in our veterinary community. While we continue to face familiar challenges, particularly in addressing workforce shortages, I am optimistic about the progress we are making together. Your commitment to helping find solutions and embracing new strategies is a testament to the strength of our profession.

It has been encouraging to see so many of you utilizing our wellness and resiliency programs. These resources are vital as we navigate the demands of our field, and your engagement demonstrates the value of prioritizing our well-being as a community. We are also happy to have finally launched an incredible endeavour—our PS4V program (peer support for veterinarians). This program saw us training peer support veterinarians who volunteer their time to provide confidential one-to-one support to their SBCV colleagues who request help with personal, professional, or regulatory issues. Peer support is defined as empathetic listening, acknowledging a peer's feelings and experiences, setting and keeping boundaries appropriate to the relationship, and supporting the peer in making positive decisions towards their health and wellbeing. They identify if a peer is in need of professional or community-based supports or services. They do not provide legal advice. We've had really good uptake in the program and are grateful that we are able to make a difference in this way.

The fall conference was another highlight of the year in November 2024, bringing us together to connect, learn, and grow. Seeing so many familiar faces was a reminder of the strong bonds we share, and the importance of collaboration in overcoming challenges. Next fall is going to be a full program held at our new, and hopefully long-term venue, the Sheraton Vancouver Airport Hotel and Richmond Conference Centre.

As we embark on this new year, I wish each of you a fantastic start to 2025. May it be a year filled with growth, success, and the continued strengthening of our profession. Thank you all for your dedication and for being an essential part of our veterinary community. [WCV](#)

As your CVMA President, it's my pleasure to update you on some of the CVMA's recent initiatives.

MARCH IS NATIONAL TICK AWARENESS MONTH

National Tick Awareness Month (NTAM), offered by the CVMA in partnership with Merck Animal Health, is a client-education initiative aimed at raising awareness about tick exposure risks and prevention. The 2025 theme, Will TICKS Get Through? Not With YOU!—Tick Prevention Steps to Keep Your Pets Safe, emphasizes the importance of preventive care. Visit the Veterinary Resources section of canadianveterinarians.net and ticktalkcanada.com for educational materials, graphics, and tools to support your client outreach efforts.

2025 CVMA CONVENTION—VICTORIA, BC | JUNE 25-29 | REGISTRATION OPENS MARCH 5

This year's convention offers Workshop Wednesday, a dynamic day of workshops designed to enhance your skills, connect you with fellow professionals, and explore topics that matter most to you. Another highlight, Sunday FUN-Day, combines education with exploration for an unforgettable experience. Begin your day with enriching continuing education sessions to expand your knowledge and skills, then spend the afternoon discovering the beauty and charm of Victoria. Visit the Education and Events section of canadianveterinarians.net for more information.

REGISTER NOW FOR THE WORKING MIND COURSES—WINTER SCHEDULE

The Working Mind program is a must for all veterinary staff as it addresses workplace mental health issues caused by inherent workplace stresses such as day-to-day workflow pressures, interpersonal relationships, and conflicts, and some unique to veterinary medicine like ethical and moral distress. Employees and managers who take this training have shown an increase in resiliency skills, a decrease in stigmatizing attitudes, and an increase in mental health well-being. Visit the Veterinary Health and Wellness section of canadianveterinarians.net to learn more and register.

CVMA ESTABLISHES PHARMACEUTICAL ACCESS ADVISORY COMMITTEE

The CVMA has established a Pharmaceutical Access Advisory Committee (PAAC) to provide advice on drug shortages, improving pharmaceutical access, and advocacy on product regulation while engaging relevant interested parties. In addition to other pertinent activities, the PAAC, which was created in October 2024, will analyze the current environment with respect to pharmaceutical access in Canada including drugs, veterinary health products, and vaccines and feed ingredients to identify access challenges and shortages that impact the availability of products required to treat animals. [WCV](#)

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Fraser Davidson, BVSc, grew up in Vancouver and spent most of his childhood adventuring around the West Coast (mainly the Gulf Islands and Whistler). He is a dual citizen of both Canada and New Zealand, where he trained to become a veterinarian. He graduated in 2005 and spent five years working and travelling around Europe before moving back to Canada in 2010. He and his family moved to Squamish in 2017 and opened Sea to Sky Veterinary Clinic late in 2021. Dr. Davidson has two wonderful children, 11 animals, and an amazing, loving, and supportive wife.



Timothy Arthur, DVM, is a companion animal veterinarian with a special interest in ophthalmology and wildlife medicine. He is a 1982 Ontario Veterinary College graduate who completed externships at Angel Memorial Animal Hospital in Boston and the University of Pennsylvania in Philadelphia, and after two years in practice, he established the Coxwell Animal Clinic in Toronto. Dr. Arthur has volunteered with the Toronto Academy of Veterinary Medicine, organized Toronto's Annual Rabies clinics, sat on the College of Veterinarians of Ontario (CVO) Complaints Committee, was part of the Ontario Veterinary Medical Association working group that established a voluntary fee guide for the profession, was a council member and president of the CVO, and was a board member and president of the Toronto Wildlife Centre. He lives in a bilingual family with son Jake, partner Jennifer, and multiple four-legged friends.

A WINDOW INTO SUMMER EMPLOYMENT CHALLENGES AND TRIUMPHS FOR WCVM STUDENTS

BY SHAWNA WILLIAMS, BSA



Kasey Keohane (WCVM class of 2027) conducting a procedure at her summer job placement.

Have you ever wondered how veterinary students spend their summers? The academic year typically ends in the first week of May and doesn't begin until mid-August, so that leaves about three and a half months of summer vacation for students to spend as they choose. Several students use that time to reconnect with family, travel, or volunteer at various organizations; however, the vast majority of Western College of Veterinary Medicine (WCVM) students choose to seek employment. Examples of jobs WCVM students have held over the years include working in veterinary practices, conducting research at the WCVM, working for government organizations, and working in a field unrelated to veterinary medicine that pays more than typical practice jobs. It will come as no shock to many that the financial costs of a veterinary education are high, and many students depend on summer employment to help cover costs. While money is a contributing factor in what jobs students will accept, it is often not the ultimate determinant for the masses. As SBCV Student Liaison, I spoke with current WCVM students on their experiences and plans for summer employment.

Students find jobs through a variety of avenues. Many choose to return to the practice they have worked at prior to being accepted into the WCVM and are able to pick up where they left off with newfound knowledge and skills

from school. WCVM faculty and student support also do a great service for students in communicating job postings and organizing a virtual job fair. At the job fair, students have the opportunity to meet via Zoom with various practices who are seeking summer students. Countless summer placements are a direct result of this job fair. In addition to posted jobs, plenty of students take it upon themselves to reach out to practices to see if they are willing and able to welcome a student to their team for the summer.

Summer job opportunities seem plentiful, and it is easy to expect that students would not face any adversity in securing employment in a veterinary medicine setting; however, that is not always the reality. Many students express frustration in the challenge to find an ideal placement in a veterinary practice for the summers. "It's something I don't look forward to every year. It's stressful and time-consuming to seek out clinics and figure out if the experience they are willing to offer to students aligns with my personal goals," shared a WCVM Student (BC, class of 2026). Not every practice offers a universal summer experience for students, and there is great variability in expectations and capacity to mentor across practices. Every student also has their own individual goals and interests that factor into the equation.

Another overarching theme of criticism from students is veterinary practices in many areas being unwilling to hire students that are not from their local community. It is understandable that with the shortage of veterinarians, practices are potentially more motivated to form relationships with and develop the skills of local students in hopes to attract those who are more likely to settle in the area upon graduation from the veterinary medicine program. That strategy calls forward the question of whether those practices are potentially doing themselves a disservice in counting out other students who have shown interest in employment. A WCVM student from Saskatchewan speaks to this: "I have

lived in many places and have family all across the country. I have no strong ties to any one community and do not know where I will practise upon completion of school. It is my hope that I will form a good relationship with a clinic over the summers to narrow down the possibilities, but I'm not sure how I will be able to do that when many clinics won't consider hiring me because I'm not from their hometown." If a practice chooses not to accept a particular student, they may be missing out on a potential future associate that may have become attached to the area if they had been given the opportunity.

Summer employment in veterinary practice is invaluable in contributing to the knowledge base of students. Working in a practice allows students to take what they have learned in the classroom and apply it to real cases. Skills that are taught in labs often give students limited time to practise, and therefore, the opportunity to repeat these skills in practice helps to develop clinical proficiency. BC students face a unique challenge with summer employment in comparison to students in other provinces due to provincial bylaws restricting what veterinary students are allowed to do in practice. "I had a great experience at my local clinic and do think I learned a lot. That being said, some of my friends from other provinces have gotten to do spays and neuters already, and that wasn't something that I was able to do working last summer in BC, so it's hard not to worry that I'm behind in developing some of my skills," notes a WCVM student (BC, class of 2027). The general consensus among BC students is the hope that these concerns can soon be addressed to prevent students from feeling at a disadvantage over the summers.

Summer clinical placements for veterinary students are instrumental in further development of clinical skills and personal growth in a way that cannot be replicated in the classroom. The opportunity afforded helps to build confidence and strengthen competency in the veterinary field. Students throughout the WCVM are grateful to the practices that have welcomed them and held supportive space for them to falter, make mistakes, learn, grow, and succeed. When you invest in a summer student, you are investing in the future of veterinary medicine. [WCV](#)

EDITOR'S NOTE: There are differing opinions on the issue of veterinary medicine students and their inclusion or exclusion as participants in surgeries. The SBCV is seeking clarification and certainty about this issue including its own review and understanding of the bylaw.

"COUNTLESS SUMMER PLACEMENTS ARE A DIRECT RESULT OF THIS JOB FAIR."



Shawna Williams (WCVM class of 2027) preparing for late night surgery at her summer job placement.



PHOTOS SUPPLIED BY SHAWNA WILLIAMS

Shawna Williams, BSA, WCVM class of 2027, is originally from Fraser Lake, BC. Before beginning her journey at WCVM, she completed a Bachelor of Science in Agriculture with a major in Animal Science at the University of Saskatchewan College of Agriculture and Bioresources. She looks forward to exploring her interest in mixed-animal general practice, with a focus on large-animal medicine and surgery.

WHAT DO WE KNOW ABOUT DOG TRAINERS IN BRITISH COLUMBIA?

BY CAMILA CAVALLI, PhD

Dog guardians often seek out the services of professional trainers to help teach their dogs basic manners, general obedience, and specific working and sport-related skills. In addition, veterinarians often recommend training to their clients as a remedy for unwanted behaviours and to help dogs overcome difficulties, such as fearful behaviour or separation anxiety.

Similarly, dog guardians often turn to veterinary professionals to ask which trainer they should hire. Finding and recommending trainers presents a challenge to both veterinarians and dog guardians because it is an unregulated profession without licensure or requirements for trainer credentials or training methods, and because trainers can disagree on their beliefs regarding how dogs should be trained.

The scientific evidence is clear that reward-based approaches are more effective and better protect dog welfare. Aversive-based methods have been associated with negative impacts on animal welfare, the human-animal bond, and training success. This has been recognized in the position statements of organizations such as the Canadian Veterinary Medical Association (CVMA, 2021) and the American Veterinary Society of Animal Behavior (AVSAB, 2021), which strongly recommend the use of reward-based training methods and discourage aversive-based approaches.

However, dog guardians do not necessarily know this when they search for a trainer. A company's website is often the first point of contact for selecting a trainer, and the quality and clarity of the information it provides can greatly influence this decision. Unfortunately, prior research (e.g., Johnson & Wynne, 2023; Todd, 2018) found that some of the barriers for guardians in adopting reward-based approaches include the poor quality of information that is available about training, including lack of transparency and accuracy.

In collaborative research from UBC and the BC SPCA, we set out to collect and analyze the information from 281 public websites of dog training businesses in British Columbia. The goal of the study was to learn about the training credentials, services, modes, and methods used.

We collected this information during 2023 and included the number of trainers, gender and training credentials of the lead trainer(s), training methodology, modes and types of training services, and whether other pet services were offered. We classified training method as

reward-based, aversive-based, or unclear. Types of training services included basic training, behavioural modification, separation anxiety, dog sports, and service and therapy dog training. Mode of training included in-person individual and group classes, online individual and group classes, self-paced videos, and day training (e.g., in-person training without the guardian present). We also collected data on other pet services the business offered, including daycare, boarding, pet sitting, cosmetic dental scaling, cat training, grooming, and dog walking.

A remarkable finding was that 72% of the businesses were identified as using only reward-based training methods, which is very promising for dog welfare in BC.

In line with prior research, we observed that it was more likely for reward-based training businesses than aversive-based businesses to list training credentials on their websites. Additionally, women outnumbered men as lead trainers and were also more likely to employ reward-based methods as well as hold training credentials.

We found that the most frequent mode of training offered was in-person individual sessions followed by in-person group classes. Moreover, online training via video calls was offered by approximately one-third of the businesses. These options potentially provide timely and accessible ways for guardians to receive training support without the need for travel. In addition, online sessions may also be beneficial for fearful or reactive dogs to receive professional training support without the added stress of interacting with an unfamiliar person, but more research is needed to compare the effectiveness of in-person and online training classes. In terms of types of services, we identified basic training as the most widely offered, followed by training for behavioural challenges. Finally, approximately one-quarter of the businesses offered animal-related services other than training. The most popular ones were boarding, daycare, and dog walking. Board-and-train as well as boarding (care only) services were more likely to be offered by aversive-based businesses, which underscores the need for guardians to find out more information about training methods when considering these services.


However, training methods were not clear on all websites, and approximately one-third of them did not include any training credentials. Conversely, the vast majority of companies provided easily accessible information about the modality and type of training services offered. This suggests that this is the type of

“VETERINARIANS CAN OFFER GUIDANCE TO GUARDIANS BY ASKING ABOUT THE WAY THEY TRAIN THEIR DOGS AS WELL AS EMPHASIZING THE BENEFITS OF REWARD-BASED APPROACHES.”

information that most dog guardians may prioritize when choosing a trainer, rather than focusing on the specific methods or credentials of the trainer.

A limitation of this research is that the information on a website may not always reflect the company's actual practices, whether intentionally or unintentionally. However, this mirrors the real-life challenge guardians face when relying on a website to choose a trainer.

A key takeaway for dog guardians and the veterinary community is the need to carefully scrutinize the educational qualifications of dog trainers. This includes asking about the methods and tools used during training sessions as well as seeking clarification about the trainer's credentials if they are unclear or unavailable. Veterinarians can offer guidance to guardians by asking about the way they train their dogs as well as emphasizing the benefits of reward-based approaches. Guardians in BC can be directed to the BC SPCA's AnimalKind program, which is a valuable resource listing accredited companies that have been confirmed to use only reward-based methods.

To save space, the references for this article are made available on the Chapter's website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. 



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FAQ: ADDRESSING PUBLIC CONCERNS ABOUT HIGHLY PATHOGENIC AVIAN INFLUENZA (HPAI)

BY THERESA BURNS, MSc, DVM, PhD

Highly pathogenic avian influenza (HPAI) is a severe viral infection primarily affecting birds, including both wild birds and domestic poultry. Wild birds, especially waterfowl, serve as natural reservoirs for avian influenza viruses. These birds often carry and shed the virus without showing any clinical signs, allowing it to persist in the environment and spread over long distances through migration. Since spring 2022, HPAI H5N1 has been affecting poultry farms in BC, as well as across North America. In 2024, the virus spilled over into dairy cattle in Texas and was then transmitted across the United States through interfarm movements.

In addition to being reportable to the Canadian Food Inspection Agency (CFIA), HPAI is provincially reportable in BC. This means any person with suspicion of HPAI in any domestic animal is required to report to the CFIA District Office and the BC Office of the Chief Veterinarian. If needed, testing can be arranged at the Animal Health Centre in Abbotsford.

This FAQ aims to provide information for BC veterinarians to help them address common questions from their clients, including outbreak responses, poultry supply, and the safety of poultry products.

WHY ARE POULTRY FLOCKS INFECTED WITH HPAI BEING HUMANELY DESTROYED, AND WHY IS THIS CONSIDERED NECESSARY?

The CFIA leads the response to avian influenza outbreaks, with support from the poultry industry and other partners. Canada's emergency response strategy aims to eradicate the disease and re-establish the country's disease-free status as quickly as possible. The humane destruction of all infected and exposed poultry is a critical disease control strategy that serves several key purposes:

1. Preventing animal suffering: Poultry infected with HPAI are generally severely ill and almost always die. The virus spreads rapidly and waiting for natural recovery could result in immense suffering and a significant impact on animal welfare.
2. Minimizing the spread of the disease: Strict quarantine and animal movement controls are implemented on all infected and exposed farms. All infected flocks are humanely destroyed, and their carcasses are disposed of in a biosecure and environmentally responsible manner. Infected premises are thoroughly cleaned and disinfected before new birds are introduced. This containment approach reduces the virus load in the environment, protects other farms, and minimizes the impacts on animal welfare, food security, and public health.
3. Maintaining trade stability: Countries may impose trade restrictions on poultry products from areas experiencing active HPAI outbreaks. Demonstrating effective disease control through containment and surveillance helps restore access to international markets. Without such measures, prolonged trade bans could severely impact farmers, the poultry industry, and overall food security.

WHY AREN'T WE SEEING LARGE NUMBERS OF DEAD WILD BIRDS IF HPAI IS VERY SERIOUS ON POULTRY FARMS?

The absence of visible dead wild birds in some areas does not mean bird populations there are unaffected by HPAI. There are several factors that can contribute to the misperception HPAI is not present in the area:

1. Asymptomatic carriers: Some wild bird species, particularly waterfowl, can carry and shed the virus without showing clinical symptoms, while others, like raptors and scavengers, are more susceptible and may die. Over time, wild bird populations tend to become more adapted to circulating strains and show less mortality.
2. Remote locations: Many wild birds are in unpopulated or remote areas where dead birds are less likely to be observed or reported by the public. Additionally, predators and scavengers often remove carcasses quickly, making them less visible to the public.

The BC HPAI wildlife surveillance program, available at www2.gov.bc.ca/gov/content/industry/agriculture-seafood/animals-and-crops/animal-health/office-of-the-chief-veterinarian/26527#AI, indicates that HPAI is causing increased mortality in wild birds in BC. Between October and December 2024, approximately 90 wild birds were confirmed to have HPAI in BC. Additionally, environmental sediment samples from wetlands in the Fraser Valley had high test positive rates. For up-to-date data on detections in wildlife and sediment in BC, visit the BC Highly Pathogenic Avian Influenza (HPAI) Detections dashboard at governmentofbc.maps.arcgis.com/apps/dashboards/8c6c84718e5748179102a0be2368029a.

“THE ABSENCE OF VISIBLE DEAD WILD BIRDS IN SOME AREAS DOES NOT MEAN BIRD POPULATIONS THERE ARE UNAFFECTED BY HPAI.”

DOES CANADA HAVE A PLAN FOR HPAI IN DAIRY CATTLE?

While the US dairy sector has been heavily impacted by HPAI, as of December 31, 2024, Canada has had no cases of HPAI in dairy cattle. Surveillance of milk is ongoing across Canada as this is an important method to support the early identification of cases. The Governments of Canada and BC have response plans in place should a case of HPAI be detected in cattle in Canada.


CAN HPAI BE TRANSMITTED TO HUMANS BY EATING POULTRY OR DAIRY PRODUCTS?

There is no evidence to suggest HPAI can be transmitted to humans through properly cooked and handled poultry or eggs. Additionally, regulatory requirements mandate the humane destruction of infected poultry on farms and prevent them from being processed for consumption, increasing food safety and reducing public health risks. Pasteurization is effective for inactivating HPAI in milk products.

Most reported human cases of avian influenza have been linked to close contact with infected poultry or dairy cattle or heavily contaminated environments. This is why public health recommendations are for people and pets to avoid exposure to infected birds, animals, and contaminated environments, and to use personal protective equipment where contact is unavoidable.

WHAT ABOUT PET FOOD?

Cats and dogs infected with HPAI may show respiratory and neurologic signs. Infections have been caused by direct contact and consumption of infected dead birds and raw milk. In addition, at least one case in an indoor cat in the US was linked to consumption of contaminated raw pet food. Cooked pet foods are not considered a risk. As of December 31, 2024, there have been no reported cases of HPAI infections in pet cats or dogs in BC.


Additional resources to learn the most up to date information on the current HPAI situation are made available on the Chapter's website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. 




Theresa Burns, MSc, DVM, PhD, is the Chief Veterinarian of BC and is the former director of Canadian Animal Health Surveillance System. She is a veterinary epidemiologist and has experience working as a practising veterinarian in mixed, equine, and small animal practices. She received MSc and DVM degrees from the Western College of Veterinary Medicine and a PhD in epidemiology from the University of Guelph. Over her career, Dr. Burns has had the opportunity to use methods from multiple disciplines to collaborate on complex issues at the interface of human, animal, and environmental health in Canada and in other countries. She is interested in understanding systems and stakeholder perspectives to develop real-world solutions to complex problems.

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RVT GROWTH, LEARNING, AND CONNECTION AT THE 2025 BCVTA SPRING CONFERENCE

BY AMBER GREGG, RVT

The BC Veterinary Technologists Association (BCVTA) has begun preparations for the 2025 Spring Conference, happening May 22–24, 2025, in Kamloops, BC. As the largest annual conference for Registered Veterinary Technologists (RVTs) in Western Canada, this event is designed to provide RVTs with the knowledge, skills, and connections they need to thrive in their careers—and ultimately support the success of all veterinary practices.

WHY INVEST IN YOUR RVTs?

Supporting your RVTs' career advancement and skills development through CE is a powerful way to show your commitment to their professional growth and satisfaction. Consider these key insights from the latest wage report:

- 76% of RVTs receive a CE allowance as part of their compensation package, yet 51% don't know how much is available or what it covers.
- Satisfaction with their current employer is closely tied to the level of support provided. RVTs value comprehensive support that includes travel, accommodation, and registration fees.
- Annual CE allowances vary widely, with 23% receiving under \$500, and 22% receiving \$1,100 or more. A competitive CE allowance signals your commitment to their development.

Make sure your RVTs are aware of their allowances and encourage them to use them for valuable opportunities like the BCVTA 2025 Spring Conference.

By supporting your RVTs' attendance at events like the Spring Conference, you are:

- **Enhancing Patient Care:** CE sessions sharpen skills in areas like emergency care, dentistry, pain management, and client communication.
- **Strengthening Your Team:** Encouraging RVTs to take advantage of their CE allowance boosts morale, reduces turnover, and positions your practice as a leader in veterinary excellence.
- **Meeting CE Requirements:** RVTs can earn all of their required continuing education credits in one weekend while learning from top industry experts.

WHAT'S ON THE AGENDA?

This year's conference theme, "Grow With Us," emphasizes personal and professional growth. Attendees can expect:

- **Top Industry Experts:** Confirmed speakers include:
 - Jolene Watson, RVT, Certified Executive Coach
 - Amy Newfield, MS, CVT, VTS (ECC)
 - Senani Ratnayake, RVT, BSc
 - Monica Thomas, RVT, VTS (ECC)
 - Lucie Langevin-Neil, RVT, PCC, CVPM
 - Robin Saar, RVT, VTS (Nutrition)

These experts will cover topics such as resiliency in the workplace, medical mistakes, nutrition recommendations, and oral health strategies.

- **Hands-On Learning:** Workshops provide practical, skills-based training, including:
 - Reassessment Campaign on Veterinary Resuscitation (RECOVER) CPR
 - Equine Rehabilitation
 - Navigating the Professional World
- **Networking Opportunities:** RVTs will connect with peers and industry partners at the Welcome Reception, vibrant trade show, and AVP Appreciation and Awards Dinner.
- **Accessible Learning Options:** The two-day format includes in-person and virtual attendance options, with recorded sessions available to meet CE requirements.

HELP YOUR RVTs THRIVE—REGISTER TODAY

Investing in your RVTs has been shown to improve job satisfaction and elevate the quality of care in your practice. With so much high-quality continuing education available, it's easier than ever to find opportunities tailored to your team's interests and skills.

For more details on BCVTA Spring Conference Registration, sponsorship opportunities, or the full conference schedule, visit: site.pheedloop.com/event/bcvta2025/home/.

We look forward to welcoming your RVTs to Kamloops in 2025 to "Grow With Us" and elevate the veterinary technology profession across BC. **WCV**



Amber Gregg, RVT, is the Executive Director and past President of the BCVTA. She graduated from the Thompson Rivers University veterinary technology program in 2007 and spent eight years in mixed-animal practice before gaining experience in not-for-profit management. She joined the BCVTA board of directors as Vice-President in 2020 and served a one-year term as President in 2021 before being appointed to the Executive Director position in 2022. Amber is grateful for everyone who made the BCVTA the strong and healthy organization it is today, and she is proud to work with the board of directors and members of the BCVTA to continue to advance the veterinary technology profession.



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1. Rufener L, Danelli V, Bertrand D, Sager H. The novel isoxazoline ectoparasiticide lotilaner (CredelioTM): a non-competitive antagonist specific to invertebrates γ-aminobutyric acid-gated chloride channels (GABA_ACl_s). *Parasites & Vectors*. 2017 Dec;10(1):1-5.

2. Reif, Kathryn E., et al. "Comparative speed of kill provided by lotilaner (Credelio™), sarolaner (Simparica Trio™), and afoxolaner (NexGard™) to control *Amblyomma americanum* infestations on dogs." *Parasites & Vectors* 17.1 (2024): 313.

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BRIDGING GAPS IN HEALTH AND SAFETY: AGSAFE'S EXPERTISE

BY STEPHANIE SWAIN

FROM
AGSAFE

Are there gaps in your health and safety program? AgSafe can help. Did you know that 13 health and safety associations in BC provide resources for specific industries, such as agriculture, forestry, mining, and trucking? In addition to providing safety consultation and education to all BC agricultural employers, AgSafe guides employers toward achieving the prestigious Certificate of Recognition (COR) in workplace health and safety. Recognized for excellence in both physical and psychological health, obtaining COR also brings the added benefit of incentive rebates from WorkSafeBC.

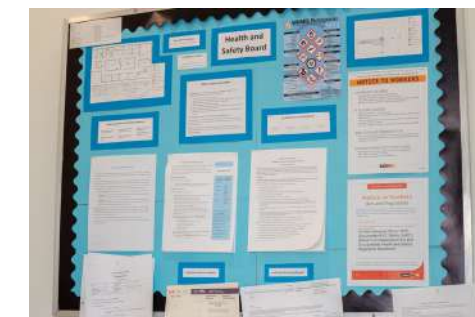
While veterinary practices are not direct members of AgSafe, WorkSafeBC aligns veterinary practices with the agricultural sector. This alignment allows AgSafe to assist veterinary practices in attaining their COR in health and safety.

Most BC veterinary practices already have strong occupational health and safety (OHS) programs and can quickly achieve COR status. The process begins by engaging with one of AgSafe's expert safety consultants or advisors, who are available across BC. This initial step involves a comprehensive GAP analysis, which includes:

- On-site assessment with your Regional Safety Consultant or Advisor.
- Detailed GAP Analysis report comparing your OHS program with provincial standards.
- Action plan outlining areas for improvement and detailing how close you are to achieving COR.
- Consultation and follow-up to support implementing necessary improvements.

A frequent gap in many safety programs is the lack of a focus on psychological health and safety. In BC, employers are responsible for addressing workplace factors that could negatively impact employees' psychological well-being. The approach to managing psychological health and safety mirrors that of physical health and safety, following three main steps:

1. Understanding the Risks
 - Identify conditions that could cause psychological harm, such as exposure to traumatic events or unclear work expectations.
2. Implementing Measures to Control the Risk
 - Control measures vary based on the identified hazards and risks but may include open communication, opportunities for workers to voice concerns, and peer support programs.
3. Communicating Safety Information
 - Provide orientation and training on psychological health and safety risks.
 - Ensure a process is in place for workers to identify and report psychological hazards.
 - Inform workers about WorkSafeBC mental health condition claims if they encounter work-related psychological injuries.



Health and safety board at Kamloops Veterinary Clinic.

Investing in health and safety is one of an employer's most valuable commitments. A robust health and safety program minimizes both the human and financial costs of work-related injuries and diseases and helps in retaining and attracting dedicated workers. There is no cost for a GAP analysis, and it is free to register for the COR program. If not quite ready for the COR certification and you require help developing your OHS management system, AgSafe has membership options for veterinary practices as external classification units. The COR program represents the gold standard for workplace safety in BC. Achieving COR certification offers numerous benefits, including WorkSafeBC premium rebates. I urge all veterinary practices in BC to contact an AgSafe representative for a comprehensive GAP analysis—you may be closer to achieving COR than you think.

As the COR Certifying Partner for BC's agricultural and associated industries, AgSafe offers a Certificate of Recognition (COR) program for employers of all sizes. For more information about AgSafe services or to contact a health and safety representative, visit agsafebc.ca. [WCV](https://www.wcv.com)



Stephanie Swain is the Certificate of Recognition (COR) Program Manager at AgSafe BC. She grew up in the Fraser Valley being surrounded by the diverse agriculture of the area. Stephanie has a background in Marketing and Hospitality Management from Douglas College, which led her to Conference Service Management. Over the years, she coordinated numerous health and safety conferences and events which made her familiar with the various associations like AgSafe BC. In 2015, Stephanie joined the team at AgSafe BC as the COR Program Administrator. While maintaining and helping to develop the COR Program, she has really enjoyed the interaction with all the different sectors of the agricultural industry and learns something new each day related to health & safety.

PHOTO BY AGSAFE

“HE HAD BEEN ADOPTED ONE WEEK EARLIER, WAS THE RUNT OF THE LITTER, AND HAD A HISTORY THAT A LITTERMATE HAD SIMILAR SYMPTOMS.”



Maverick, a juvenile Golden Retriever cross.

West Coast Veterinarian's "A Year in the Life" is a four-part column written by one veterinary specialist about one topic that has four distinct life phases. Through the course of the year, each instalment highlights how this topic affect animals at a certain life stage and what veterinarians should know about how to treat it. This year's focus is canine internal medicine.

INTERNAL MEDICINE IN THE JUVENILE CANINE

BY AMANDA BOOTH, BSc, DVM, MVSc, ACVIM (LAIM)

Dr. Booth's practice focuses only on small animals.

We've all seen them: The complex case with an owner with limited resources for diagnostics. This case series will try to provide some ideas about how we try to work through these cases when referral for major diagnostics is strictly limited due to finances or owner willingness. As long as the owner has been made aware of all diagnostic options, a stepwise approach and the use of clinical judgment may be the only available approach, as opposed to clear confirmation of every facet with diagnostic test results. If the outcome is good, perhaps it is not always bad medicine not to have every single test result on paper.

The first case involves a young puppy that was presented to my associate in January 2024. Maverick was an eleven-week-old male Golden Retriever cross belonging to the friend of a staff member. He had been adopted one week earlier, was the runt of the litter, and had a history that a littermate had similar symptoms. The owner's concerns were a one-day history of head tilt. There had been a head tilt reported by the veterinary practice that had done his first vaccines at eight weeks of age, but the owner had not noticed one until the previous day. He had also had diarrhea since the owner got him, with straining but no blood in the stool. Maverick was not vomiting, but he didn't have a great appetite. His diet was a commercial lamb and rice puppy kibble and canned food.

On physical exam, the temp was 37.5°C, heart rate was 116 beats per minute, and respiratory rate was 12 breaths per minute. He weighed 5.2 kg and had a body condition score (BCS) of 5/9. There were no remarkable findings on physical exam except mild head tilt to the left. Cranial nerve exam was unremarkable, and proprioceptive and spinal reflexes were normal.

Differentials for the head tilt at the time were otitis media/interna, infection such as distemper, congenital vestibular disease, and hepatic shunt.

Differentials for the diarrhea were parasites, food intolerance, toxin, infection, and other possibilities.

Financial resources were somewhat limited, but the owner was able to proceed with a general diagnostic screen and fecal evaluation. While awaiting results, Maverick was started on Bio-Sponge and FortiFlora and recommended a bland diet for 3-5 days (gastrointestinal (GI) low fat). It was discussed that if the head tilt persisted, a neurology referral could be considered.

Maverick's fecal ova and parasite evaluation were negative. His initial general diagnostic profile revealed a normal complete blood count (CBC), a high normal symmetric dimethylarginine (13), low creatinine (38) and blood urea nitrogen (BUN) (2.4), a high phosphorus (2.2), low potassium (3.6), high sodium:potassium ratio (41), and low total protein with low normal albumin and low globulins (21). The alkaline phosphatase (ALP) was increased (248). Creatinine kinase was also increased (258).

The differentials for the low creatinine and urea were possibly low muscle mass, portosystemic shunt, malnutrition, and variation due to age (neonate).

The high phosphorus was likely age and growth related. The mild hypokalemia was considered likely secondary to the diarrhea. The increased ALP was considered likely due to bone growth, but liver issues and shunt were still on the list.

When the owner was called with results, Maverick was doing better in terms of stool quality, but we still did proceed with larvicidal fenbendazole treatment.

RECHECK MID-JANUARY

On recheck two weeks later, Maverick's stools were normal two days after Bio-Sponge and FortiFlora were started. He had good energy overall, but the owner noticed that he started to get lethargic by afternoon. His head would hang more, and the head tilt became more obvious later in the day. His appetite was better, but he still didn't finish all his meals. He had also developed eye discharge two days earlier.

Maverick over the months.



Physical exam showed Maverick to be bright and alert, loving treats, with the left head tilt quite subtle, and moderate to severe greenish eye discharge in both eyes. No other localizing signs, but his body condition was becoming underweight with a BSC of 4/9.

He was treated with tobramycin eye drops, and when he was seen for vaccines a week later, his eyes had cleared up. It was recommended to transition back to a puppy food, hoping to improve his BCS.

Maverick was seen a month later for vaccines, at which time his stools were normal, and his eyes had cleared up. The owner had recently noticed an increase in the left head tilt and felt that Maverick was drinking an excessive amount of water and having occasional urinary accidents.

Physical exam was unremarkable except for the continued mild head tilt, and his weight had only increased to 5.5 kg from the first visit. His BCS was 3.5/9.

Due to financial constraints, further testing for poor weight gain and possible polyuria and polydipsia (PU/PD) was declined by the owner. It was requested that the owner measure his water intake to better document if he truly was polydipsic.

Two weeks later, Maverick re-presented because the owner noticed blood in the urine. A quick in-house ultrasound scan of the bladder did not reveal stones, but the bladder wall appeared very thickened. It was again discussed with the owner that the various signs—ongoing head tilt, water intake, failure to thrive, and poor body condition—could all relate to a liver shunt, but an abdominal ultrasound was again declined. The owner did agree to urinalysis, which revealed a urine specific gravity (USG) of 1.019, 1+ protein, 4+ white blood cells (WBC), 4+ red blood cells, occasional calcium oxalate crystals, and visible bacteria (rods). He was treated with five days of Clavaseptin. The owner also agreed to run a single postprandial bile acid to screen; finances did not allow a full bile acid panel. Postprandial bile acids were actually low (2.9), so a shunt was considered less likely.

The head tilt continued to be intermittently more noticeable to the owner and would reportedly wax and wane. At this time, we also obtained the history that the affected littermate had progressed to unremitting seizures and was euthanized. With this additional history, concerns such as possible hydrocephalus were also considered. Again, advanced imaging was not an option.

The blood in the urine initially resolved with Clavaseptin but then recurred three weeks later. At that time, USG on cystocentesis sample was 1.010, 2+ WBC, 2+ occult blood, potential hydrogen 8.0,

and the bladder wall still appeared thickened. Urine preculture was positive, so a full culture was done and revealed *Escherichia coli* sensitive to Clavaseptin. A further five-day course of Clavaseptin was given, and two weeks later, a repeat urinalysis showed a USG of 1.010 and clear sediment.

Maverick's symptoms had resolved at that time, and his neurological symptoms were also doing well.

Over the following two months, the blood in the urine was noticed intermittently by the owner, and the incontinence was continuing to be a problem. The owner was finally able to proceed financially with an abdominal ultrasound to better evaluate the urogenital system, liver, adrenals, and other organs.

The abdominal ultrasound revealed presumably congenital renal dysplasia with dilated renal pelvises and atrophied renal crests. The liver appeared normal except for moderate dilation of the common bile duct, and there was no obvious shunt. Although potentially age appropriate, the adrenal glands appeared small, so Addison's was still considered.

The owner did agree to repeat a general diagnostic panel, SNAP Lepto test, which was negative, and a random cortisol test to rule out Addison's. At that point, the kidney parameters were normal, except the BUN was still low at 1.7, the potassium was still a little low at 3.7, ALP was still mildly increased at 217, and cortisol was 136, ruling out Addison's.

We discussed with the owner that the long-term prognosis with renal dysplasia is uncertain, but for the time being, especially with a puppy, a renal diet would not be considered. Maverick was placed on a GI biome diet since he still had a sensitive GI tract, and he gained condition and improved clinically on that diet. Repeat bloodwork was recommended every 3–4 months to monitor renal function.

Maverick did fairly well clinically between April and July, but the owner re-presented him in July because he felt that the PU/PD was escalating and significantly affecting both Maverick's and the owner's quality of life. At that time, his USG was still 1.010, 1+ protein, and some occult blood (believed to be renal in origin, not bladder). Blood pressure was on average systolic 170, diastolic 115, mean 130 mmHg.

The owner was considering euthanasia due to the severity of symptoms of PU/PD. A discussion was pursued regarding attempted symptomatic relief with desmopressin.

A desmopressin trial was started in July, with 0.1 mg/ml desmopressin acetate administered intraocular twice daily. The owner reported a significant decrease in PU/PD, and reportedly, both of their qualities of life greatly improved.

“A QUICK IN-HOUSE ULTRASOUND SCAN OF THE BLADDER DID NOT REVEAL STONES, BUT THE BLADDER WALL APPEARED VERY THICKENED.”

Maverick continues on watchful monitoring and has been doing surprisingly well for the past five months. Though we cannot predict how long it will be until his renal dysplasia starts further affecting his kidney function, for the time being, he is a happy dog, his symptoms are reasonably controlled, his GI is stable on the biome diet, and his head tilt has not progressed and does not affect his quality of life. So, in spite of somewhat limited diagnostic options, this complex little guy is able to lead his best life, and we hope that progression will be gradual, and he and his dad will enjoy at least a few happy years together.

Addendum: Maverick was seen for his “routine” annual exam mid-February 2025. He looks awesome—perfect BCS, great skin and coat, and super happy and energetic. And the head tilt has fully resolved; one of the slight mysteries that with any luck we never solve because it's never a problem again. [WCV](#)



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*(Roald Dahl, Pure Imagination,
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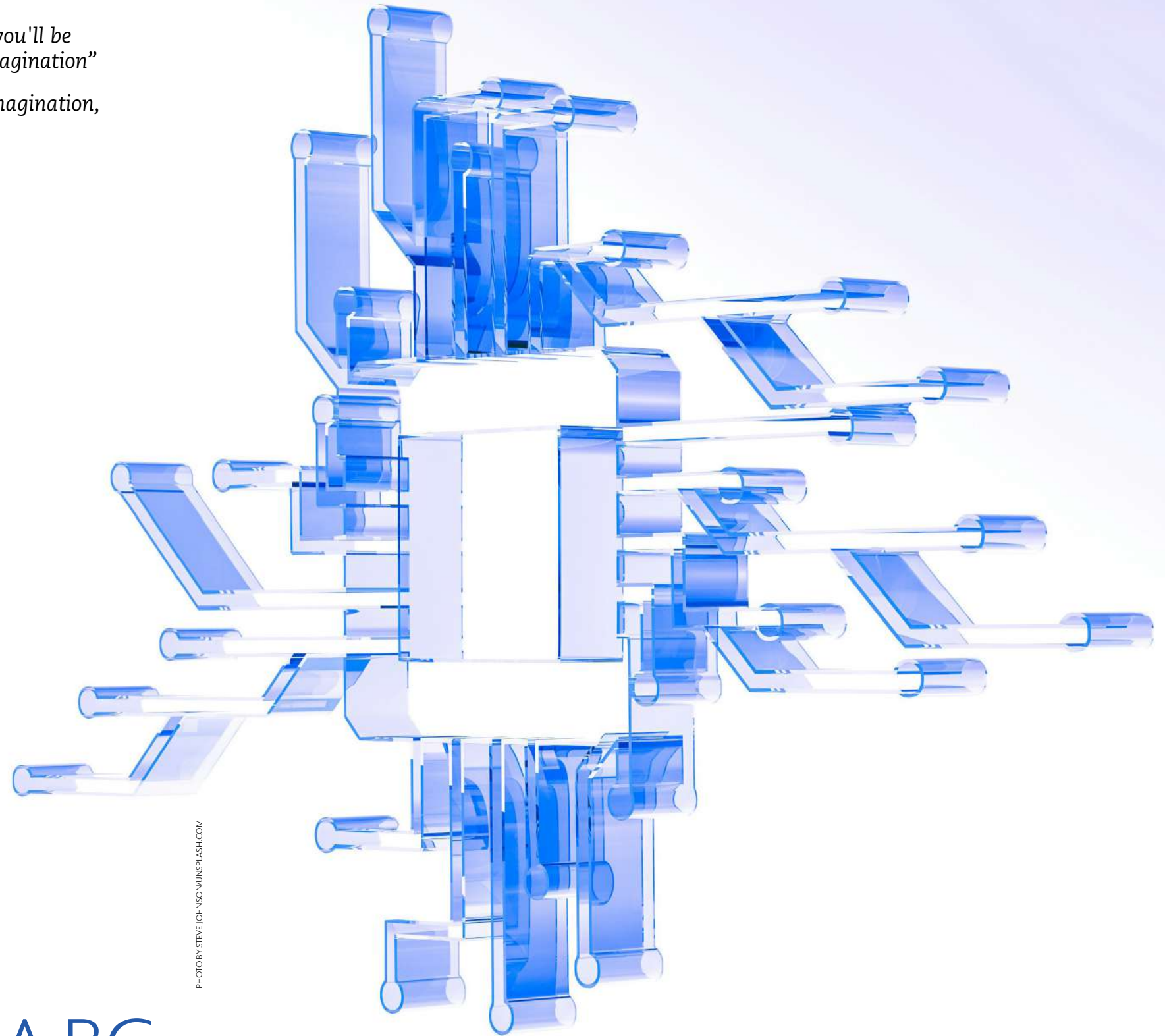
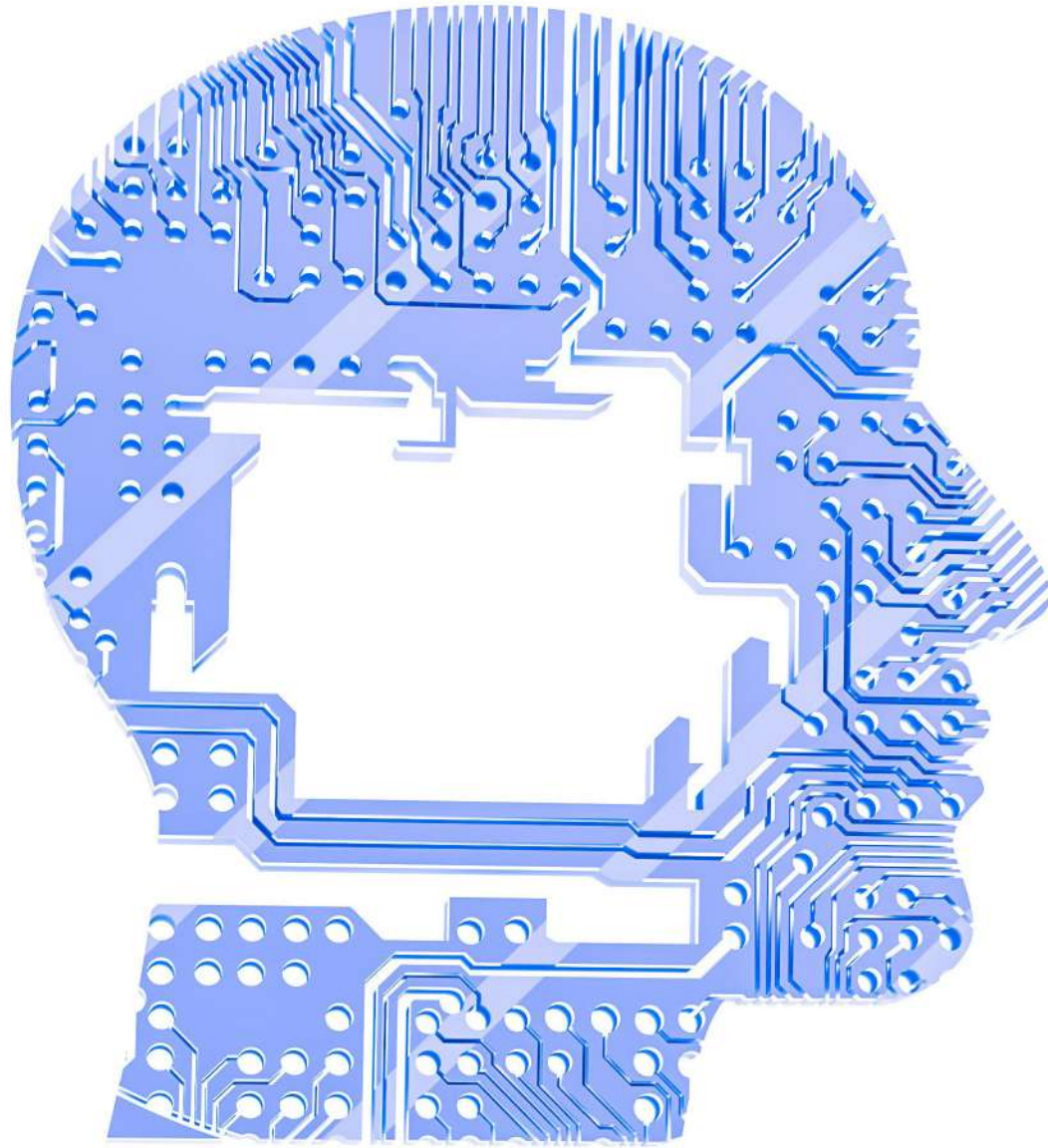


PHOTO BY STEVE JOHNSON@SHUTTERSTOCK.COM

EVERYTHING A BC VETERINARIAN NEEDS TO KNOW ABOUT

ARTIFICIAL INTELLIGENCE

BY PETRA HARMS, DVM

The veterinary industry blinked, and suddenly, there's a new phenomenon at our doorstep that sounds like science fiction and elicits varying degrees of hesitation and excitement depending on whom you ask.

Artificial intelligence—AI.

It has exploded in popularity over the past few years, shaken industries worldwide, and left regulatory agencies scrambling to catch-up. How do you wrap your head around this new thing to decide where you stand? How do you decide what is real in the maelstrom of hype and skepticism? How do you create a foothold in understanding what AI can and can't do for veterinary medicine?

Let's take a tour of AI in veterinary medicine at the dawn of 2025. We'll get a taste of what it really is, where it's being used now and where future potential lies, what dangers lurk in the shadows, and how we can head them off. It's a wide landscape, but if you settle in, grab a coffee, and follow your guide, you'll have a lay of the land by the time we're done.

MACHINE LEARNING, ALGORITHMS AND AI, OH MY!

Before we go any further, you should know what exactly AI is. Modern AI describes a technology that can make humanlike decisions based on algorithms created through machine learning. Got that? Yep. Clear as mud, I'm sure.

Let's take a couple of steps back and drill down to the very basics. As humans, we've always been obsessed with predicting things. Will it rain tomorrow? Will the Johnsons' dog bite me this year? What will the markets do? Will I get promoted? When we try to make a prediction, we're asking this: Will doing one thing cause this very specific other thing to happen? Or, put even more broadly, what does it take for one specific set of circumstances to bring about another set of circumstances or outcome?

Until machine learning was developed, making predictions was the domain of trial and error, fortune tellers, and data scientists. Let's focus on the data scientists. A data scientist would analyze datasets, meaning the numbers associated with two linked situations (like weather patterns on two separate days or market conditions and stock values), and try to create a mathematical formula that linked those numbers. The more accurate the mathematical formula (or series of calculations) was at describing the relationship between the two sets of numbers, the better it would be at predicting an outcome. For example, if you had a very accurate formula that described the relationship between weather patterns two days apart, you could then punch in today's weather patterns (an input), apply the formula, and get a prediction of what tomorrow's weather pattern would be (an output).

Designing the formulas to describe the relationship between two sets of numbers is long, tedious, and combines calculations with a lot of high-level guess and check. You start with your best guess at an appropriate formula, plug the first set of numbers into the formula (the input), and see if the calculation using the formula spits out something close to the second set of numbers (the output). Then, tweak the formula and try again. Keep any changes to the formula that make the inputs and outputs match better and toss any changes that make the match worse. The final relationship formula is one that can't be improved by any more tweaks, and it's called an algorithm because data scientists are fancy like that.

The problem with data scientists is that they're human. They can only take in so much information, think at a certain speed, and must eat, sleep, and take weekends and holidays (interns, residents, and PhD students excepted). Machine learning changed all of that when data scientists outsourced the formula-making process to computers. The "learning" part of machine learning is basically a program that has been designed to start with a formula, apply it to a set of input numbers, independently check to see how well the output (or prediction) matches the related set of numbers, and then tweak the formula (again and again and again) so that it becomes increasingly more accurate at representing the relationship between those two sets of numbers. This ability to automatically modify the algorithm, until it is as accurate as possible, is at the core of machine learning.

Machine learning massively speeds up the guess and check process. Since computers care much less about how long a formula is, and since they can be fed vast amounts of different types of data, a machine learning algorithm (remember, it's just a formula) can become mind-bogglingly complex to account for increased variety in the data. Machine learning is also incredibly versatile, because anything that can be reduced to numbers (including images and even words in text) can then be used as datasets to build prediction algorithms.

What you've just read simplifies the idea of machine learning to its most basic building blocks. In reality, those building blocks have been stacked and combined by the hundreds or thousands in a variety of ways to process different types of datasets, make different types of predictions, and even identify previously unknown relationships in data. Neural networks, decision trees, and convolutional neural networks are all examples of different ways to stack those building blocks. No matter how complex though, at its very core machine learning boils down to this: It is a way of processing information that enables a computer program to discover the most accurate formula (algorithm) possible to describe the relationship between two sets of numbers.

Once machine learning has identified a reliable enough algorithm, you can combine that algorithm with hardware and software that make up an interface (ways of interacting with the surrounding world, like sensors or displays), as well as instructions on what to do with the output information once an output is created. Voila—modern artificial intelligence technology. You have just created a tool that takes in information as input data, uses an algorithm to create outputs, and makes decisions based on the outputs.

As machine learning tools and the programs that they are attached to become increasingly more sophisticated, the AI technology that you end up with can simulate human reasoning. So, the newly upgraded filter that identifies and dumps (output and decision) spam email (input) in your junk box? ChatGPT choosing the next word in a sentence (output) depending on what you asked it (input)? The AI radiology service that classifies x-rays (input) as representing lung cancer or not (output and decision). These are all variations on the theme of AI.

WHAT MAKES ARTIFICIAL INTELLIGENCE IMPORTANT

AI is making waves across industries because of its potential and realized abilities to independently perform tasks using human-like reasoning. Many tasks that previously needed a human touch can now be outsourced to machines. If that statement sounds a little bit fraught, well, that's because it is. AI technology is capable of increasing efficiency, thus lightening a workload so that human and financial resources can better be applied elsewhere. It can also facilitate discoveries that would have taken traditional scientific methods decades to achieve. At the same time, the use of AI opens a whole new Pandora's box of potential problems, which we've only begun to explore.

AI USE IN HUMAN MEDICINE

Human healthcare has applied, or is working to apply, AI technology at nearly all levels of the care hierarchy. In "Innovation and challenges of artificial intelligence technology in personalized healthcare," the authors describe AI use in personalized healthcare, including development of virtual assistant chatbots for round-the-clock patient education and support, personalized patient scheduling/communication platforms, wearable biometric monitoring devices paired with smartphone applications, genomics data analysis to optimize cancer treatments or minimize drug side effects, and creation of predictive models that can forecast Alzheimer's progression, predict cardiovascular risk, or risk of surgical complications.¹ Beyond personalized medicine, AI technology in human medicine is being used in drug discovery by scanning vast reams of medical data and/or predictive protein folding patterns to identify promising compounds such as new antibiotics, cancer treatments, viruses, and chronic diseases.² It's helping physicians claw back precious hours of in-clinic time through the use of AI scribes to generate medical records and is being fine-tuned to summarize medical histories.^{3,4} In human healthcare education, AI technology is being explored as an educational aid to help ensure that students receive a personalized curriculum designed to shore up any weaknesses in their skill sets.⁵ AI has aided human public health delivery via spatial modeling, risk prediction, misinformation control, public health surveillance, disease forecasting, pandemic/epidemic modeling, and health diagnosis.⁶ AI technology is being used in diagnostic settings to increase the speed, efficiency, and/or accuracy of image-based diagnostics in radiographs, CT scans, and retinal image assessments, and has opened up an entirely new field of diagnostic imaging called radiomics.^{7,8} Which is very, very cool. Seriously. Google it.

AI USE IN THE VETERINARY MEDICINE SPACE

Compared to the use of AI in human medicine, the veterinary industry has arrived relatively late to the game. On one hand, this isn't surprising—we've often ridden human healthcare's coattails when it comes to new technology and advancements. On the other hand, this represents a potential missed opportunity. While the rate of innovation in human healthcare is moderated by a complex system of health information privacy laws and regulations governing the legal use of medical devices, veterinary medicine in Canada has thus far been left to its own means (more on that later). Despite a slower start, the market has seen an uptick in technological offerings over the past four to five years. The majority of ready-to-use services that we're seeing for veterinarians fall into three categories: medical record scribes and similar programs, diagnostic imaging services, and AI-powered veterinary pathology tools. Medical record scribes offer ambient note taking—recording devices in the exam room capture, filter, and record the patient medical history and exam based on the veterinarian's conversation with the owner. Some scribe services exist as standalone apps that integrate into an existing electronic medical record (EMR) system, and some come packaged within an entire EMR ecosystem. Many of these services add value by offering summaries of medical histories or AI generated discharge instructions, and many come with a free trial period for the AI "curious but not committed." On the diagnostic side, multiple smaller start-ups are competing for a slice of the pie against established players, like Antech and Idexx, to automate diagnoses based on radiographs or microscopic images.

Research is also starting to trickle in on the use of AI tools in advanced imaging (ultrasound, CT scans, MRIs).⁹ It's only a matter of time before the technology is offered on the market in this sector. On the client-facing side, pet owner interface tools, such as wearable vital signs sensors for pets and animal-health-oriented chatbots (cat-gpt.com being one example) are starting to pop up. When well-designed, these tools may improve client engagement in their pet health monitoring and are worth considering as resources that you can provide to clients.

THE INFLUENCE OF CHATGPT

ChatGPT is a type of AI technology based on a large language model. The dataset that was used to train the model consisted of vast amounts of text from publicly available resources, like books, websites, online articles, and research papers. The goal was to create a program capable of understanding and creating humanlike text in a variety of contexts. ChatGPT's effectiveness and ease of use have made it and similar models very popular with the general public, often being used as question-answering tools, text generators, and information summarizers.

“COMPARED TO THE USE OF AI IN HUMAN MEDICINE, THE VETERINARY INDUSTRY HAS ARRIVED RELATIVELY LATE TO THE GAME.”

You said:

My dog has bloody diarrhea. What should I do?

ChatGPT said:

I'm sorry your dog is experiencing this issue. Bloody diarrhea can be caused by a variety of conditions, some of which require immediate attention. Here are some steps to take:

Assess Your Dog's Condition: Check for other symptoms like vomiting, lethargy, loss of appetite, or signs of pain.

Note the color and consistency of the diarrhea, as well as any unusual smells.

Call Your Veterinarian: Contact your vet right away to describe the symptoms. Bloody diarrhea can indicate serious conditions such as infections, parasites, poisoning, or internal injuries.

Avoid Home Remedies: Do not administer any over-the-counter medications or human medications without veterinary guidance, as they can make the condition worse.

Provide Comfort: Keep your dog hydrated with fresh water.

Temporarily withhold food for 12-24 hours (only if advised by your vet) to let the digestive system rest, then reintroduce a bland diet like boiled chicken and rice.

Collect a Sample: If possible, collect a stool sample to bring to your vet for analysis.

Emergency Situations: If your dog seems extremely unwell, is vomiting blood, or is showing signs of shock (pale gums, rapid breathing, weakness), go to an emergency veterinary clinic immediately.

Prompt action is essential to ensure your dog gets the appropriate care.

You said:

What might be causing his symptoms?

ChatGPT said:

Bloody diarrhea in dogs can have various causes, ranging from mild to life-threatening. Common causes include:

1. Dietary Issues:

Dietary Indiscretion: Eating something spoiled, toxic, or unusual (e.g., garbage, human food).

Food Intolerance or Allergy: Reaction to a new diet or specific ingredients.

2. Gastrointestinal Disorders:

Hemorrhagic Gastroenteritis (HGE): Sudden onset of severe diarrhea with blood, often seen in small breed dogs.

Inflammatory Bowel Disease (IBD): Chronic inflammation of the intestines.

Gastrointestinal Ulcers: Often caused by medications, stress, or other underlying conditions.

3. Infections:

Bacterial Infections: Salmonella, E. coli, or Clostridium.

Viral Infections: Parvovirus (especially in unvaccinated puppies), distemper.

Parasitic Infections: Worms (hookworms, whipworms) or protozoa (Giardia, coccidia).

4. Toxins:

Poisoning: Ingesting toxic substances like chocolate, antifreeze, certain plants, or chemicals.

Medications: Side effects of NSAIDs, antibiotics, or steroids.

5. Stress:

Stress Colitis: Triggered by anxiety, changes in routine, or travel.

6. Physical Trauma:

Foreign Body Ingestion: Swallowed objects causing irritation or blockage.

Intestinal Injury: Damage to the intestines from sharp objects or trauma.

7. Systemic Illnesses:

Liver or Kidney Disease: Impacting digestion and causing gastrointestinal symptoms.

Pancreatitis: Inflammation of the pancreas.

Clotting Disorders: Issues with blood clotting can result in bleeding.

8. Cancer or Tumors:

Gastrointestinal Tumors: Rare, but can cause bleeding in the digestive tract.

If your dog has additional symptoms like lethargy, vomiting, or pale gums, it could indicate a more severe problem requiring urgent veterinary care. A veterinarian will perform diagnostic tests such as blood work, stool analysis, X-rays, or ultrasounds to determine the cause.

You said:

The vet told me to monitor his signs overnight, and my dog died. What did the vet do wrong?

ChatGPT said:

I'm very sorry to hear about your dog's passing. Losing a pet is incredibly painful, and it's natural to want to understand what happened. To assess whether the veterinarian made an error, it's important to consider the situation holistically.

What Might Have Happened

Severity of the Condition: Some conditions causing bloody diarrhea, such as hemorrhagic gastroenteritis (HGE), severe infections, or internal bleeding, can escalate rapidly and unpredictably, even with veterinary advice. Conditions like parvovirus, pancreatitis, or poisoning can sometimes worsen faster than expected.

Limitations of Diagnosis: If the vet didn't conduct diagnostic tests (e.g., blood work, imaging, or stool analysis) and relied solely on symptom observation, it might have limited their ability to assess the severity of the issue.

Unpredictable Progression: In some cases, the progression of illness is so sudden that even immediate treatment might not change the outcome.

Communication: If the vet advised monitoring without sufficiently explaining what signs required immediate return to the clinic (e.g., worsening lethargy, vomiting, pale gums, or difficulty breathing), this could have led to confusion.

Did the Vet Do Something Wrong?

Veterinary care involves assessing symptoms, ruling out causes, and deciding the best course of action based on the information available. However:

Misjudgment of Severity: If your dog's symptoms warranted emergency care, and this wasn't recommended, it might indicate a misjudgment.

Lack of Testing: Not performing or suggesting further tests (if warranted) could be seen as insufficient care.

Inadequate Guidance: Failing to provide clear instructions about what signs required urgent re-evaluation could be an oversight.

Steps You Can Take

Request Records: Ask the vet for your dog's medical records, including the history of the visit, their notes, and any diagnostic results.

Seek a Second Opinion: Consult another veterinarian to review the records and provide insight into whether anything could have been done differently.

File a Complaint (if necessary): If you believe there was negligence, you can file a formal complaint with the local veterinary regulatory body.

Consider Grief Counseling: Losing a pet is deeply emotional, and support can help you process the loss.

Sometimes, despite the best intentions and care, outcomes are tragic and unforeseen. It may bring you some peace to learn more about what happened and whether it was preventable.



We can't underestimate the influence that ChatGPT can have on our client interactions. The ability to have a conversation with a source of apparently bottomless knowledge makes it easier for pet owners to become much better-informed consumers. Better-informed clients can be a boon in that they may come to your hospital already primed with a differentials list and a desire to perform an appropriate workup. ChatGPT may motivate the hesitant owner of a sick pet to schedule a veterinary appointment sooner than they might otherwise. All of this clearly benefits the pets but may also come with additional challenges to the veterinarian. We need to be prepared for clients who can rapidly become thoroughly informed on pretty much any disease process. Before ChatGPT, five minutes on the Internet wasn't enough time to become a medical authority on anything. Now, ChatGPT can easily instruct your client on the gold standard for stabilizing a gastric dilation and volvulus in five minutes or less. By the time you return to the exam room, after checking the abdominal radiographs, you may find yourself answering more detailed and nuanced questions about your patient's care than you are used to. In making information on veterinary care more easily accessible, ChatGPT can increase your clients' empowerment in making medical decisions while also raising the bar for their expectations of you as the veterinarian.

THE DARK SIDE OF AI

If you're reading this and thinking that maybe we've been given just enough leash to hang ourselves with—you're not wrong. AI capabilities are evolving at an incredibly and increasingly rapid pace. Staffing shortages and the time suck of EMRs have made the veterinary workforce desperate for labour-saving solutions. AI technology has stepped in to meet that demand. In the rush of supply meeting demand, the issues of regulation and governance of this technology are being left behind within the veterinary industry.

RESPONSIBLE USE GUIDELINES AND REGULATORY BODY GOVERNANCE

Of the veterinary regulatory bodies in North America, the American Veterinary Medical Association (AVMA) has taken a leading role in addressing the challenges and opportunities that come with AI technology. On December 30, 2024, AVMA board chairman Dr. Robert Knapp reported that the AVMA has formed a Task Force on Emerging Technologies and Innovation. Its goal is to identify emerging technologies for veterinary services, develop responsible policies for their use, and consider the establishment of a standing committee for ongoing review and oversight.¹⁰ This is a necessary and overdue step as AI-based scribes and diagnostic aids are already in use and rapidly proliferating throughout the industry. Here in Canada, the silence of the veterinary regulators is noticeable. I could find no mention of AI technology on the CVBC's (our provincial regulator) website and a phone call to the deputy registrar requesting information on the topic had not been returned by the time of this submission. The CVMA lists Technology and Veterinary Medicine as a priority area in its Policy and Outreach section; however, only telemedicine is specifically referenced. The CVMA does have a position statement entitled Artificial Intelligence in Veterinary Medicine dated October 12, 2023 which states, amongst other things, that scientific rigour should be observed in the development of AI technology, and should be delivered to veterinarians in accordance with their provincial regulators' policies.

This complete lack of governance oversight and recommendations for responsible use of AI technology is a problem. As veterinarians, we're trained to have a good understanding of the risks and benefits of the treatments and diagnostics that we use. We've been steeped in the ideas of scientific rigor, learning to critically evaluate claims about the tools at our disposal before trusting our patients' lives, client satisfaction, and our professional reputations to the use of those tools. We must not abandon those principles now. When it comes to using AI technology, our licenses are on the line when our patients or clients are harmed by something that we do or fail to do. Being ignorant of the risks of the AI technology that we use will not stand up to scrutiny by licensing bodies or privacy regulators. It is vital that we better understand these risks and how to manage them.

PRACTICAL RISKS OF AI TOOLS

Because of the way that machine learning works, the practical risks that come with AI tools, such as bias and hallucinations, are baked into them.

DATA BIAS

Machine learning creates algorithms to define relationships within and between sets of data. If the data itself is biased (let's say that the data was gathered on a population of animals that isn't representative of the type of animal that you're treating), then the algorithm created will be biased as well. An AI tool based on that algorithm will then make biased decisions because of the bias in the original source data. The problem of data bias is nothing new—think about the safety and efficacy data on ivermectin. If gathered on a population of Beagles, the data does not represent the safety profile of the drug in Collies prone to multidrug resistance mutation 1. The importance of representative source data hasn't changed with the advent of machine learning and AI technology. What has changed is the risk that bad data will be used in decision making. When it comes to safety and efficacy testing of drugs, for example, there are long-standing, rigorous, accepted industry standards in place that drug development companies must follow in order to get drug approval. Those standards protect us as consumers, allow us to trust that the data used in the studies is appropriate for our uses, and that we can confidently make decisions based on the results of those studies.

PHOTO BY NAHRIZUL KADRINUNSLASH.COM

In machine learning and AI technology in veterinary medicine, there are no standards for quality control of the source data, the machine learning methodology, or the programming of the AI tool. If we trust the assessment and recommendation of an AI tool, we are trusting that the developers

- have access to high-quality, representative data to train their machine learning model on the desired topic.
- have a comprehensive understanding of where the potential risk of bias in the source data lie and have appropriately addressed those risks.
- have the resources to perform their responsible due diligence.
- have evaluated their finished product to ensure that the bias has been prevented.

That's a lot of trust, and until you ask the right questions of the technology developer, you won't know if it's been well placed.

HALLUCINATIONS

An oft-mentioned risk of AI technology, hallucinations are predictions, conclusions, data generation, or recommendations created by AI tools that are inaccurate or sometimes entirely made up. Unfortunately, they're often also very convincing, to the point that they can be hard to distinguish from reality. Until the industry finds a way to prevent hallucinations, you need to be aware of the very real risk AI tools carry to generate false or misleading content.

PRIVACY RISKS

The use of AI tools puts us into the position of collecting data from clients and generating data in the form of EMRs or insurance claims. This exposes us to a new type of risk. Our patient and client data may be collected by the AI programs for further training of machine learning models. One of our duties as veterinarians is to ensure that our client data is protected from release without their consent. This means that we need to find out how the data that we collect and generate through our AI programs is being used; data must be securely stored, and clients must be able to appropriately provide informed consent to the use of their data when engaging with AI tools. Take the use of ChatGPT, for example. It's excellent at taking complex written work and reducing it into simple, easy-to-use summaries, which makes it a great tool to create summaries of medical diseases for clients. It's also tempting to upload your patient's medical history in order

to generate a summary for your own use. This is a bad idea, as ChatGPT does not provide any guarantee that your uploaded client data will not be used to further train the model. As the guardians of your clients' confidential information, you are liable if that information is released outside of clinic use. Of course, it is not quite that simple. There are many unknowns with patients and client data privacy obligations, and rather than guess what the near future may look like (it may well be dependent on CVMA advice or CVBC regulation), my best advice is for those with concerns to seek the advice of a lawyer familiar with privacy law, or err on the side of caution and should consider all of the information in the medical record as a client's private information, which cannot be released to third parties without explicit consent of the client.

In the absence of established performance and quality control standards, we as consumers have to bear the responsibility of ensuring that the AI tools that we are using pass muster.

LARGER RISKS OF AI TECHNOLOGY IN THE VETERINARY INDUSTRY

Implementing AI technology will change how veterinary care operates. We hope that change will be for the better, with improved efficiency, effectiveness, and access to care. At the same time, we need to make sure that we aren't so focused on the day-to-day applications of the technology that we lose track of the macro changes that it may make in the industry.

AI technology is now as effective or more effective than physicians at diagnosing disease in controlled conditions.¹¹ AI-assisted diagnoses and treatment recommendations are just around the corner, if not already in place by the time of this publishing. The usefulness of these features goes without saying, but we need to be careful about how we approach their implementation.

PHYSICIAN DIAGNOSTIC RESILIENCE

One of our strengths as veterinary professionals is our diagnostic thinking ability. The steps we take to gather data, build a differentials list, and move through a diagnostics process in order to reach a conclusion are a skillset that takes time to learn and practise to perfection. If the diagnostic process is taken over for us, we expose ourselves to the risk that our critical thinking skills may atrophy or, in the case of future veterinary graduates, never get honed at all. The obvious flaw here is that even if the technology can do the thinking for us, we need to be able to take over if the technology fails. Much like using self-driving cars, if the program makes a mistake or suddenly goes completely offline, we need to be able to confidently steer to our destination. Many of us have felt the pain of a power outage causing havoc with our EMR and billing systems. A service interruption, natural disaster, or conflict would leave us and our patients much more vulnerable if we outsource our diagnostic thinking practice to AI programs.

SHIFTING GOALPOSTS

A second risk we should be aware of is a paradoxical increase in workload that may come with AI implementation. Assuming AI technology helps us become more efficient with our EMRs, it may be tempting for veterinary organizations to capitalize on this regained time by fitting more appointments into a day's work. While it is admirable to want to provide more care for our patients more quickly, we do need to keep in mind that the goal of gaining time back from paperwork is to lessen the burnout experienced by veterinarians. If we are not careful to safeguard the benefits that come with having a more efficient record-keeping process, we may find that the pressure to perform more and more will eat away at those benefits.

WHO IS SERVING WHO?

Finally, we need to always advocate for the user experience of the veterinarian when it comes to new AI tools. The adjustment to EMRs two decades ago

delivered a painful lesson in what can happen when new efficiency-improving technology gets implemented without a clear idea of who the technology is supposed to serve. EMR programs were touted as a perfect solution to simultaneously track inventory, monitor production, bill and schedule clients, and maintain medical records. Many ultimately failed to improve veterinary efficiency when it came to record-keeping at all. As AI is introduced as a new technology to fix flaws of the old technology, we need to firmly maintain the focus on the veterinarian this time around. The tool must be successful at making the veterinarian's life easier, by decreasing the number of steps that the veterinarian and their team take to finish a task. Poorly designed or integrated tools may just shuffle the labour around instead of decreasing it, requiring multi-step set-up and sign-in options, copying and pasting of files, or rereading and correction of errors in automated notes. If that is the case, the purpose of the tool is defeated. We need to make sure we're not just using AI technology for AI technology's sake.

WHERE WILL AI TECHNOLOGY TAKE US FROM HERE?

As a profession, we are lucky that AI technology can't replace us because our jobs are so much more than data entry, answering medical questions, and scheduling. A computer program can't calm a panicked owner dealing with their pet's medical crisis. It can't tease out a medical history from an owner with early onset dementia while ensuring that they have a family member alongside to support the care of their pet. AI can't hold the hand of a grieving pet parent as they decide that the time has come to say goodbye. It can't soothe a frightened pup while giving vaccines, decide how to manage a stressed cat that needs blood collected, or examine a lovebird for egg binding. It can't help a bewildered and frightened client navigate whether they can financially and logistically manage their pet's chronic disease diagnosis, treatment, and monitoring long term. It can't make a frightened dog just a little bit happier about walking into a clinic with the judicious application of liver treats and butt scratches. It will be a very, very long time before AI can successfully perform surgery on the variety of patients that we face. The core of our profession comes from our teams' abilities to create a human connection with animals and their owners and to help them manage their unique medical circumstances. That core has been stressed lately, as lack of staffing and increase in paperwork have taken us away from the things that make this career meaningful. For practising veterinarians, AI technology promises to help bring us closer to why we chose this gig in the first place—more time spent face to face with the furry creatures and the ones who love them. Our job is to safely shepherd the change to AI integration and to avoid problems early in the process, so we don't get burned before our industry learns how to manage the risks of these tools. We need to educate ourselves about our responsibilities to our teams, our patients, and our clients when it comes to our use of AI technology and then do our due diligence to meet these responsibilities. We need to critically evaluate the AI technology that comes to market, so we know when it can be safely and effectively used. We need to advocate for responsible use guidelines from our governing bodies, and we need to be proactive within our own organizations to create frameworks for responsible AI use. We need to set firm expectations with our tool providers and within our industry that, this time, the shiny new technology will work to make our lives easier instead of the other way around. AI technology will raise our industry to new level, and we need to keep pace.

To save space, the references for this article are made available on the Chapter's website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. [WCV](#)

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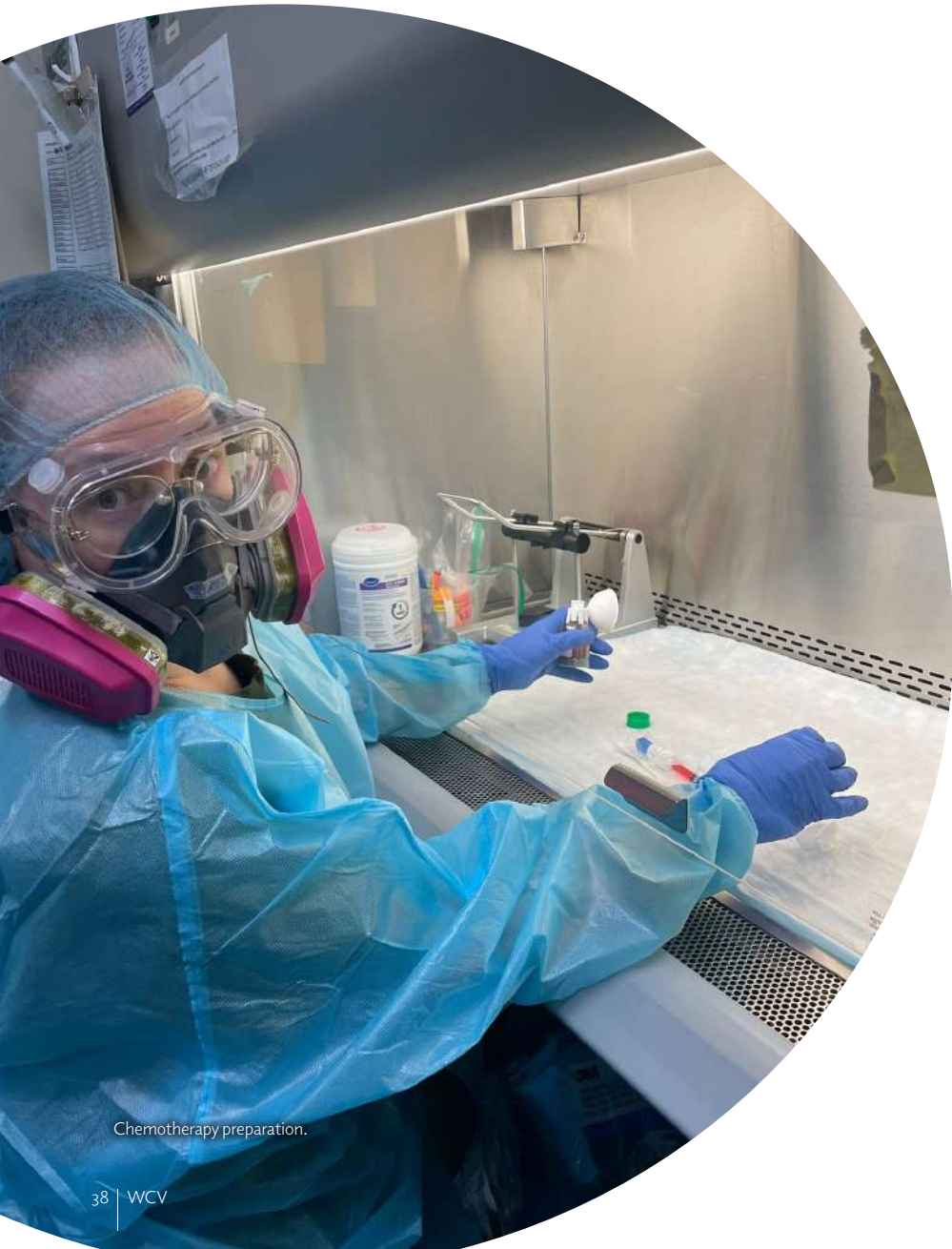
Brad Cotter, DVM, MSc, DACVR

Dr. Brad Cotter was raised in Pender Harbour, on the Sunshine Coast of British Columbia and was a 2001 graduate of the Western College of Veterinary Medicine (University of Saskatchewan). He became a board-certified diplomat of the American College of Veterinary Radiologists (ACVR) in 2021 after completing an imaging internship and residency at the University of Saskatchewan. This new endeavour followed a rotating internship and 16 years of emergency practice at multiple referral hospitals

across Canada and the U.S. Following his residency, he remained in a faculty role at the Western College of Veterinary Medicine for 2 years. Since that time, he has been working with a worldwide teleradiology company prior to his return to clinical practice with VCA. His special interests are primarily cross-sectional imaging, including ultrasound, CT, and MRI in small animals. When not at work, Dr. Cotter is an avid traveller, hiker, skier/snowboarder, and enjoys any activity around the ocean.

THE ROLE OF THE REGISTERED VETERINARY TECHNOLOGIST IN ONCOLOGY CARE

BY AMANDA BRACKETT, RVT, VTS (IM Oncology)



Chemotherapy preparation.

“I’m sorry but your pet has been diagnosed with cancer.” Delivering the devastating news that a beloved pet has been diagnosed with a potentially life-limiting disease is an inevitability in veterinary medicine, with an estimated one in four dogs and one in five cats being diagnosed with cancer in their lifetimes. Cancer risk increases with age, meaning those working with senior pet populations are even more likely to be faced with this discussion.

When I tell people I work in veterinary oncology, the response invariably falls somewhere along the lines of how sad my job must be. However, after nine years of working in a medical oncology service, I have found my work to be largely rewarding and filled with moments of happiness and fulfillment. I have found my niche as an RVT in a field that allows for high satisfaction in terms of technician utilization, both in my technical and interpersonal skills and use of my knowledge. I have worked with many wonderful patients and their families to help them navigate cancer diagnosis and treatment.

As a newly graduated RVT back in 2014, I was given the opportunity to participate in an RVT internship program at Canada West Veterinary Specialists (CWVS), spending time with a number of the specialty departments. I was immediately drawn to oncology based on both the fascinating medicine and the opportunity to form long-term relationships with patients and their families. When a position opened up with the oncology department a year later, I jumped at the chance to be a part of their team. Through years of clinical experience, many hours of CE, completion of an extensive application package, and a certifying exam, I obtained my Veterinary Technician Specialty (VTS) in oncology through the Academy of Internal Medicine Veterinary Technicians in 2023.

Something that surprised me when I first started working with oncology patients was the highly individual response to therapy. Regardless of whether we have extensive published studies or a novel treatment with uncertain efficacy, the greatest predictor of outcome will always be an individual patient’s response. This unpredictability can lead to both disappointment when patients don’t do as well as you would hope and excitement when a patient exceeds expectations. While certainly not as fast-paced as emergency medicine, no two days are the same in the oncology department. The variety of cases and skills

required to work in this field keeps me interested and passionate for my work, even nine years later.

Another thing that surprised me was the prioritization of quality of life for veterinary oncology patients, and how well most of our patients feel throughout their treatment. The diagnosis of cancer in a pet can unearth a myriad of emotions for a patient’s family. Many have personal experience with a cancer diagnosis for a loved one, themselves, or a previous pet. These experiences can lead to preconceived notions about the impact of treatment and decisions to pursue care. This is a key area where oncology specialists can make a difference in providing education on the differences between human and veterinary oncology treatments and goals and can help pet owners make supported and informed choices.

As an oncology RVT, I provide key support to my oncologist during the diagnostic process, utilizing a large number of my technical skills in my day-to-day role. Blood collection and sample preparation, initial physical examinations, measurement and sampling of masses and lymph nodes, initial cytology review, sedation for procedures, positioning for radiographs and other imaging tests, nutrition calculations, preparation and administration of chemotherapy, and dispensing of homecare medications are just some of the tasks I perform on a weekly basis.

In addition, an oncology RVT plays a huge role in managing client communications, fielding questions related to side effects, treatment options, and monitoring protocols. Building connection and trust with pet owners is a hugely rewarding aspect of the role. This relationship of trust and mutual respect is highlighted most in helping pet owners navigate the challenges of changes to their pet’s quality of life as their disease progresses and supporting them through the difficult journey of end-of-life care. When we reach the end of a patient’s journey, the oncology team strives to ensure a peaceful transition that meets the needs of the family, whether that be in hospital or arranged in their home.

At CWVS, our oncology team works cohesively to provide optimal patient care. This team dynamic extends beyond our own service to involve other specialists as well. Treatment modalities for oncology patients may be multifactorial and involve initial stabilization, surgical intervention, radiation therapy, chemotherapy, immunotherapy, and other targeted therapies. When treatments are not available locally or within the hospital, the oncology RVT assists in coordinating referrals to external specialists. With a patient population that skews towards senior animals, each patient must be assessed holistically and comanaged with their referring veterinarian in addition to other specialists such as internists and cardiologists. The oncology RVT plays a role in this coordinated effort and must take all of the patient’s comorbidities into consideration when preparing treatments and developing sedation protocols.

Perhaps the most satisfying aspect of working as an RVT in oncology is working with the team to get to know each patient as an individual so we can strive to provide a low-stress and positive environment for each and every pet. Some patients are highly food motivated while others respond better to environmental modifications, pre-visit anxiolytics, or a combination of all three. Seeing a patient that was previously nervous in hospital walk happily through the front doors or step confidently out of their carrier is extremely rewarding.

It is impossible to choose one case that accurately captures the full spectrum of the RVT role, the unique bonds that can develop between the team, our patients, and their families, and the many ways in which the oncology team provides support to the families of our patients. We learn something from every patient we see, whether that be new approaches to disease management, tricks to improve the patient experience in hospital, or how to comanage the needs of individual patients with their families and other care providers. We learn from patients like Carson, who always enjoyed a post chemotherapy ice cream cone and had a “bucket list” created by his family. We learn from patients like Bert, who has been treated for three different cancers over the past three years, comanaged for his various comorbidities with every department in the hospital, and recently celebrated his thirteenth birthday during an appointment with our rehabilitation team. We learn from patients like Paris, who prefers a hands-off approach and generous helpings of peanut butter. We learn from patients like Abi, whose family advocated for a novel therapy in the face of metastatic disease, and that therapy is now offered to other patients.

PHOTOS BY AMANDA BRACKETT



Laboratory samples ready for submission.



Using calipers to measure and document a new mass.



Celebrating a patient’s birthday and first chemotherapy treatment.

“SEEING A PATIENT THAT WAS PREVIOUSLY NERVOUS IN HOSPITAL WALK HAPPILY THROUGH THE FRONT DOORS OR STEP CONFIDENTLY OUT OF THEIR CARRIER IS EXTREMELY REWARDING.”

In addition to patient care, the oncology RVT requires extensive knowledge and focus on chemotherapy safety. Chemotherapy drugs are considered hazardous and can be teratogenic, mutagenic, and carcinogenic. Chronic exposure to chemotherapy drugs, either through direct exposure to drugs or contaminated patient waste, can lead to health conditions in workers with potential long reaching effects, such as the development of cancer later in life. Chemotherapy can also present a reproductive risk, requiring protective reassignment for workers trying to conceive. This health risk extends beyond the veterinary team to the families of patients treated with chemotherapeutics. At CWVS, another oncology team member and I serve on the Joint Occupational Health and Safety Committee to enact strict safety measures and improve standard operating procedures and monitoring protocols to protect workers. In addition, the oncology RVT plays a crucial role in client education to inform pet owners of safe handling procedures for pet waste in the home environment and timelines for enacting safety measures. One of my goals in obtaining my oncology VTS is to develop educational content on chemotherapy safety to inform veterinary professionals outside of my own practice who may be working with hazardous drugs, and to ensure that they are passing along the appropriate safety information to the families of their patients who receive chemotherapy.

Working with oncology patients requires building a strong bond with both the patient and their caregiver, resulting in meaningful relationships that help support both pet and owner during an emotionally heavy diagnosis and treatment. My hope is to continue to provide exceptional care to pets and families in need, alongside my wonderful team, for many years to come. WCV



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LET'S TALK ABOUT MENOPAUSE

BY ELAINE KLEMMENSEN, DVM, CEC

Birth, menses, menopause, and death are universal transitions those of us blessed with ovaries and a uterus will at some point experience. Conversations with friends and family members who are in or have gone through menopause confirm this mid-life transition is different for everyone.

"It was nothing really. My period just got less predictable and eventually stopped."

"Well, it is still going strong eight years in—hot flashes, mood swings, weight gain, and brain fog! Maybe I should try the patch, but I'm worried about the side effects."

"Yeah, no more periods, no more cramps! Seriously, it has been pretty great to be done with all of that."

"For me, it's been a rollercoaster. I have always had irregular periods, but now they are very heavy. Like seriously, where is all that blood coming from? I hate the unpredictability of it all and not knowing how long I have to put up with this?"

My menopause can best be described as a dinner guest who likes to linger. That friend who doesn't pick up on the social cues that it is time to leave until you put on your pyjamas and turn off the lights. It is time for you to go, seriously. I grew up in a family where we didn't talk about bodies, menstruation, menopause, or sex. These things just kind of "happened," and the lack of dialogue shrouded them in a veil of mystery and a pinch of shame. Fortunately, a wealth of resources exists today to help women navigate perimenopause and menopause. Unfortunately, recent statistics by the Menopause Foundation of Canada suggest menopause is still a taboo subject in the workplace. Twenty-five per cent of women report hiding their menopause symptoms at work, and 79 per cent of women say they would not feel comfortable speaking with a manager or human resources about their symptoms. Women often experience the stigma of menopause and have identified feelings of embarrassment when discussing their symptoms along with the fear of negative repercussions if they are unable to perform at their best. With five million working women over the age of 40 in Canada, perimenopause and menopause affect 25 per cent of Canada's workforce—women at the peak of their career and skill set. Considered through the lens of the veterinary workforce shortage, these are women critical to the profession.

My goal in writing this article is to share information about menopause, provide resources to help leaders in veterinary medicine create menopause-inclusive workplaces and demystify this normal and important life transition. Menopause affects anyone with ovaries and a uterus, regardless of how they identify—she, he, or they. I recognize and support all people facing challenging life transitions and want to acknowledge the use of imperfect language. Your experience matters.

WHAT IS MENOPAUSE AND WHY SHOULD WE CARE?

If we are serious about improving well-being in the veterinary profession, we need to provide access to good information about what this stage of life entails in order to understand the challenges faced by team members experiencing symptoms. Education is the first step in breaking down the stigma and creating more inclusive, multi-generational workplaces.

Menopause is a continuum that includes three stages: perimenopause, menopause, and post-menopause. The term "menopause" is often used to describe the entire continuum that lasts between one-third and one-half of a woman's life. Sorry ladies—if you are not there yet, brace yourself, it's coming. The specific age when women experience these stages, and the severity and duration of symptoms can vary significantly from individual to individual. Let's take a moment to define these three stages:

1. Perimenopause is the time leading up to menopause when estrogen and progesterone levels start to fluctuate. It can last anywhere from six to eight years. Most women experience perimenopause between the ages of 40 and 50.
2. Menopause is typically defined as the point in time when a woman has had no menstrual period for 12 consecutive months. 51 is the average age of menopause in women in Canada with most women reaching menopause between the ages of 45 and 55.
3. Every day after reaching menopause is considered post-menopause, a period that continues for the rest of a woman's life. For some women, symptoms subside in the early years of post-menopause but for others, they can continue for decades.

It is important to note there is no "typical menopause." In my conversations with peers and medical providers, every woman's experience is unique. For some, menopause can occur earlier and for others, it can arrive later. Early menopause is considered if it occurs between the ages of 40 and 45. Premature menopause can also occur in women under 40 with the following statistics:

- One in 100 women go through menopause before the age of 40.
- One in 1000 women before the age of 30.
- One in 10,000 before the age of 20.

Finally, menopause can be induced due to surgical intervention or medical treatments. Surgical menopause occurs when both ovaries are surgically removed. It is important to note that a hysterectomy does not cause menopause if the ovaries are not removed; however, studies have shown women who have had a hysterectomy start menopause on average two to three years earlier than women who have not. In addition, surgical menopause can cause symptoms that are more frequent and severe than those experienced during natural menopause. Finally, chemotherapy, radiation, or ovarian suppression therapy can cause a medically-induced menopause.

WHAT TO EXPECT DURING PERIMENOPAUSE AND MENOPAUSE

Symptoms caused by fluctuating hormone levels that begin in perimenopause and can last anywhere from six months to 15 years occur in an estimated 80 per cent of women. Estrogen receptors located throughout the body explain the range of symptoms

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experienced, from vasomotor-related hot flashes and night sweats to memory loss, mood changes, and even joint and skin changes. Reflecting on my journey through menopause, I have had the pleasure of experiencing all the common symptoms to varying levels. By far the most troublesome, and what finally prompted me to explore hormone replacement therapy, was the impact on my sleep patterns. My sleep difficulties started in perimenopause and were aggravated by mild anxiety attacks arriving as I was about to drift off to sleep. In addition, vasomotor symptoms were more prevalent at night with hot flashes waking me up hourly and preventing a deep, restful sleep. Good sleep hygiene practices including no screen time for two hours before bedtime, avoiding alcohol, a cool, dark bedroom, and a regular yoga routine were helpful, but it wasn't until I started hormone replacement therapy that I had my first restful night of sleep in over seven years.

My chronic sleep deprivation aggravated another common complaint experienced by many women—memory loss. Names, words, and sometimes complete sentences would disappear in the split second between thinking of them and having them emerge from my lips. As someone who prided themselves on being a good communicator, it left me frustrated by the way I was showing up for my team at work and my family at home. Sleep challenges can also exacerbate mood changes that are common for many women during menopause. Mood changes can be mild or severe and range from irritability, tearfulness, low energy, and reduced motivation to anxiety and depression.

Fifty to eighty per cent of women experience genitourinary syndrome which includes not only recurrent yeast and bladder infections but also vaginal dryness, pain with intercourse, and changes in urinary frequency or incontinence. As a cyclist, genitourinary symptoms have also been a frustrating side effect of menopause for me. Specifically, I have discovered long days on a bicycle combined with low estrogen, vaginal dryness, and a bike chamois provide the perfect environment for urinary tract and yeast infections. After an embarrassing experience trying to find clotrimazole in Cuba, I now carry medication on every tour.

Finally, studies report the average woman will gain 4.5 lbs during menopause, which is sometimes more prevalent around our abdominal or middle region—think lovely love handles. This can be associated with an increased risk of cardiovascular disease, diabetes, hypertension, and breast cancer. In addition, joint pain and muscle loss are common complaints, making exercise and a healthy diet an important part of managing menopause symptoms.

All told, the Menopause Foundation of Canada states, “There are over 30 different symptoms associated with menopause,” so this is by no means a comprehensive list. I encourage you to talk to your doctor or healthcare provider to explore the range of effective treatment options and lifestyle changes that can help manage your symptoms and ensure you are making the most of this exciting stage of life.

PERIMENOPAUSE AND MENOPAUSE IN THE WORKPLACE

The Menopause Foundation of Canada is working to raise awareness about menopause and its impact in the workplace—advocating for the creation of more menopause-inclusive workplaces and working to remove the stigma associated with this natural phase of life. The following statistics show the economic impact of menopause on the Canadian economy:

- \$237 million loss of productivity annually due to the unmanaged symptoms of menopause.
- \$3.3 billion in lost income annually due to a reduction in hours and/or pay or leaving the workforce altogether.
- 540,000 lost days of work.

Given that 75 per cent of women want to see more support in their workplace and one in ten women will leave the workforce entirely due to the challenges of menopause, it is time to create workplaces that are more inclusive for women of all ages in order to tap into the power of women in the prime of their working life. Creating a menopause-inclusive workplace isn't just the right thing to do from a business perspective, it is the right thing to do from a human perspective. The Foundation's “Menopause Works Here—Creating a Menopause Inclusive Workplace: A Playbook for Employers” along with The Menopause Society's “Making Menopause Work” are free resources that offer a wealth of information to guide enlightened employers in supporting this large and growing population of employees.

LEAD THE CONVERSATION

When leaders see menopause as a valid and real workplace issue, it opens the door for change. It is important for leaders to start the conversation and for organizations to include menopause education in their workplace well-being initiatives. By fostering open conversations and providing evidence-based information, veterinary leaders can reduce the stigma associated with menopause and create a supportive network for women in all stages of their careers, paving the way for future generations who will one day experience this normal life transition. The following tips can help leaders find meaningful ways to support employees during this phase of life.

KNOWLEDGE IS POWER

There is no need to suffer in silence. Leaders need to send the message that menopause is natural, it is okay to talk about it, and it is safe to ask for help. At the same time, it is not about shining a spotlight on older women. The goal is to normalize the conversation and ensure a shared understanding of the supports available. It doesn't cost anything, and it lets your entire team know that the well-being of all employees matters.

LANGUAGE MATTERS

Studies have identified that women worry talking about their menopause symptoms will result in them being seen as “weak, old, or past their prime.” Humour in the workplace can be a great connector, but we need to be mindful of jokes that trivialize menopause, fuel ageism, or perpetuate negative stereotypes that devalue older women. While sharing our personal menopause journey or the story of a partner or friend can break the taboo around menopause, we should not assume that women of a certain age will want to champion menopause issues. We need to respect personal boundaries and remember to use gender-inclusive terms to include all people experiencing menopause in the conversation. It is the individual

who gets to decide whether they are comfortable sharing and what they choose to disclose. Employees' health and personal information should be treated as confidential.

INCLUDE EVERYONE

By breaking the stigma surrounding menopause, we can create opportunities for all employees, regardless of their gender identity, to build a community of support at work. It isn't just about older women—younger women need accurate information, too. Creating a menopause-inclusive workplace means younger women can better understand what to expect when they experience this transition. Men are also going through their own mid-life changes and challenges. By including men in the conversation, they not only gain understanding and compassion for what their female colleagues are experiencing, it sends a message that it is okay to be vulnerable, openly discuss challenges, and ask for help at work.

SHARE WHAT YOUR PRACTICE IS DOING

Years ago, I attended a seminar on social media marketing. The speaker shared three important rules regarding sharing the good things your practice does with your social media audience:

1. Do the right thing.
2. Be seen to do the right thing.
3. Don't get rule one and rule two confused.

This advice stuck with me. It is not wrong to share with the world the good things you are doing as long as you are actually doing good things. By sharing what you are doing, your practice can set itself apart in the minds of prospective employees and lead the way for others in veterinary practice. Consider joining the Menopause Foundation of Canada's Menopause Works Here campaign or the Menopause Society's certification program (formerly the North American Menopause Society) as a way to show current and future employees that your organization supports women through all life stages.

With an estimate that 1.1 billion women worldwide will be post-menopausal by 2025, leaders cannot afford to ignore the impact of menopause on our workplaces. As a profession, supporting women through the menopause years is in our collective best interest. Taking a proactive approach not only sets your practice apart as a great place to work, but it is also a way to harness the power, skills, and experience of a valuable group of veterinarians as we build a better future for the profession.

To save space, the references for this article are made available on the Chapter's website at www.canadianveterinarians.net/sbcu/west-coast-veterinarian-magazine. WCV

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HUMAN RIGHTS IN THE WORKPLACE

BY SCOTT NICOLL, BA, MA, LLB, AND GURINDER CHEEMA, BA, LLB

FROM A LAWYER

I will apologize in advance to those of you who attended our presentation in November at the CVMA-SBCV conference in Surrey. This article is largely a refresher of the content of my presentation at that conference. Those who were unable to attend that presentation, however, should find the content of the column helpful in managing your workplaces.

Historically, discrimination was legal in Canada. Stores could refuse service, landlords could refuse housing, employers could refuse to hire individuals for whatever reason they chose, including race, gender, or marital status.

The BC Human Rights Code ("Code") is a statute adopted in BC to combat all of the above types of discrimination. It protects against discriminatory conduct relating to specific protected characteristics in BC. Practice owners as employers need to understand how it applies to the operation of their workplaces and specifically, how it requires you to maintain workplaces free from discrimination and harassment. It is trite public knowledge that ignorance of the law is no excuse. What is less well-known is that 65 per cent of complaints to the BC Human Rights Commission relate to workplace discrimination. You have a positive obligation to ensure you are not ignorant of your obligations created by the Code if you are an employer in BC.

Your journey of enlightenment regarding all things discrimination should start unsurprisingly by first asking what is discrimination. The most comprehensive answer to your question is that discrimination for the purposes of the Code is an act or omission, whether intentional or not, that has the effect of creating a disadvantage or burden on a person or class of persons that is prohibited by the Code. So that is it. Any questions? I hope you have many.

To begin with, it is important to note that discrimination need not be intentional, and it may relate to actions affecting both individuals and groups. Less obvious from that definition, however, is that discrimination may be both direct and indirect, and you need to understand the difference. Direct discrimination, as you might imagine, is an intentional act of discrimination. Direct is the easy one. Indirect discrimination is less easy.

Indirect discrimination is often described as constructive discrimination. It is discrimination that occurs because of a particular adverse impact on a protected person or group of persons. Think of workplace rules that adversely affect one or more employees in a discriminatory manner. Then remember it is the result of the policy that matters, not the intent. The take-away is this: you will have discriminated against an employee if the employee has a characteristic protected by the Code (more on those below), and the employee experiences an adverse impact on their employment related to that characteristic as a result of your workplace actions.

Now you know what discrimination is, sort of. I said above that discrimination results from adverse effects related to protected characteristics. Section 13 of the Code expressly prohibits discrimination in the context of employment on the basis of Indigenous identity, gender identity or expression, race, religion, colour, sex, sexual orientation, physical disability, mental disability, age, ancestry, place of origin, marital status, family status, political belief, and criminal or summary conviction unrelated to employment. This article cannot sufficiently discuss these factors and how they have been interpreted in BC in any significant detail. There are two areas in particular, however, that can present difficult areas of accommodation in workplaces currently: religious beliefs and gender identity.

Religious beliefs are not an unusual source of friction in human relations, as the last several thousand years of human history have made abundantly clear. The Code makes a valiant if imperfect attempt to prevent discrimination in the workplace on the basis of religious beliefs by ensuring that an employee may not be subjected to the efforts of another person in the workplace (employee or employer) to attempt to have the employee comply with a particular religious belief or practice. It also requires employers to permit reasonable breaks for observing different bona fide religious practices (eg., at prayer times). The practice is a bona fide one if it is sincerely held, whether it is considered essential to the religion or not. While Indigenous spirituality is not specifically identified in the Code in BC, notably it is expressly included in Alberta's equivalent, which should be instructive to employers in BC.

Gender identity and expression was added to the Code in 2016. Gender expression refers to how an employee presents their gender and can include behaviour, appearance, dress, hair, makeup, body language, voice, name, and pronoun. Gender identity is the employee's own determination of their gender and may be different from their gender expression. It specifically includes those who may identify as transgender, and it may be different than the sex assigned to the employee at birth.

My penultimate point on this topic for the purposes of this column is the hiring process is probably responsible for more discrimination than any other area of employment practice. Unspoken assumptions and first impressions at the hiring stage about certain groups of people and their abilities are, in fact, subtle forms of discrimination. Tribunals have found a “subtle scent of discrimination” that permeate the hiring processes of certain workplaces and which amount to a violation of human rights. To protect yourself as an employer, you should document all decisions made at each step of the hiring process and include the reasons for each decision. Clear and careful documentation, prepared at the time a decision is made, provides an employer with a credible basis to defend against allegations that the decision was made on discriminatory grounds. The Code does not permit a discriminatory ground to be even one of several reasons for an employment decision, so your careful notes will be important if you become the subject of a complaint.

Your notes will only protect you, however, if you first understand that you need to properly identify and document which requirements are actually essential for the job. Only essential duties should be considered in deciding whether or not someone is capable of performing a job. Job duties or requirements that are both essential and relate to a prohibited ground of discrimination should obviously be scrutinized carefully, most typically physical requirements. Requiring a driver’s licence for a job that does not entail a lot of driving would unnecessarily bar a candidate who is unable to obtain a driver’s licence because of physical disability and will likely constitute discrimination on the basis of a protected characteristic. On the other hand, if the job involves a lot of communication with the public, it is reasonable to require fluency in English. It is not acceptable to discriminate against someone who speaks English with a non-Canadian accent, however, because while language is not a prohibited ground of discrimination, it has been determined to relate to place of origin.

I want to deal with the duty to accommodate that each employer has respecting protected characteristics under the Code as my final point for this column. Where an essential job requirement

negatively affects a person or group on a prohibited ground of discrimination, as an employer you have a duty to accommodate the individual or group unless this causes undue hardship. I will use the example of the 1999 Supreme Court of Canada Meiorin decision to illustrate the point. Tawney Meiorin was a firefighter who lost her job with the province when her employer implemented a new physical fitness test as what they described as a *bona fide* occupational qualification. Meiorin had performed her job in a satisfactory manner for three years prior to this. A team of researchers at the University of Victoria had designed the tests using a sample group of participants that consisted of many more men than women. To measure aerobic capacity, the test required employees to run 2.5 km in 11 minutes or less. Meiorin tried to pass this part of the test on four separate occasions, but her best time was 49 seconds over the 11-minute limit. The government terminated her employment as a forest firefighter as a result. The Supreme Court of Canada found that the rule was discriminatory because Meiorin was able to show as a starting point that the aerobic requirement screened out more women than men on the basis of their differing physical capacities. The issue was whether the discriminatory rule or standard could be justified because it was an essential requirement of the job.

Reversing previous law, the Court established a three-part test to determine when a discriminatory rule or qualification is justifiable. To successfully defend a discriminatory standard or rule, you as an employer must demonstrate that a rational connection exists between the purpose for which the standard was introduced and the objective requirements of the job, demonstrate that the standard was adopted in an honest and good faith belief that it was necessary for the performance of the job, and establish that the standard was reasonably necessary to accomplish that legitimate work-related purpose. To establish this, you as the employer must show that it was impossible to accommodate employees who share the characteristics of the claimant without imposing undue hardship on you. The employer in Meiorin met the first two tests but failed the third. The BC government was unable to prove that the aerobic standard was reasonably necessary for a forest firefighter to perform the job safely and efficiently or that accommodation was impossible without undue hardship.

The moral of the story? Be sure you have turned your mind to the essential duties of the position before you advertise and interview for the position.

As always, this column is not intended as a comprehensive review of this legal question. It is intended to provide information related to the operation of your practice. It is not legal advice and should not be construed as such. Always consult your lawyer for legal advice on any topic. That is particularly true of your obligations and responsibilities as an employer under the Code. **WCV**



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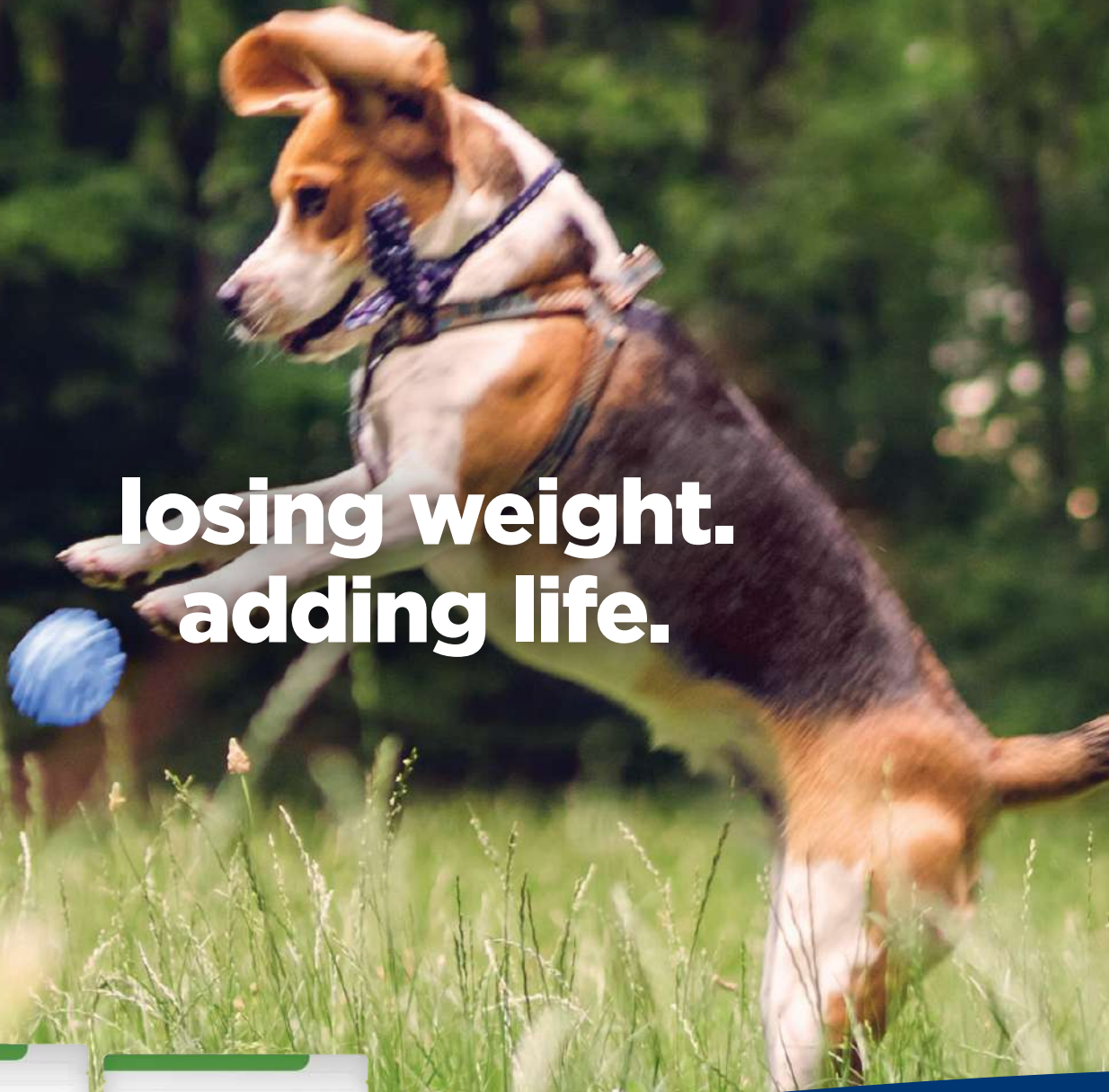
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