

Everyday ethics

THIS series gives readers the opportunity to consider and contribute to the discussion of some of the ethical dilemmas that can arise in veterinary practice. Each month, a case scenario is presented, followed by discussion of some of the issues involved. In addition, a possible way forward is suggested; however, there is rarely a cut-and-dried answer in such cases, and readers may wish to suggest an alternative approach. This month's dilemma, entitled 'Rabbit tooth abscess', is presented and discussed by Linda Dykes. Readers with comments to contribute are invited to send them as soon as possible, so that they can be considered for publication in the next issue. Discussion of the dilemma 'Obese dog', which was published in the March issue of *In Practice*, appears on page 233.

The series is being coordinated by Siobhan Mullan, of the University of Bristol. It is hoped it will provide a framework that will help practices find solutions when facing similar dilemmas.

Linda Dykes is a consultant in human emergency medicine with an interest in veterinary issues, particularly rabbits. In partnership with Cibyn Veterinary Surgery, Caernarfon, she recently set up a unique placement in comparative medicine for final-year medical students to study similarities and differences between human and veterinary medicine.

RABBIT TOOTH ABSCESS

As a locum, you are facing a list of operations for the day. The last is a rabbit tooth abscess for lancing. Although not long ago this was a common means of treatment, you believe it has been superseded, with expert opinion now favouring en bloc excision of the soft tissue part of the abscess, curetting the infected bone and suturing the wound, preferably with antimicrobial-impregnated beads. You have neither the time nor the equipment for this, and are doubtful of your competence for a procedure that you would normally refer. The owner has been told the abscess will be lanced. What do you do?

ISSUES TO CONSIDER

Linda Dykes comments: The crux of this dilemma would be the same for any professional: what should you do if asked to perform a procedure that you do not believe you should undertake?

For the veterinary surgeon in this case, there are a number of reasons not to undertake this procedure. You do not believe that lancing a dental abscess is an effective treatment in rabbits, or feel confident of performing the treatment that you do believe is indicated. Even if you had the skill, kit and time to perform the favoured procedure, and the client agreed to it, could the practice pro-

vide the aftercare required to maximise the chance of a good outcome?

POSSIBLE WAY FORWARD

Bioethics is taught around four key principles: autonomy, beneficence, non-maleficence and justice.

Almost instinctively, many clinicians tend first to gravitate to beneficence and non-maleficence, often distilled to 'what is the right thing to do?' and/or 'first do no harm'. Based on these, one cannot ethically undertake a procedure genuinely believed to be useless, especially when performing the procedure itself is potentially harmful to the patient. Anaesthesia and surgery in a rabbit compromised by chronic dental disease undoubtedly carries hazards. Thus, there seems little option but to decline to undertake the proposed procedure and find a productive way of dealing with the situation that is going to arise.

Gathering facts is key. Examine the notes and check what has been said to the client. The owner may have rejected referral for the pro-

cedure you want to recommend. Examining the rabbit is also important – it may be that the original diagnosis was wrong.

Assuming that is not the case, this is tricky locum territory. While not wanting to appear awkward, it is also imperative that no harm comes to the animal or that your standards of clinical practice fall.

One option is to be completely honest, as tactfully as possible. Ring the client and explain you are the locum due to operate on their rabbit, but you know of newer surgical techniques that you believe would be a better option, however, it would involve referral for a more extensive and costly procedure. What are their thoughts? You should be able to do this without discrediting their usual vet.

Alternatively, you could discuss your reservations with a senior partner at the practice and/or the vet who actually listed the rabbit for the procedure. Explain your thoughts about the proposed operation; if they did not know more effective techniques were available, this could be of benefit to the practice. However, if they disagree, there is risk of confrontation.

Finally, you could postpone the operation. This might also help the rabbit – perhaps it could benefit from some intravenous therapy, analgesia and supportive feeding for one or two days before the procedure. This would mean that you avoided performing the actual surgery while also being advantageous for the rabbit, which would probably be fitter for the anaesthetic.

Any comments?

Readers with views to contribute on 'Rabbit tooth abscess' should e-mail them to inpractice@bva-edit.co.uk so that they can be considered for publication in the next issue, or fax comments to 020 7908 6329. The deadline for receipt of comments is Thursday, April 17. Please limit contributions to 200 words.

COMMENTS ON LAST MONTH'S DILEMMA: OBESIE DOG

The dilemma in the last issue concerned an obese dog that presented with hip pain and trouble breathing (*In Practice*, March 2008, volume 30, page 173). Despite repeated warnings that obesity would lead to health problems, the owner had not turned up for the dog's obesity clinic appointments. She claimed to feed the dog only small bowls of biscuit, and said she struggled to take the animal for a walk. James Yeates commented that, with almost one in five dogs being obese and allowing necessary suffering being an offence under Section 4 of the Animal Welfare Act 2006, vets needed to think through their options carefully, from turning a blind eye to reporting the owner to, for example, the RSPCA. Whether the owner had committed a Section 4 offence depended on whether she had caused avoidable suffering and whether her actions were unreasonable. As dyspnoea and arthritis almost certainly involve suffering and the dog's obesity was likely to have been caused by the actions of the owner, the owner could be considered to have caused avoidable suffering. Failure to report the owner was unlikely to lead to a cruelty case against the vet, but failure to give suitable advice might. A possible way forward could be to take reasonable measures to help the owner look after the dog, including giving suitable advice. Refractory owners should be advised of the possibility of prosecution, while completely unreasonable owners might require being reported to the RSPCA. To avoid disciplinary action or litigation, it was advised that the RCVS be contacted before this action was undertaken.

JAMES Yeates mentions that the dog's owner indicated that she struggled to take the animal for a walk. In the case of elderly or disabled/ill dog owners, it might also be a good idea to suggest that they contact the Cinnamon Trust, a UK-based charity that puts dog owners and voluntary dog walkers in contact with

each other. There are now more than 10,000 volunteers across the UK; one or more might be close to the lady's home. More information is available on the Cinnamon Trust's website, www.cinnamon.org.uk

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Siobhan Mullan comments: James Yeates has outlined a range of possible options. The course of action chosen will, for many vets, depend on the expected consequences of that action, with the ultimate aim of promoting 'good'. To do nothing may well result in prolonged poor welfare and a premature death for the dog. On the other hand, reporting the owner is likely to be stressful and may or may not significantly improve the welfare of the animal.

This case also has wider consequences that are more difficult to quantify. For example, as a result of a few successful prosecutions, there may be a reduced social acceptance of obese animals and improved compliance with the law. The widespread media reporting of a case in which two brothers were prosecuted for owning an obese dog (eg, Anon 2007) certainly served to concentrate the minds of some owners I have come across!

In order to make a decision by weighing up all these factors, we need to know where our personal priorities lie and that our motivations are honourable. We will make better decisions when we correctly estimate the consequences of our actions. As the second year of the Animal Welfare Act 2006 passes, I look forward to the RSPCA and DEFRA publishing information on the outcomes of the new legal processes.

Have you faced a dilemma that you would like considered in a future instalment of *Everyday Ethics*? If so, e-mail a brief outline to the address given on page 232.

Reference
ANON (2007) Brothers found guilty over 'grossly' obese dog. www.guardian.co.uk/uk/2007/jan/12/animalwelfare.world