

Exploring the Gray Zone

Case Discussions of Ethical Dilemmas
for the Veterinary Technician

Andrea DeSantis Kerr, Robert "Pete" Bill,
Christina V. Tran, and Jamie Schoenbeck Walsh



“Exploring the Gray Zone: Case Discussions of Ethical Dilemmas for the Veterinary Technician examines many everyday experiences that veterinary technicians may face in a thought-provoking way, and provides some foundational background in veterinary ethics to help professionals realize their own personal ethical beliefs regarding the situations. This book could be used as a textbook for a veterinary technology course or unit related to ethics, by veterinary technicians in the field trying to better understand their own ethical beliefs to potential ethical dilemmas, or by a veterinary management team for a discussion of their ethical beliefs and development of practice policies. The format of case studies lends itself to be used in different ways: cover-to-cover or pick-and-choose cases that are applicable to a specific topic. There are also many resources listed throughout the book to give the reader direction if more information or perspective is needed. As a twenty-year veteran in the field of veterinary technology, I believe that early professionals in the field will greatly benefit from the ideas discussed in this book, which will prepare them to skillfully navigate ethical dilemmas that they will encounter throughout their career.”

—Susan Pedigo, MS, RVT, LATG, Practice Manager, North Madison Veterinary Clinic, Madison, Indiana

“An incredible tool for any veterinary technician program. The case-based scenarios are real-life examples that technicians will face during their career. It has very thought-provoking questions that not only focus on the legal aspect, but also the ethical aspect as well as animal welfare. As a veterinary technician educator, this is a must-have book in our curriculum.”

—Kristin R. Husband, BS, RVT, Program RVT, Interim Director, Vet Tech Institute, International Business College, Indianapolis, Indiana

“A great resource for teaching veterinary technician students, using real life scenarios, ways to successfully navigate the difficult ethical decisions that they will have to make throughout their career.”

—Jacqnene A. Howard, MBA, LVT

EXPLORING THE GRAY ZONE

**CASE DISCUSSIONS OF ETHICAL DILEMMAS
FOR THE VETERINARY TECHNICIAN**

Purdue University Press, West Lafayette, Indiana

NEW DIRECTIONS IN THE HUMAN-ANIMAL BOND
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*Andrea DeSantis Kerr, Robert “Pete” Bill,
Jamie Schoenbeck Walsh, and Christina V. Tran*

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To Mom, Dad, Noel, and Nicole, whose encouragement and support throughout my life has made me the person I am today. To Tim, Juliette, Zachary, and Brady, the unconditional love and joy you bring to my life makes each day better than the one before and the journey ahead all the brighter.
—Andrea DeSantis Kerr

To my parents and sister, Mish, for providing me with every opportunity to grow and for shaping me into the person I am today. To Lenny, Carter, and Payton, for inspiring and supporting me daily.
—Christina V. Tran

To Angie, for your unwavering support and faith in me that I can always meet the next challenge. To Dan, who helps me keep my eye on the prize of what's really most important in life.
—Jamie Schoenbeck Walsh

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Preface

By virtue of the roles they play in veterinary practice, animal shelters, research facilities, or other sites of animal care, today's veterinary technicians are often faced with situations laced with moral, professional, or ethical questions. Strongly held personal or professional beliefs, differing cultures and personal experiences, personal biases, and other aspects of human nature often create conflict between the veterinary technician's legal and ethical obligations to the animals entrusted to their care, their working relationship with peers and supervisors, their commitment to the profession, and their own personal measure of right and wrong.

This text was developed as a series of case scenarios that create a framework that allows veterinary technicians and other veterinary team members to explore, discuss, and better understand the dynamics of a wide variety of difficult situations a veterinary technician is likely to encounter.

To reflect the gray zones of real life conflict and to avoid the application of superficial answers to complex problems, these cases are purposely crafted to have no simple solution, but to stimulate thinking, provide insight into multiple perspectives, and encourage discussion about the ethical and professional issues surrounding an incident. It is the hope of the authors that such discussions will better equip the veterinary professional to approach similar situations with greater insight and knowledge in order to successfully confront and resolve them.

—Robert “Pete” Bill, DVM, PhD

Introduction

Andrea DeSantis Kerr, DVM

Veterinary technicians dedicate their lives to aiding in the treatment of animals and relieving suffering, serving as each patient's main advocate, caretaker, and nurse. The veterinary technician holds a unique role in patient care. Acting as the intermediary between the veterinarian prescribing treatment and the patient, they play a large part in communicating with and educating clients. Veterinary technicians have greatly expanded their roles and find themselves not only an integral part of private veterinary practice, but are also utilized in research institutions, animal shelters, and universities.

History of the Profession

Veterinary technicians have become such an important part of veterinary practice infrastructure that it is hard to remember a time without them. However, the profession of veterinary technology is actually quite young. The first university-established program for animal technicians occurred in 1961 at the State University of New York (SUNY) at Delhi.¹ In 1965 SUNY Delhi and Dr. Walter Collins, “the Father of Veterinary Technology,” were awarded a five-year federal grant to develop a model curriculum for veterinary technicians.² In 1972 the American Veterinary Medical Association (AVMA) instituted accreditation procedures for animal technician academic programs.³ By the late 1970s the growth of the profession had surged, with over 30 programs receiving initial accreditation from the AVMA.⁴ However, it wasn't until 1989 that the AVMA approved the use of the wording “veterinary technician.”⁵ This recognition marked a huge milestone for the veterinary technology profession as the acknowledgement signified the acceptance of animal

technicians as veterinary colleagues.

The Evolving Role of Veterinary Technicians

The responsibilities of veterinary technicians are constantly evolving (see [figure 1](#)). Veterinary technicians fulfill numerous vital roles in practice including providing patient care, acting as anesthetists, acting as surgical assistants, performing diagnostic imaging, performing laboratory tests, dispensing medications, providing client education, and much more. They are essential members to the veterinary team, allowing a veterinary practice to maximize efficiency. However, the career options for veterinary technicians continue to expand and include practice management, laboratory animal medicine, shelter medicine, academia, industry careers with pet nutrition companies and pharmaceutical companies, and zoo and wildlife positions as well as government positions.⁶ In addition, veterinary technology specialties have developed over the past 20 years. These specialties provide veterinary technicians with the opportunity to concentrate their focus on a particular area of veterinary medicine ranging from dentistry to animal behavior to emergency and critical care. As of 2016, there are 12 recognized specialties by the National Association of Veterinary Technicians of America (NAVTA), and this list is sure to expand.⁷

What Does It Mean To Be a Patient Advocate?

Jamie Schoenbeck Walsh, RVT

According to the Merriam-Webster Dictionary, an “advocate” supports or argues for a cause or policy, or is “one that supports or promotes the interests of another.”¹ In the US there are many types of advocates in legal and social settings, such as a child advocate in a court of law or a consumer advocate in a public setting. These types of advocates have developed over time to influence public policy. The nursing profession developed the role of the nurse as patient advocate, taking action in the patients’ best interests and being a voice for those unable to advocate for themselves.

The credentialed veterinary technician has a unique position within the veterinary team, a role much like that of a registered nurse who advocates for her nonverbal human patient.² A veterinary technician’s role of advocacy covers many skills: carrying out treatments and keeping the veterinarian informed of patient progress; performing and communicating test results accurately; ensuring the client’s needs and concerns are addressed; and educating and informing the client of every step in their pet’s care. The technician is educated to assess the patient correctly and note physiological changes both good and bad, and is trusted to be the patient’s voice in communicating to the veterinarian a patient’s increasing pain or deteriorating condition.³

The all-encompassing role of the veterinary technician as patient advocate is safeguarding the patient’s well-being and is uniquely situated to do so. “No single person in the hospital spends more time with the patients than the technician.”⁴ The best practice of veterinary technology is built upon ethical care and compassion, understanding laws regarding animal welfare, and acting as an advocate for both patients and clients.

Notes

1. Merriam-Webster Dictionary, s.v. “advocate,” <http://www.merriam-webster.com/dictionary/advocate>.
2. Joanna M. Bassert and John A. Thomas, *McCurnin’s Clinical Textbook for Veterinary Technicians*, 8th ed. (St. Louis, MO: Elsevier Saunders, 2014).
3. Nancy Shaffran, “Pain Management: The Veterinary Technician’s Perspective,” *Veterinary Clinics of North American, Small Animal Practice* 38, no. 6 (2008), <http://dx.doi.org/10.1016/j.cvsm.2008.07.002>.
4. Marianne Tear, *Small Animal Surgical Nursing Skills and Concepts*, 2nd ed. (St. Louis: Elsevier Mosby, 2012), 285.

Figure 1. What Does It Mean To Be a Patient Advocate?

Professionalism

What is professionalism and how does it relate to veterinary technology? A profession is considered an occupation in which the individual must receive formal training and obtain formal qualifications.⁸ Professionalism denotes the conduct of a professional, including the competency of the individual and the expectation of appropriate behavior and good judgment

from an individual trained in the spoken profession.⁹ As with all medical professions, society develops a perceived view of how a veterinary professional, such as a veterinary technician, should act. The image of a skilled, compassionate, articulate individual may come to mind. With this perceived image comes a perceived expectation of conduct. How do educators, colleagues, and governing bodies create veterinary technology professionals? Education is the first step in creating competent, skilled professionals. As of 2016, there are over 200 veterinary technology programs in the United States and Canada.¹⁰ The large number of accredited educational programs for veterinary technicians suggests access to a wide range of students from various backgrounds. The advent of online programs has offered access to the profession in geographic areas otherwise excluded in the past. All programs must meet requirements from the American Veterinary Medical Association (AVMA) Committee on Veterinary Technician Education and Activities (CVTEA) to receive accreditation. This ensures that a high standard of qualifications must be met to produce competent veterinary technology graduates. The next step in developing veterinary technology professionals is to provide guidelines for the profession. These guidelines can include a veterinary technician's oath professed by educational institutions upon graduation or state veterinary technology associations; it may be a code of ethics at the association level or the state governing level; and it would include legal practice acts at the state governing level.

The Veterinary Technician's Oath

The act of taking an oath conjures the notion of making a promise based on a principal or ideal. The word "oath" can be traced back to some of its earliest origins in ancient Egypt where the word "ankh," or oath, literally translates to "an utterance of life," as it was customary to swear on one's life for divine purposes.¹¹ Today taking an oath invokes the thought of a legal oath and is a central component to legal proceedings in the United States.

What effect does an oath have on the profession of veterinary technology? The oath symbolizes the ideals that the profession holds for itself. When utilized, the veterinary technician's oath can vary within state veterinary technology associations and within veterinary technology programs, but the ideals remain the same: to practice responsibly and ethically, to alleviate animal suffering, and to maintain a commitment to education. The veterinary technician's oath held by the National

Association of Veterinary Technicians in America (NAVTA) is utilized widely across the United States (see [figure 2](#)). By taking the oath, each veterinary technician is declaring their commitment to the profession and to their patients, clients, and the public.

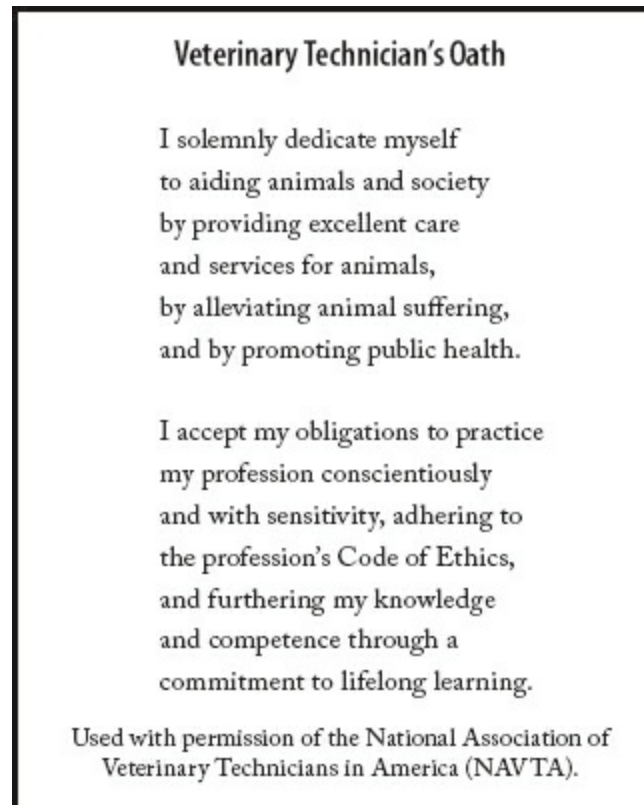


Figure 2. NAVTA Veterinary Technician's Oath.

The Veterinary Technician's Code of Ethics

A code of ethics for a profession acts as a guideline for individuals within that profession. The code imparts ethical standards that all veterinary technicians are expected to meet as part of the profession. The NAVTA Veterinary Technician Code of Ethics (see [figure 3](#)) defines a code as serving three main functions: “(1) A code communicates to the public and to members of the profession the ideals of the profession. (2) A code is a general guide for professional ethical conduct. (3) A code of ethics provides standards of acceptable conduct that allow the profession to implement disciplinary procedures against those who fall below the standards.”¹² Topics of great importance in the code include providing a quality standard of care for patients, preventing and relieving animal suffering, protecting confidential information, safeguarding public health, and much more. Sometimes upholding the code of ethics can be

complicated, as real life situations are not always clear. For example, if a veterinary technician identifies *Giardia spp* in a fecal examination of a therapy dog whose owner refuses to discontinue nursing home visits with the positive dog, the veterinary technician may be torn between safeguarding public health and maintaining client confidentiality. Another example of a common occurrence within the profession: a veterinary technician who strives to provide quality care for a patient but is limited by the owner's financial constraints or willingness to treat. The technician may struggle to uphold the code of ethics of alleviating animal suffering in a patient when treatment options are limited. These types of circumstances are a reminder that veterinary technicians are beholden not only to the patient, but also to the client.¹³ This provides a complex dynamic at times. The case scenarios in this book will explore numerous situations similar to those mentioned above, and it will provide dialogue regarding the possible outcomes.

Veterinary Technician Code of Ethics

Introduction

Every veterinary technician has the obligation to uphold the trust invested in the profession by adhering to the profession's Code of Ethics. A code of ethics is an essential characteristic of a profession and serves three main functions:

1. A code communicates to the public and to the members of the profession the ideals of the profession.
2. A code is a general guide for professional ethical conduct.
3. A code of ethics provides standards of acceptable conduct that allow the profession to implement disciplinary procedures against those who fall below the standards.

No code can provide the answer to every ethical question faced by members of the profession. They shall continue to bear responsibility for reasoned and conscientious interpretation and application of the basic ethical principles embodied in the Code to individual cases.

Ethical standards are never less than those required by law; frequently they are more stringent.

Preamble

The Code of Ethics is based on the supposition that the honor and dignity of the profession of veterinary technology lies in a just and reasonable code of ethics. Veterinary technicians promote and maintain good health in animals; care for diseased and injured animals; and assist in the control of diseases transmissible from animals to human. The purpose of this Code of Ethics is to provide guidance to the veterinary technician for carrying out professional responsibilities so as to meet the ethical obligations of the profession.

Code of Ethics

1. Veterinary technicians shall aid society and animals through providing excellent care and services for animals.
2. Veterinary technicians shall prevent and relieve suffering of animals with competence and compassion.
3. Veterinary technicians shall remain competent through commitment to lifelong learning.

4. Veterinary technicians shall promote public health by assisting with the control of zoonotic diseases and educating the public about these diseases.
5. Veterinary technicians shall collaborate with other members of the veterinary medical profession in efforts to ensure quality health care services for all animals.
6. Veterinary technicians shall protect confidential information provided by clients, unless required by law or to protect public health.
7. Veterinary technicians shall assume accountability for individual professional actions and judgments.
8. Veterinary technicians shall safeguard the public and the profession against individuals deficient in professional competence or ethics.
9. Veterinary technicians shall assist with efforts to ensure conditions of employment consistent with excellent care for animals.
10. Veterinary technicians shall uphold the laws/regulations that apply to the technician's responsibilities as a member of the animal health care team.
11. Veterinary technicians shall represent their credentials or identify themselves with specialty organizations only if the designation has been awarded or earned.

Ideals

In addition to adhering to the standards listed in the Code of Ethics, veterinary technicians must also strive to attain a number of ideals. Some of these are:

- Veterinary technicians shall strive to participate in defining, upholding, and improving standards of professional practice, legislation, and education.
- Veterinary technicians shall strive to contribute to the profession's body of knowledge.
- Veterinary technicians shall strive to understand, support, and promote the human-animal bond.

This code has been developed by the NAVTA Ethics Committee. No part of it may be reproduced without the written permission of NAVTA. Copyright 2007 NAVTA. All rights reserved. Used with permission.

Figure 3. NAVTA Veterinary Technician Code of Ethics.

Practice Acts

What is a practice act? It is a law that governs veterinarians and veterinary technicians at the state level.¹⁴ Every state enacts their own practice act, which is regulated by the state legislature and approved by the governor.

Some states may enact separate practice acts for veterinarians and veterinary technicians. Several organizations such as NAVTA, AVMA, and the American Association of Veterinary State Boards (AAVSB) provide model practice acts to serve as examples for states developing or revising their own practice acts (see [figure 4](#)). These models help to provide guidelines for the legal expectations that are envisioned by professionals within the veterinary community.

AAVSB Veterinary Technology Practice Act Model

Practice of Veterinary Technology

The Practice of Veterinary Technology means: Any Person practices veterinary technology with respect to Animals when such Person performs any one or more of the following:

- (a) Provides professional medical care, monitors and treats Animals, under supervision of a Veterinarian;
- (b) Represents oneself directly or indirectly, as engaging in the practice of veterinary technology; or
- (c) Uses any words, letters or titles under such circumstance as to induce the belief that the Person using them is qualified to engage in the practice of veterinary technology, as defined. Such use shall be prima facie evidence of the intention to represent oneself as engaged in the practice of veterinary technology.

Nothing in this section shall be construed to permit a Veterinary Technician to do the following:

- (1) surgery;
- (2) diagnose;
- (3) prognose; and
- (4) prescribe.

Regulations defining tasks of Veterinary Technicians:

The Board shall adopt regulations establishing Animal health-care tasks and an appropriate degree of supervision required for those tasks that may be performed only by a Veterinary Technician or a Veterinarian.

Used with permission of the American Association of Veterinary State Boards (AAVSB).

Figure 4. AAVSB Veterinary Technology Practice Act Model.

A common focus of most practice acts is to define the services veterinary technicians can and cannot perform. The AVMA Model Practice Act states the following: “the practice of veterinary technology means to perform patient care or other services that require a technical understanding of veterinary medicine on the basis of written or oral instruction of a veterinarian, excluding diagnosing, prognosing, performing surgery, or prescribing.”¹⁵ While most states maintain phrasing similar to the aforementioned statement, many states can vary greatly in the particular services regulated by their practice act. For example, some states provide few or no regulations regarding dental procedures, while other states provide detailed descriptions of the services allowed. The Practice Act of Georgia states the following regarding dental procedures: “A veterinary technician working under the direction, supervision and control of a duly licensed veterinarian may provide the following animal patient care under direct supervision: dental procedures including, but not limited to the removal of calculus, soft deposits, plaque and stains; the smoothing, filing, and polishing of teeth; or the floatation or dressing of equine teeth; dental extraction not requiring sectioning of the tooth or the resectioning of bone.”¹⁶ This demonstrates the importance for veterinary technicians to understand and familiarize themselves with their state’s practice act so as to be educated in the services he or she can legally render. The practice acts for each state are constantly evolving, making it necessary to assess your state’s practice act on a regular basis.

Notes

1. Roger Lukens and Dan Walsh, *The Dynamic History of Veterinary Technology and Nursing—A Timeline, The First 50 Years and Beyond* (AVTE Committee on the History of Veterinary Technology, 2015), <http://www.avte.net/dynamic-history-of-the-avte-2015>. J. M. Paritte, “On Formalizing Veterinary Technician Education: ‘A Noble and Necessary Movement,’” *Veterinary Heritage* 36, nos. 1-2 (2013), 17–23.
2. Ibid.
3. Ibid.
4. Lukens and Walsh, *Dynamic History of Veterinary Technology and Nursing*.
5. Paritte, “Formalizing Veterinary Technician Education.”
6. Rebecca Rose and Carin A. Smith, *Career Choices for Veterinary Technicians: Opportunities for Animal Lovers*, Revised First Edition (Lakewood, CO: AAHA Press, 2013).

7. National Association of Veterinary Technicians in America (NAVTA), "Specialties," *NAVTA.net*, accessed September 9, 2015, <http://www.navta.net/?page=specialties>.
8. "Profession," *Merriam-Webster*, accessed September 2, 2015, <http://www.merriam-webster.com/dictionary/profession>; "Profession," *Oxford Dictionaries*, accessed September 2, 2015, http://www.oxforddictionaries.com/us/definition/american_english/profession.
9. Ibid.
10. American Veterinarian Medical Association (AVMA), "Veterinary Technology Programs Accredited by the AVMACVTEA," *AVMA.org*, accessed September 2, 2015, <https://www.avma.org/ProfessionalDevelopment/Education/Accreditation/Program:programs-all-programs-list.aspx>.
11. "Oath," *Encyclopaedia Britannica*, accessed September 2, 2015, <http://www.britannica.com/topic/oath-religious-and-secular-promise>.
12. National Association of Veterinary Technicians in America (NAVTA), "Veterinary Technician Code of Ethics," *NAVTA.net*, http://c.ymcdn.com/sites/www.navta.net/resource/colletion/946E408F-F98E-4890-9894-D68ABF7FAAD6/navta_vt_code_of_ethics_07.pdf.
13. Bassert and Thomas, *McCurnin's Clinical Textbook for Veterinary Technicians*.
14. Ibid.
15. American Veterinary Medical Association (AVMA), "Model Veterinary Practice Act—January 2013," *AVMA.org*, last modified January 2013, www.avma.org/KB/Policies/Pages/Model-Veterinary-Practice-Act.aspx.
16. AVMA, "State Summary Report: Authority of Veterinary Technicians and Other Non-Veterinarians to Perform Dental Procedures," *AVMA.org*, accessed September 2, 2015, <https://www.avma.org/Advocacy/StateAndLocal/Pages/sr-dental-procedures.aspx>.

Suggested Resources

American Association of Veterinary State Boards (AASVB). "Practice Act Model." *AASVB.org*. Last modified 2014. <https://www.aavsb.org/PAM>.
 National Association of Veterinary Technicians in America (NAVTA). "A Model Practice Act." *NAVTA.net*. Last modified January 2009. www.navta.net/resource/collection/946E408F-F98E-4890-9894-D68ABF7FAAD6/Model_Practice_Act_-_Rev_2009.pdf.

Case scenarios

Suggested Approach to Using These Cases

Robert “Pete” Bill, DVM, PhD

The remainder of the book contains case scenarios. The purpose of these scenarios is to evoke discussion and to stimulate thinking that allows multiple perspectives that often conflict within veterinary medicine: the rights of the animal, the rights of the owner, the rights of the veterinary professional involved with the situation, and the rights of the community to be safe and healthy. The case scenarios are intentionally not categorized into particular types of conflict or ethical scenarios because most realistic conflicts or dilemmas often have multiple facets that transcend a simplistic, pigeon-holed category. This also allows instructors to utilize the same scenario to potentially illustrate several different ethical or conflictual situations and perspectives. Additionally, the titles are intentionally created to avoid showing a bias toward or away from a particular ethical point of view. Thus, these case scenarios provide a rich context for launching discussions with many interesting tangents and insights.

While legal definitions as prescribed by law can help, most laws are written in a manner to provide a skeletal framework for the principles of the law, which are intended to allow further legal decisions or cases to set precedence and flesh out the law in greater detail. Unfortunately, or fortunately, because the number of legal precedents in veterinary medicine are fairly few (relative to human medicine), it is very easy to quickly find oneself in a gray zone of legal interpretation of the law for which no legal precedence has been set. Thus, many of the issues confronting veterinary professionals fall into the realm of ethical discussions and interpretation of

various codes of ethics or other professional guiding documents.

Thus, as you read and discuss these scenarios, attempt to look at the issue from more than just one perspective. These cases have been purposely created so as not to have one tidy, legal answer that neatly wraps up the decision and the direction of the case scenario. Instead, they represent the more realistic scenarios in which there often is more than one correct course of action depending upon one's own belief system or priority for rights. Through active discourse and discussion, it is hoped that you will gain insight into not only common ethical dilemmas you are likely to encounter, but also how individuals can have and hold valid differing points of view. The points of view presented after each case illustrate some examples of these, and you may very well find yourself aligning with one particular point of view. We encourage you to remain open to other points of view, keeping the larger goal in mind of your service to animals and the humans with whom they live and work.

Case 1

How Much Help Is Too Much Help?

Andrea DeSantis Kerr, DVM

Brandy is a credentialed veterinary technician with 15 years of experience. She has been employed at Dexter Animal Hospital for the past eight years and is considered their lead technician. Today Brandy is assigned to help Dr. Angelo. Dr. Angelo is a new DVM graduate who started with the practice two months ago. He is personable with the staff and clientele and is eager to learn.

Dr. Angelo and Brandy are assigned to surgery for the day. The first surgery is a canine ovariohysterectomy, which goes smoothly, and Dr. Angelo thanks Brandy for her assistance and encouragement, as he has limited surgical experience. The second surgery is a feline declaw that was a last-minute addition to the schedule the day before. Dr. Angelo states that he is surprised to see the declaw procedure on the surgery schedule because it was not scheduled when he checked the list on his last workday, which was two days prior. Dr. Angelo informs Brandy that he has never performed a declaw procedure or used the laser. He says he feels uncomfortable performing the procedure without supervision. Brandy advises him to tell Dr. Connelly, the practice owner. Dr. Angelo leaves; when he returns he says that Dr. Connelly told him to move forward with the procedure because Brandy would be there and she has assisted with hundreds of declaws.

Once in surgery, it is apparent to Brandy that Dr. Angelo is nervous. He keeps referring to a surgical text he has brought into the surgery room.

Brandy kindly makes suggestions to him during each step of the procedure, “I’ve always seen it done like this....” There are several occasions in which Brandy physically places Dr. Angelo’s hands and positions his instruments on the patient’s phalanges. The procedure goes well and the patient recovers uneventfully. The question is, did Brandy actually practice veterinary medicine in this situation, or was she within her legal rights as a veterinary technician?

Points of view to consider in this scenario

- Did Brandy stay within her legal boundaries as a veterinary technician?
- What are the ethical concerns within the scenario, and whose responsibility it is to ensure quality care for the patient?

Commentary

Andrea DeSantis Kerr, DVM

The situation of an experienced veterinary technician mentoring and coaching a recent DVM graduate can happen in any practice setting. When evaluating the legal responsibilities of all parties involved, it is good practice to review the Model Veterinary Practice Act from the American Veterinary Medical Association (AVMA).¹ This model provides a guideline for states to adopt and apply to their state legislation. Every state may vary, but the model practice act represents an appropriate model for purposes of discussion. The model practice act states that the practice of veterinary medicine by a veterinarian means “to diagnose, prognose, treat, correct, change, alleviate, or prevent animal disease, illness, pain, deformity, defect, injury, or other physical, dental, or mental conditions by any method or mode including the performance of any medical or surgical procedure.”² It states that the practice of veterinary technology means “to

perform patient care or other services that require a technical understanding of veterinary medicine on the basis of written or oral instruction of a veterinarian, excluding diagnosing, prognosing, performing surgery, or prescribing.”³ The question is whether or not Brandy practiced veterinary medicine by assisting and instructing Dr. Angelo. You could argue that Dr. Angelo made the actual incisions for the patient, so he performed the surgery, hence practicing the veterinary medicine for this patient. You could also argue that by Brandy providing him with verbal and physical instruction she is walking a fine line of practicing veterinary medicine and surgery.

So what are the ethical concerns for this scenario? The first may be that the owner of the practice, Dr. Connelly, has left Dr. Angelo in a very difficult situation. Dr. Connelly has dismissed the request for help by this new DVM graduate and has placed the burden of the patient’s care and well-being on Brandy. This is unfair to both Dr. Angelo and Brandy. If Brandy refuses to give Dr. Angelo direction, then the quality of care the patient receives could be subpar and detrimental to the patient. Brandy has a professional responsibility to the patient to ensure that the patient receives the best care. If she chooses to help Dr. Angelo, as she did in this case, she risks overstepping her bounds as a credentialed veterinary technician but may morally feel obligated to do so for the health of the patient. In this scenario the patient recovers uneventfully, but what would the consequences be if there had been complications? What ramifications could there be for the practice, for Dr. Angelo, and for Brandy? What if the scenario becomes a regular occurrence? What are Brandy’s legal and ethical responsibilities?

Further points of discussion

Does the following information alter the scenario in any way?

- What if Dr. Connelly expects Brandy to perform duties outside of her designated responsibilities, such as closing the skin incision on feline ovariohysterectomies or performing feline castrations?

Notes

1. American Veterinarian Medical Association (AVMA), “Model Veterinary Practice Act—January 2013,” AVMA.org, last modified January 2013,

www.avma.org/KB/Policies/Pages/Model-Veterinary-Practice-Act.aspx.

2. Ibid.

3. Ibid.

Case 2

Sharing the Hidden Truth

Christina V. Tran, DVM

Mr. and Mrs. Hall bring their newly adopted Vizsla “Sadie” to their veterinary clinic for a first visit. Sadie was obtained from a private party three days ago and the previous owner provided no medical records. Jessi, a credentialed veterinary technician, greets them and begins taking a history in the exam room. The couple is very excited about adopting Sadie, and they look forward to having her be the “big sister” to their soon-to-be-born first child.

According to Mrs. Hall, Sadie came to them through her previous owner, who is no longer able to care for Sadie. The previous owner did not report any medical or behavioral problems and stated that Sadie is current on all vaccines. The Halls report that Sadie is adjusting well to her new home; they do not have any concerns at this time. They do mention that she seems excitable at times, but attribute it to the recent move to a new home. Sadie is taking preventive flea and heartworm medication on a monthly basis.

As Jessi completes her history taking, she scans the dog and finds a microchip. The Halls comment that they did not realize Sadie was microchipped and do not have any paperwork from the previous owner. Jessi then leaves the exam room to find out more information about the microchip; she discovers that the microchip is linked to another hospital patient named “Abby.” The previous medical records show that the most recent visits and communications noted growing concern that Abby was

becoming aggressive. There was an incident where she had growled and snapped at a young neighborhood child visiting the previous owners' home. Also noted were several instances when the previous owners were almost bitten by Abby when petting her as she slept or while she was eating from her food bowl.

Points of view to consider in this scenario

- Knowing that Sadie has a recent history of aggression and that the Halls are expecting their first child, what should Jessi do?

Commentary

Christina V. Tran, DVM

This situation presents several dilemmas for Jessi. One aspect of the dilemma is that Jessi has previous medical records, which indicate Sadie (previously Abby) has shown aggression in multiple situations. According to Section 19 of the AVMA's Model Veterinary Practice Act,¹ veterinarians and their employees are ethically obligated to maintain confidentiality with respect to client information and veterinary medical records. There are only a few exceptions to maintaining confidentiality, none of which pertain to the above scenario. It is important to review the state practice act when considering the potential transfer of information from a medical record.² It is possible for consent to be obtained from the previous owners; however, it is unclear how one would present this information to the Halls without breaching veterinarian-client confidentiality.

One option for Jessi is to say nothing to the Halls regarding the previous history of aggression. The Halls have not reported any behavioral concerns, so it is possible that the aggression was related specifically to the previous owners' household. However, knowingly withholding pertinent

medical history may place the Halls in a dangerous situation. The potential risks to the Halls and their growing family are significant.

Another option for Jessi is to share the pertinent medical information with the Halls without consulting the previous owners. As stated above, this would be considered a breach of veterinarian-client confidentiality. While it would provide the Halls with important information regarding Sadie's behavior, should the previous owners discover the breach in confidentiality, there is potential for legal action to be taken against Jessi and the veterinary practice.

Jessi could also contact Sadie's previous owners and obtain permission to share her previous medical records with the Halls. This would be the ideal option for Jessi, as it would allow for the entire medical history to be shared appropriately with the new owners. The Halls would then be able to make an informed decision regarding how they should proceed with Sadie's aggressive behavior. However, what if the previous owners refused to relinquish Sadie's medical records to the Halls? Given the strong possibility that Sadie was given up for adoption because of her behavioral problem, the previous owners may be unwilling to take Sadie back from the Halls.

Further points of discussion

- What is the responsibility of the practice to the new owners if they do not tell the Halls about Sadie's previous history of aggressive behavior?
- If Jessi shares Sadie's previous medical history with the DVM and he chooses not to share the information with the Halls, what should Jessi do?

Notes

1. American Veterinarian Medical Association (AVMA), "Model Veterinary Practice Act – January 2013," [AVMA.org](http://www.avma.org/KB/Policies/Pages/Model-Veterinary-Practice-Act.aspx), last modified January 2013, www.avma.org/KB/Policies/Pages/Model-Veterinary-Practice-Act.aspx.
2. American Veterinarian Medical Association (AVMA), "Confidentiality of Veterinary Patient Records," [AVMA.org](http://www.avma.org), last modified August 2015, <http://www.avma.org/Advocacy/StateAndLocal/Pages/sr-confidentiality-patient-records.aspx>.

Suggested Resource

American Veterinarian Medical Association (AVMA). “Veterinary State Board Web Sites.” [AVMA.org.
https://www.avma.org/KB/Resources/Reference/Pages/Veterinary-State-Board-Web-sites.aspx](https://www.avma.org/KB/Resources/Reference/Pages/Veterinary-State-Board-Web-sites.aspx).

Case 3

Convenience Euthanasia

Robert “Pete” Bill, DVM, PhD

Janet is the senior veterinary technician in a small animal hospital, with four doctors and eight veterinary technicians, in a busy metropolitan area in the northeastern United States. She has been with the hospital for 14 years and knows most of the clients by first name.

Recently, Mrs. Riddel, a long-time client whose 11-year-old poodle mix, Precious, has been coming to the hospital since it was a puppy, passed away. Mrs. Riddel’s daughter has reluctantly inherited Precious at the bequest of Mrs. Riddel in her will. Today the daughter brought Precious in with the presenting complaint that Precious “smells” and has “awful teeth.” A physical exam reveals Precious has a moderate amount of dental tartar that can be easily removed with a thorough dental cleaning. When the veterinarian explains this to the daughter, the daughter states: “I don’t have any money for that kind of thing. We just need to put this dog to sleep, as I can’t tolerate her smelling my house up.”

Precious does not have any other medical problems; is bright, alert, and active; and at this point enjoys a good quality of life. When offered the suggestion that Precious might be adoptable to another owner, the daughter replies, “I already tried that. The humane society said she was too old to be adopted, and they would just put her to sleep. So here I am.”

Having worked with Mrs. Riddel for 11 years of Precious’s life, Janet knows how close Mrs. Riddel was to Precious after her husband died. Janet offers to adopt Precious, but the daughter steadfastly refuses. “This

just needs to be over,” she replies. “If you people won’t do it, I’m sure the hospital down the street will.”

The veterinarian reluctantly agrees to euthanize Precious. When offered the opportunity to stay with Precious during the process, the daughter refuses and prepares to leave the exam room. The veterinarian says, “There will be no charge for this. Precious has been with us too long.” The daughter abruptly leaves the exam room and the hospital. The veterinarian says to Janet, “We never collected any money for this euthanasia, and there wasn’t any euthanasia permission slip signed ... so in my mind there wasn’t any financial transaction and that owner is not out anything if Precious somehow found her way to a new home. Seems to me that would be a win-win situation for everyone including Precious.”

Janet agrees; she is considering taking Precious home with her.

Points of view to consider in this scenario

- Is Janet taking property that does not belong to her?
- Is the veterinarian acting in a humane way to allow Janet to take Precious?
- Is the veterinarian breaking the contract to which she or he agreed with Precious’s legal owner?

Commentary

Robert “Pete” Bill, DVM, PhD

The ethical dilemma focuses on what is considered in the best interest for the animal and the legal obligations involved in the veterinary-client relationship. The facts surrounding this situation are as follows:

- The animal is considered to be property by state law in all of the states in the northeastern United States.

- Property is owned by an owner who may, within the bounds of law, do with it whatever they wish.
- By agreeing to perform the euthanasia, the veterinarian agreed to enter into a contract with the owner even though there was no paperwork signed to formalize the contract.
- Failure to carry out the contract as agreed would constitute a breach of contract between the veterinarian and owner.

Can Janet legally adopt the dog? The owner has not given up ownership of Precious, and therefore Janet cannot legally adopt the dog.

At what point does a veterinarian assume responsibility for the care of a pet brought to the practice? According to the American Veterinary Medical Association's (AVMA) Principles of Medical Ethics, Section III,¹ a veterinary-client-patient relationship (VCPR) is established when a veterinarian does all of the following:

- The veterinarian has assumed responsibility for making clinical judgments regarding the health of the patient, and the client has agreed to follow the veterinarian's instructions.
- The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient.
- The veterinarian is readily available for a follow-up evaluation or has arranged for emergency or continuing care and coverage.
- The veterinarian provides oversight of treatment, compliance, and outcome.
- Patient records are maintained.

In this case, a valid VCPR has been established, as the veterinarian has examined Precious and is familiar with Precious's medical history. The veterinarian also agreed to comply with the treatment requested.

Is the veterinarian under a legal obligation to carry out the owner's wishes? Regardless of whether a legal document was signed or not, the owner requested a service to which the veterinarian agreed, reluctantly, to provide the service. This obligates the veterinarian to complete the wishes unless the act could be construed as animal cruelty under state or local laws or ordinances. Such ordinances declare the extent to which an animal has legal rights in the vast majority of states.

Would Janet be able to secretly take the dog home if she did not tell the veterinarian? Because there was no transfer of property ownership,

this, in effect, would be theft of private property.

Isn't Precious entitled to rights that would supersede the daughter's intention to euthanize her? In the United States animals are considered to be property without rights other than those listed by state or local ordinances and law as "animal cruelty" or under federal law as "endangered species." Although "guardianship" is an issue being debated in the United States and elsewhere, guardianship has not been legally passed in any state. A "guardian" is a term with, according to the AVMA, "significant implications and repercussions" in which the ward's interests are always to prevail over those of the guardian. In this situation, if guardianship existed, and euthanasia was deemed to not be in the best interest of the ward (Precious), then the daughter's (guardian) wishes would not be followed. Of course, such an interpretation, as is the case in human questions related to guardianship, would have to be determined by a regulatory body with authority to make such decisions. Theoretically, almost every euthanasia situation not already covered by law (such as emergency euthanasia in trauma cases) would have to be decided before a regulatory board, as would any significant healthcare or quality of life decision for an animal. As the law stands today, however, Precious does not have rights that supersede the owner's rights.

If Janet were to take the dog home and the daughter in this scenario were to find out, would Janet be protected under the "captain of the ship" concept since the veterinarian made this suggestion that someone might take the dog home? Although the nuances of this would be determined by a regulatory board or adjudicating body, Janet would not be protected under the "captain of the ship" largely by virtue that she knew better. It would be argued that her training and education would have included professional and ethical behavior, along with some familiarity with the basics of law as it relates to the veterinary technician profession and animals under their care. Therefore, Janet would be unable to claim ignorance of the law because she is held to a higher standard of law than the public citizen or even a veterinary assistant that is not part of the recognized, regulated profession.

Further points of discussion

- Is there a way the veterinarian could have gotten the daughter to turn over Precious to the veterinarian legally as a transfer of property and therefore the rights to do with the property as the

veterinarian would see fit?

- Could the request to euthanize Precious be considered “animal cruelty” and therefore subject to legal intervention that would have prevented the euthanasia?

Note

1. American Veterinary Medical Association (AVMA), “Principles of Veterinary Medical Ethics of the AVMA,” [AVMA.org](https://www.avma.org/KB/Policies/Pages/Principles-of-Veterinary-Medical-Ethics-of-the-AVMA.aspx), <https://www.avma.org/KB/Policies/Pages/Principles-of-Veterinary-Medical-Ethics-of-the-AVMA.aspx>.

Suggested Resources

American Veterinarian Medical Association (AVMA). “State & Local Ownership vs. Guardianship Issues.” [AVMA.org](https://www.avma.org/Advocacy/StateAndLocal/Pages/state-issues-ownership.aspx). <https://www.avma.org/Advocacy/StateAndLocal/Pages/state-issues-ownership.aspx>.

American Veterinarian Medical Association (AVMA). “State Advocacy Issue: Pet Owner or Guardian? Animal Health Institute, November 2005.” [AVMA.org](https://www.avma.org/Advocacy/StateAndLocal/Pages/owner-guardian-ahi.aspx). <https://www.avma.org/Advocacy/StateAndLocal/Pages/owner-guardian-ahi.aspx>.

Phillips, Kenneth M. “Ownership v. Guardianship.” *Dog Bite Law*. <http://dogbitelaw.com/ownership-of-a-dog/ownership-v-guardianship>.

Rollin, Bernard E. “Veterinary Medical Ethics—Convenience Euthanasia.” *Canadian Veterinary Journal* 47, no. 8 (August 2006): 741–42. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1524831/>.

Case 4

Social Media: Not as Private as You Think

Jamie Schoenbeck Walsh, RVT

Daniel has been a credentialed veterinary technician for one year at a research laboratory for a drug manufacturer. Daniel's interest in research developed during college, when his veterinary technology class toured a research facility and heard presentations by veterinary technicians working there; the challenging work, animal contact, global connections, and competitive salary were very appealing. He was hired immediately upon graduation in the facility's animal care services, working as a member of the veterinary team. The team is responsible for preventative care of the lab animals, including the dog colony. The team also runs the anesthesia service for primary investigators.

After his first year, Daniel is eligible to transfer to another division within the facility. Daniel has been interested in transferring to the catheter implantation laboratory section to learn and further his career at the facility. In weighing the pros and cons, Daniel is conflicted about leaving his animal advocacy role and decides to gather some opinions.

Daniel seeks out his professional colleagues' advice by discussing his options both with his coworkers in the animal care services and a group of former classmates, all credentialed veterinary technicians, through their Facebook page. Daniel did not discuss any facility proprietary information with his Facebook group, posting only generalities about his personal

professional development opportunities within his facility. With his coworkers' and Facebook professionals' advice in mind, Daniel makes the decision to put in the transfer request to the catheter implantation lab.

The following week, Daniel receives a notice to come to the director's office. He prepares for the meeting by going over his request for reassignment. Daniel has received good evaluations under this director's leadership and thinks he is in a good position for transfer. The director begins the meeting by asking Daniel if he's familiar with the confidentiality policy for the facility. Daniel says he is familiar with the proprietary information policy, and asks if this is about his request for a transfer to another department. The director says that the administrative head of their section informed him that Daniel had breached facility confidentiality through posting on social media. Someone in Daniel's professional group shared Daniel's situation with a friend who knows the administrator's wife. The director tells Daniel he was instructed to talk with him about violating policy.

The director tells Daniel that he has no choice but to follow the facility's policies. Daniel is being dismissed from the facility, due to breaking the confidentiality policy by mentioning the facility on Facebook. Daniel details the professional conversations that took place online, saying he did not divulge facility proprietary information, and made sure privacy settings could not go outside the group. The director mentions that once something is posted on social media, there is no control over what happens with the information from that point forward, and Daniel should have known this.¹

Points of view to consider in this scenario:

- What are the ethical concerns in Daniel's case?
- What role does interpretation of policy play in Daniel's dismissal?
- What should Daniel have done differently in seeking advice from his peers?
- Are privacy settings on social media truly secure?
- What is social media's role in professional groups and organizations?

Commentary

Jamie Schoenbeck Walsh, RVT

In this digital age, social media is a ubiquitous method for interacting with both friends and professional colleagues. The situation of “consulting” a professional group online is an everyday occurrence by evidence of the multitude of professional listservs, blogs, websites, and Facebook pages.

The role of confidentiality and maintaining privacy is of highest importance in research. Research facilities own the information discovered at the facility, often referred to as proprietary information. Examples of proprietary information include financial and marketing information, research and development, and specific information such as production information, employment relationships between divisions, and projects in progress or future plans.

Daniel was accused of a breach of confidentiality for discussing his work situation on Facebook. In this scenario, one view is that Daniel’s online colleagues and peers within the facility are considered in the category of veterinary professionals. Daniel’s explanation to his director detailed that he did not release facility proprietary information online. We can interpret from Daniel’s explanation that he had no ethical concerns about his actions. In an employment case such as Daniel’s, policy often dictates the professional standard. As evidenced by Daniel’s dismissal, his explanation that he was acting in a professional manner does not have any weight, as long as a known institutional policy is in place.² It can be argued that Daniel has some responsibility in his situation to understand his institution’s confidentiality policy in detail. There is no mention that Daniel signed an agreement concerning proprietary information or a confidentiality statement. However, in most employment situations, unless an actual contract is involved, it is not uncommon thinking for an employee to be responsible for understanding and following any printed and “acceptable practice” facility policies that may not even be written down. It is also common that employees spend time in orientation learning the many policies, acceptable practices, and standard operating procedures

in a research setting. Two points can be raised. First, inadequate training on institutional policies could open an avenue of appeal for dismissal in this case. And second, depending on the language in the policy, is there a difference between what “proprietary information” is and what it means to “breach confidentiality?”³ It was noted in Daniel’s situation that he talked with his peers within the facility. A benefit of networking within your own facility is learning details of the institution’s culture. Rather than seeking opinions and advice online, more reliable information for understanding the application of policies, hierarchies, and promotion within the facility is gained through in-house networking. Could it be that if Daniel had only sought advice within his facility, he may have avoided the consequences of his dismissal for using social media?

Email, social media, business media like LinkedIn, electronic records, social streaming (Twitter, etc.), and ease of access to these media forms has replaced common face-to-face conversations, meetings, and networking, most familiar before 2005. Some believe that there is a false understanding that these media communications can be secured with privacy settings. As reported daily by news sources, no information delivered through electronic media is guaranteed safe from hacking or further distribution. Facebook, particularly, with one friend’s ability to “friend” another not on the original list, may allow less security for personal postings.

Does social media have a role in professional organizations? Social media has become a powerful tool for many organizations and businesses. It allows immediate communication, and it can be a marketing tool to promote the organization and recruit new members. Social media can help build community within an organization, where more can be accomplished through the collective than through an individual. However, caution needs to be taken because content in social media is generated by the user, rather than an independent, unbiased entity. Security is not guaranteed and information produced is not always reliable. In this scenario, Daniel feels justified in that he was communicating with a closed group of professionals. However, once Daniel released his information online, it was out of his control as to where his comments and information would end up. Once his posting came to the attention of administration, the director was bound by the institution’s policy.

Daniel’s case demonstrates that in today’s online world, lines are blurred in what constitutes a breach of confidentiality. Facilities and workplaces should research and clearly outline policies concerning its employees’ use of social media, and properly educate policy users.

Further points of discussion:

- If Daniel never signed a confidentiality statement for the institution, does he have recourse to contest the dismissal?

Notes

1. Chris Dimick, "Privacy Policies for Social Media," *Journal of AHIMA*, Jan. 6, 2010, <http://journal.ahima.org/2010/01/06/social-media-policies>.
2. Paul Cowie, Bram Hanono, and Dorna Moini, "Social Media: Protecting Trade Secrets and Proprietary Information," *America Bar Association*, Jan. 15, 2014, <http://apps.americanbar.org/litigation/committees/employment/articles/winter2014-0114-social-media-protecting-trade-secrets-proprietary-information.html>.
3. National Human Research Protections Advisory Committee (NHRPAC), "Recommendations on Confidentiality and Research Data Protections, National Human Research Protections Advisory Committee," *HHS.gov*, last modified July 31, 2002, <http://www.hhs.gov/ohrp/archive/nhrpac/documents/nhrpac14.pdf>.

Suggested Resource

Bosari, Jessica. "The Developing Role of Social Media in the Modern Business World." *Forbes*. August 8, 2012. <http://www.forbes.com/sites/moneywisewomen/2012/08/08/the-developing-role-of-social-media-in-the-modern-business-world>.

Case 5

Between a Rock and a Hard Place

Andrea DeSantis Kerr, DVM

Melissa is a credentialed veterinary technician who manages Critter Care Veterinary Clinic. The staff consists of three veterinarians, five veterinary technicians, two kennel staff members, and one receptionist. Melissa has been managing the clinic for five years and is considered honest and fair by all of the employees. The clinic has been financially successful in the past, but has seen lost revenue within the last year due to another newer and fancier veterinary clinic opening three blocks away. The staff is worried that the decline in business will lead to possible layoffs. The practice owner, Dr. Weir, approaches Melissa and informs her that she will be laying off two staff members: Katie, an RVT who has been at the practice for two years, and Wendell, one of the kennel staff members. She asks Melissa to keep the information confidential. Two days later, Katie asks Melissa if she has heard anything about reductions in staff. Katie states she is worried that she will be unable to pay the mortgage on her newly purchased home if she is laid off. Melissa feels torn between remaining loyal to Dr. Weir by respecting her request for confidentiality and her own personal values of maintaining honesty with all the staff members she manages. What should she do?

Points of view to consider in this scenario

- What is Melissa's responsibility to Dr. Weir?

- What is Melissa's responsibility to her staff and to upholding her own personal moral code of honesty?

Commentary

Andrea DeSantis Kerr, DVM

In this situation, there is no legal conundrum and there are no laws to reference for assistance on what should be done. It is a situation that many of us find ourselves in on a regular basis—being put between a rock and a hard place. Melissa has suddenly been placed precariously between two parties and will surely disappoint one with whatever action she takes.

First we will look at Melissa's responsibility to Dr. Weir. Maintaining confidentiality means maintaining someone else's trust. In this case, Melissa wants to maintain Dr. Weir's trust and hold true to her own moral code of being honest and fair. As the manager of the clinic, Melissa is most likely privy to confidential matters on a regular basis. The fact that Dr. Weir told Melissa of the impending layoffs demonstrates Dr. Weir's trust in her. Melissa, on the other hand, may wish she was not informed about this particular matter. She now feels a moral conflict as she has always upheld an honest relationship with the employees she manages. She also risks disappointing Dr. Weir if she confirms Katie's suspicions and Dr. Weir discovers the breach in trust.

So what is Melissa's responsibility to Katie? What is her responsibility to herself? If Melissa wants to maintain an open and honest relationship with Katie, she will inform her of the impending layoff, but then she will be violating her responsibility to Dr. Weir. If Melissa does not inform Katie of the layoff, she may be violating her own personal moral code of upholding honesty and openness with her colleagues. She must also be prepared for Katie to possibly question her regarding her knowledge of the situation. If Katie approaches Melissa after she is informed of the unfortunate news, Melissa will have a choice to remain silent or to be

honest with Katie and confirm she knew the information ahead of time. Some would say that she should follow the “Golden Rule” and treat others as she would want to be treated. In this situation, how would Melissa want to be treated? If she were in Dr. Weir’s shoes, she would want her manager to maintain confidentiality. However, if she were in Katie’s shoes she would want to know as soon as possible if financial instability were in her near future. Melissa may worry, too, about alienating the remaining staff if they discover she knew of the impending layoff and did not confirm Katie’s suspicion ahead of time. How should Melissa proceed?

Further points of discussion

- How does the scenario change if Melissa is not the manager of the practice?

Case 6

Employee Leaving: What to Tell the Clients?

Jamie Schoenbeck Walsh, RVT

Golden City is a small city with three veterinary practices, one small animal practice, and two mixed animal practices. Olivet is a credentialed veterinary technician who originally started her career at Golden City Veterinary Clinic, a mixed animal practice. Olivet was well known at her original clinic, popular with clients, and enjoyed riding with the veterinarian on farm calls. In the last year, her duties had shifted to working mostly in-house at the clinic, and veterinary interns began riding with the veterinarian instead.

Olivet recently left Golden City Veterinary Clinic to join the staff at Marvel Veterinary Clinic, also a mixed animal practice. She has been offered the opportunity to operate her own veterinary truck after the first three months of employment, when she has had her first employment evaluation. A recent change in the veterinary practice act in her state allows credentialed veterinary technicians to practice under indirect supervision of a veterinarian for specific production animal procedures. Olivet is very excited about the opportunity.

Olivet's former colleague, Mattie, is still working at Golden Veterinary Clinic. Mattie has been fielding many requests from clients to know what happened to Olivet, and why she is no longer working there. Mattie tells a few of her well-known clients that Olivet is working at another clinic and

she plans to follow soon. In a short time, some clients leave Golden City Veterinary Clinic and seek veterinary care at Marvel. Olivet is surprised to see familiar names on the farm visit schedule.

After several clients have switched to Marvel Veterinary Clinic, Dr. Marvel calls Olivet in to her office to ask what is going on. Why are clients switching from Golden City to Marvel Veterinary Clinic? The veterinarian at Golden City has contacted Dr. Marvel and is threatening a lawsuit for solicitation of Golden City Veterinary Clinic clients. What should Olivet do?

Points of view to consider in this scenario

- Does Olivet have any responsibility for former clients leaving Golden City for Marvel Veterinary Clinic?
- If Olivet signed employment contracts at both Golden City and Marvel Veterinary Clinic, how do they come in to play in this situation?

Commentary

Josh L. Clark, MS, RVT

In veterinary medicine, it is quite common for veterinarians to sign noncompete agreements when they accept employment at a veterinary practice. These types of contracts place restrictions on the geographical area in which a veterinarian can practice if s/he leaves her/his current practice, and they are typically written for a specific period of time (e.g., cannot practice within a 10-mile radius of the practice for the next three years). This is done to prevent a veterinarian from leaving one practice and then accepting employment at another practice a mile down the road and soliciting clients from the previous practice.

While noncompete agreements are common for veterinarians, they are

not as common for veterinary technicians. However, in this scenario, it seems as though the owner of Golden City Veterinary Clinic might have benefited from having Olivet sign a noncompete agreement to keep her from being able to accept employment at the other mixed animal practice in town.

In this scenario, it is actually Mattie who is telling clients at Golden City Veterinary Clinic that Olivet is now employed at Marvel Veterinary Clinic and that she will also be leaving soon to accept employment at Marvel Veterinary Clinic. There is no evidence presented in the scenario that indicates that Olivet has done anything to solicit clients or employees from Golden City Veterinary Clinic. If Olivet knows that Mattie is suggesting that clients at Golden City Veterinary Clinic follow Olivet to Marvel Veterinary Clinic, then Olivet should explain to Mattie that continuing to do so is unacceptable.

If Mattie's boss at Golden City Veterinary Clinic finds out that Mattie is suggesting that clients switch to Marvel Veterinary Clinic, it could result in her losing her job. Most states are at-will employment states, which means that an employee can be fired at any time, with or without cause, as long as the reason for firing is not illegal (e.g., firing someone because of their race, gender, religion, age, disability). If Mattie's boss at Golden City Veterinary Clinic informs the owner of Marvel Veterinary Clinic that Mattie has been soliciting clients, it could jeopardize her chances of obtaining employment at Marvel Veterinary Clinic as well. After all, what would stop Mattie from doing the same thing to Marvel Veterinary Clinic if she left there for a different job?

Does the solution to this problem involve having all employees at a veterinary practice sign noncompete/nonsolicitation agreements? Or should these types of agreements be limited to veterinarians and veterinary technicians? What about the receptionist, who is loved by all the clients at the practice, who decides to take a job at one of the other practices in town and clients follow her to the other practice? What about the employee who leaves for another practice and, instead of soliciting clients, starts soliciting employees at her former practice to come and work with her at her current practice?

It could be that the solution to all of these types of problems is having employees sign contracts that include noncompete/nonsolicitation agreements when they begin employment at a practice. Had the owner of Golden City Veterinary Clinic had both Olivet and Mattie sign contracts that included a noncompete restriction and a nonsolicitation restriction, it may well have prevented this situation from occurring in the first place.

More than likely, if each of them signed an employment contract, it would have prevented Olivet from accepting employment at the other practices in town and would have prevented Mattie from suggesting that clients follow Olivet when she started working at Marvel Veterinary Clinic. Had either Olivet or Mattie signed noncompete/nonsolicitation agreements, it may have given the owner of Golden City Veterinary Clinic a legal standing on which to bring a lawsuit.

While the advantages of having employees sign these types of contracts are fairly obvious, what about the disadvantages? Could requiring all employees to sign noncompete and nonsolicitation agreements be a turnoff to potential employees? Will hourly employees who might only be making \$10–12 per hour be willing to sign these types of agreements?

Another disadvantage is that a lawyer must be involved in helping to create noncompete/nonsolicitation agreements. Anytime legal documents are created, a lawyer should be involved with their development to ensure that the agreements function as they are supposed to, but also to ensure that the terms within the agreements are reasonable enough to hold up in a court of law.

This leads to another disadvantage that, even if the agreements were written with the help of a lawyer, some courts could still consider these types of agreements unenforceable. This is usually related to whether or not the agreements are considered reasonable. When it comes to reasonableness, courts try to weigh an employer's right to protect their business with the employee's right to find other employment. If the court deems the agreement infringes too much on the employee's opportunity to find other employment, the court may invalidate the agreement.¹

When drawing up these types of agreements, it is very important that the practice pay close attention to the geographical and time restrictions. For example, is it reasonable to restrict former employees from working at any veterinary practice within a 50-mile radius for the next five years? Or would it be more reasonable to restrict employment within a 10-mile radius for the next two years?

While it would be nice if employers could rely on former employees to do the right thing and not solicit clients and employees from a former practice, it is important for employers to protect their interests. However, before deciding whether or not noncompete/nonsolicitation agreements are right for your practice, it is important to consider the advantages and disadvantages of requiring them.

Further points of discussion

- Do you think veterinary technicians should be subject to noncompete agreements?

Note

1. Duane Flemming, “Veterinary Non-Competition and Non-Solicitation Covenants,” [VHMA.org](http://c.ymcdn.com/sites/www.vhma.org/resource/resmgr/imported/LS09FlemmingCompetition%20and%20Non-Solicitation.pdf), last modified April 2009, <http://c.ymcdn.com/sites/www.vhma.org/resource/resmgr/imported/LS09FlemmingCompetition%20and%20Non-Solicitation.pdf>.

Suggested Resources

Deutsch, Charlie, Susan Fielo, and Charlotte Lacroix. “Non-Compete, Non-Solicitation, and Non-Disclosure: What Are They and Do We Need Them?” *Veterinary Business Advisors*. Accessed May 14, 2015. [http://veterinarybusinessadvisors.com/up/file/Non-Compete_Article2.1.11\(Final\)_2.pdf](http://veterinarybusinessadvisors.com/up/file/Non-Compete_Article2.1.11(Final)_2.pdf).

Wade, Molly. “Non-Solicitation Agreements Add Bite to Your Veterinary Contract.” *VetNetwork Blog*. February 6, 2014. <http://vetnetwork.com/blog/2014/02/non-solicitation-agreements-add-bite-to-your-veterinary-contract/>.

Wohiferth-Berke, Pat. “Contracts and Restrictive Covenants: A Working Diagnosis.” [AVMA.org](https://www.avma.org/ProfessionalDevelopment/Personal/Pages/workir-diagnosis-contracts_restrictive_covenants.aspx). https://www.avma.org/ProfessionalDevelopment/Personal/Pages/workir-diagnosis-contracts_restrictive_covenants.aspx.

Case 7

What about the Lambs?

Andrea DeSantis Kerr, DVM

Elise is a credentialed veterinary technician and a certified farrier. She works at a rural mixed animal practice. Today Elise goes on a farm call with Dr. Johnson, the veterinarian and owner of the mixed animal practice. Elise and Dr. Johnson see a horse with chronic hoof problems. Elise trims and shoes the hooves to provide better support for the horse. While on the farm call, Elise and Dr. Johnson notice a dozen lambs in a penned area. The lambs have multifocal areas of alopecia classic for ringworm, and the majority of them show signs of an infection at the site of their tail docking. Dr. Johnson informs the owner of how to treat the suspected ringworm and the infected tail docking sites. She asks the owner if he would like to purchase the products needed for treatment. The owner states he has the necessary products. Elise returns alone to the farm two weeks later for a checkup of the horse with the chronic hoof problems. She notices the lambs are still infected and they appear to be in poor body condition. Elise asks the owner if he attempted to treat the ringworm and infected tail docking sites. He replies that he did not and felt that the lambs were fine. Elise mentions the condition of the lambs to Dr. Johnson upon her return to the clinic, and Dr. Johnson states that the owner of the farm has fallen on hard times and probably can't afford to treat them. What should Elise do?

Points of view to consider in this scenario

- What legal responsibility does Elsie have to the lambs? What ethical responsibility does she have to them?

Commentary

Daniel J. Walsh, LVT, RVT

What should Elise do? Her concern for the lambs involves their welfare. When considering Elise's scenario, one must consider laws regarding privately owned animals. In many states, animals are considered property. However, in today's society, animal welfare has become a large part of being socially conscious. Welfare acts usually fall under areas of state and municipal law, with statements regarding veterinary practices' responsibility.

Veterinary practice acts include the scope of practice of veterinary technicians and the type of supervision required for the technician to practice. Welfare laws may generally or specifically define the type of care that is required for animals and what constitutes neglect.

So are animals merely "property" under the law, allowing people to do pretty much anything they want with them? Or are there state animal cruelty statutes that require owners to provide appropriate food, water, shelter, and veterinary care?¹ In many states, anticruelty statutes require owners, even of livestock, to provide appropriate food, water, shelter, and veterinary care; animals can be, and frequently are, seized for perceived and actual violations of these statutes. This also raises the question of whether or not the lack of medical treatment for the animal, lambs in this case, can be a violation of the law.²

Does Elise have ethical and/or legal responsibilities in this situation?³ Elise's concern for the lambs involves the National Association of Veterinary Technicians in America (NAVTA) veterinary technician's code of ethics, which emphasizes a technician's responsibility for "providing excellent care and services for animals ... preventing and relieving the

suffering of animals, ... collaboration with other members of the veterinary medical profession ... to ensure quality health care for animals.”⁴ Additionally, the code includes the responsibility of the technician to uphold laws and to be held accountable for their actions. The NAVTA code highlights the veterinary technician’s responsibility for care of the animal patient. In this scenario, it is important to distinguish between animal neglect (not treating the lambs) and a valid reason for nontreatment by the owner of the lambs.⁵ It is common for veterinary healthcare professionals to see owners make choices about an animal’s treatment based on economics.

Elise could be in a situation that involves making a medical judgment. The scope of practice for veterinarians includes diagnosis, prognosis, performing surgery, and prescribing treatment. For veterinary technicians, their role is “to perform patient care or other services that require a technical understanding of veterinary medicine on the basis of written or oral instruction of a veterinarian, excluding diagnosing, prognosing, performing surgery, or prescribing.”⁶ Direct and/or indirect supervision can also be a part of this statement, depending on the state’s veterinary practice act. For treatment to take place, a client-patient-veterinarian relationship is required.

What if Elise feels strongly that the lambs must have treatment and care? One consideration for Elise as she makes a decision may include volunteering her services, after consulting with Dr. Johnson, to treat the lambs utilizing the products the owner has on hand. Elise would have some assurance that the welfare of the lambs is being addressed.

However, what if Elise performed the treatment without the permission of Dr. Johnson? Could that be considered practicing as a veterinarian without a license? Elise knows the client had instructions on treatment of the lambs, so would she be justified to treat on the basis of the instruction Dr. Johnson provided the client? Legal and ethical ramifications of having Dr. Johnson’s permission versus not having his permission would need to be contemplated.⁷

Further points of discussion

- Would this type of care likely fall under a Good Samaritan statute?
- What are the minimal obligations to animal welfare that apply to livestock animals, and are they being met in this scenario?

- What could be the consequences of Elise contacting a local humane officer or another responsible agency for advice, or reporting possible neglect?
- If the owner would deny Elise permission to treat and she treated the lambs when the owner was not around, could there be legal consequences for Elise?⁸
- Can ethics and law ever be in conflict? Why or why not?

Notes

1. Michigan State University (MSU), *Animal Legal and Historical Center*, <https://www.animallaw.info>; *Animal Law Resource Center*, <http://www.animallaw.com/index.cfm>.
2. MSU, *Animal Legal and Historical Center*.
3. American Association of Veterinary State Boards (AAVSB), “Licensing Boards for Veterinary Medicine,” [AAVSB.org](https://www.aavsb.org/DLR/), <https://www.aavsb.org/DLR/>; American Veterinarian Medical Association (AVMA), “Model Veterinary Practice Act—January 2013,” [AVMA.org](https://www.avma.org/KB/Policies/Pages/Model-Veterinary-Practice-Act.aspx), last modified January 2013, www.avma.org/KB/Policies/Pages/Model-Veterinary-Practice-Act.aspx; National Association of Veterinary Technicians in America (NAVTA), “Veterinary Technician Code of Ethics,” [NAVTA.net](http://c.ymcdn.com/sites/www.navta.net/resource/collection/946E408F-F98E-4890-9894-D68ABF7FAAD6/navta_vt_code_of_ethics_07.pdf), http://c.ymcdn.com/sites/www.navta.net/resource/collection/946E408F-F98E-4890-9894-D68ABF7FAAD6/navta_vt_code_of_ethics_07.pdf
4. NAVTA, “Veterinary Technician Code of Ethics.”
5. MSU, *Animal Legal and Historical Center*; AAVSB, “Licensing Boards for Veterinary Medicine.”
6. AVMA, “Model Veterinary Practice Act.”
7. AAVSB, “Licensing Boards for Veterinary Medicine;” AVMA, “Model Veterinary Practice Act;” NAVTA, “Veterinary Technician Code of Ethics.”
8. Cornell University Law School Legal Information Institute, WEX, *Trespass*, <https://www.law.cornell.edu/wex/trespass>; NAVTA, “Veterinary Technician Code of Ethics.”

Case 8

She Said What? Gossip in the Workplace

Robert “Pete” Bill, DVM, PhD

Shannon is a graduate veterinary technician who has been working at a contemporary, small animal practice for the past six months. Shannon works with Brenda, who is a credentialed veterinary technician with over 20 years of experience in the profession. Brenda was granted her credentials during a period of time in which her state allowed experienced assistants to take the national and state credentialing examination; if they passed, they were granted credentials. She has been at her current job for the past six years, following a span of two years when she was not employed. Brenda is always pleasant and professional to work with, the veterinarians like her, and they respect her experience and the skills she has developed. She advances her skills through continuing education and typically exceeds the requirements for maintaining her credentials.

While Brenda is the more senior credentialed veterinary technician in the practice, she is not the head technician who hired Shannon. The head technician, Melanie, graduated from an accredited VT program seven years ago and has been employed at this practice ever since. She was promoted to head technician just two years ago. Brenda was hired one year after Melanie started with the practice, but at that time Melanie was not the head technician and thus was not involved in the decision to hire Brenda.

There has always been some friction between Melanie and Brenda, and

Melanie has made offhanded comments about Brenda not being a “real” veterinary technician because she didn’t graduate from an accredited veterinary technology program. Brenda typically brushes off Melanie’s comments because Melanie is always careful to phrase her comments in a way that makes them appear as innocent jokes or backhanded compliments.

In the six months that Shannon has been at the practice, she has felt as though Melanie is confiding in her to get Shannon on her side, against Brenda. One day Melanie says, “You know why Brenda was unemployed for two years, don’t you? She was busted for a DUI twice in a month and actually spent time in jail for it the second time. And she had her credential revoked by the Board!”

Shannon is shocked and chooses not to engage Melanie any further in this conversation. However, Shannon remembers hearing random comments similar in nature by other staff. Shannon begins to wonder whether she is not the only one to whom Melanie has confided what she knows about Brenda.

Later that evening, Shannon goes online and sees that Brenda is currently listed by the state board as a credentialed veterinary technician in good standing.

A further search on the Web turns up a newspaper article that mentions Brenda and an automobile accident in which a teenager was killed. The article states that the teenager was driving erratically, crossed the centerline, and hit Brenda’s car. The teenager died at the scene, and, as with any fatal accident, Brenda was tested for blood alcohol and found to be just over the legal limit. Although the accident report had cited the teenager as being at fault for the accident, Brenda was arrested for DUI (driving under the influence) when involved in a fatal accident. Because she had a prior DUI, the judge sentenced her to serve a six-month house arrest sentence and required her to enter a substance abuse rehabilitation program. Based on the judgment against Brenda, the veterinary medical licensing board suspended, but did not revoke, her credentials.

At the end of the six months, Brenda had appeared before the board with the documentation of having successfully completed the rehabilitation program. Based upon her completion of the program and the recommendation of her program counselor, the board had lifted the suspension, granting Brenda active credentialed status.

Brenda did not work in veterinary medicine for a while but helped out in a doggie day care and a kennel facility for a year. About one year after

the reinstatement of Brenda's credentials by the board, Brenda was hired by her current practice. Shannon did not find any evidence of a repeat DUI since the accident, and she knows Brenda is adamant about not drinking.

Points of view to consider in this scenario

- Should Shannon confront Melanie with the facts she has uncovered about Brenda?
- Should Shannon let Brenda fight this battle with Melanie because Shannon knows Melanie has the power to fire her (Shannon) or make her life uncomfortable at work if she confronts Melanie with the facts she has learned?
- Should Shannon go around Melanie and discuss her concerns about Melanie's behavior with the owner of the practice?
- Should Shannon not involve the practice owner because Shannon is a new employee, compared to Melanie, and she (Shannon) does not know how the veterinarian will react because of his loyalty to Melanie over the past several years?
- Should Shannon talk to Brenda directly about her past to get the facts and tell Brenda to take actions to stop Melanie?
- Should Shannon not talk to Brenda because Shannon has no idea how Brenda will react to this? Brenda could accuse her of meddling and snooping around to find out about her past. Could Brenda become hostile toward Shannon for not just leaving the past alone?

Commentary

Robert "Pete" Bill, DVM, PhD

Should Shannon confront Melanie with the facts that she has uncovered about Brenda, or should she not confront Melanie because Melanie could

fire Shannon?

A direct confrontation is unlikely to end well as Melanie is likely to become defensive and, instead of engaging in a logical, adult conversation, is more likely to stop the conversation and use other behaviors or defense mechanisms to discredit Shannon. So far, Melanie has engaged in behaviors that are not very professional and likely reflect jealousy of or a threatening defensiveness against Brenda. Thus, an additional threat from Shannon is likely to also trigger a defensive or combative behavior from Melanie.

A more constructive approach is to counter the rumors or false statements as they come up in conversations, especially when they are mentioned by the other staff. Setting the record straight by stating the facts in an objective manner and in a professional—not emotional—manner is most likely to help the staff understand that the information they received about Melanie is likely false. They can then draw their own conclusions, if they so choose, about any possible motives Melanie might have in spreading rumors regarding Brenda. It is important for Shannon to stick to the facts only, without interjecting her own opinions.

Should Shannon go directly to the practice owner?

- One employee is stating falsehoods about another. Malicious gossip within the workplace may violate state or federal statutes regarding defamation or workplace harassment. Therefore, the owner may need to seek legal advice regarding what actions need to be taken to be in compliance with law or to ensure that the workplace is taking sufficient actions to protect the rights of its employees.
- In reporting to the owner what she has heard, Shannon can only report what specifically was reported to her by Melanie. Anything about what Melanie has told other staff members about Brenda is secondhand information and Shannon is not in a position to report that information accurately. Shannon can also state the facts that she uncovered about Brenda online and point out that there are discrepancies between what Shannon is hearing from Melanie and what she has read elsewhere. That is the extent of the factual information. Shannon should not volunteer her opinion on Melanie's motivations, as such speculation could be easily refuted by Melanie (after all, Shannon can't know what Melanie's motives are) and undermine the validity of the information Shannon provided.

- If the rift between Melanie and Brenda is affecting the work place, it would be within Shannon's responsibilities to her employer (the veterinarian) to report the problem in a factual manner. Shannon would also be within her rights to ask for resolution of this problem if it is truly affecting her ability to perform her duties within the veterinary practice.

Should Shannon tell Brenda to confront Melanie and put an end to these false accusations? Brenda, as the recipient of Melanie's misinformation, has likely thought about this situation for far longer than Shannon has. Thus, Brenda has likely played out different scenarios for how to deal with this work situation. If Shannon tells Melanie to put a stop to this situation, it is difficult to predict whether the outcome will be productive or if it will further disrupt the teamwork environment. Instead, Shannon could approach Brenda requesting help or insight into what she could call a "work concern affecting" her, as opposed to making a strong suggestion for how Brenda should "fix" the situation. Because Shannon is taking ownership of a problem she is having, Brenda can't negate or deny that there is a problem since it is Shannon's problem.

- Shannon could describe just enough of the factual discrepancies to illustrate how the discrepancies are making her feel uncomfortable and concerned for Brenda's welfare. By asking Brenda for help in dealing with Shannon's own issue, this should hopefully open the door for a larger conversation on how the conflict between Brenda and Melanie might be addressed. It also reinforces that while Brenda may be dealing with Melanie's actions adequately, the conflict is producing problems for other staff as well. In this framework, such options as talking to the practice owner or Melanie can be discussed as possible solutions to reducing the conflict that is making Shannon feel uncomfortable.

Further points of discussion

- Does the situation or do the actions taken change if Melanie talks about Brenda to veterinary technicians working at other veterinary practices?
- Would the potential solution change at all if Brenda stated that she was on the verge of leaving the practice because of the

situation with Melanie?

Suggested Resources

Ison, Elizabeth. “Employers Can’t Afford to Ignore Malicious Office Gossip.” *Avvo*. January 4, 2012. <https://www.avvo.com/legal-guides/ugc/employers-cant-afford-to-ignore-malicious-office-gossip>.

West Virginia Employment Law Letter. “What can HR do About Workplace Gossip?” *HR Hero*. April 4, 2008. <http://www.hrhero.com/hl/articles/2008/04/04/what-can-hr-do-about-workplace-gossip/>.

Case 9

Hospital Volunteer

Christina V. Tran, DVM

Michele is an experienced, credentialed veterinary technician working in a busy small animal practice. She began working in the practice last week and has enjoyed the large surgical caseload. This morning, a young hospital volunteer, Stephanie, comes in and is introduced to Michele. Stephanie is a 14-year-old aspiring veterinarian and has been volunteering at the practice for the past two years. Her parents are very supportive of Stephanie's volunteering, and they are also close friends with the practice owner.

Michele has no previous experience working with volunteers. She speaks with the practice owner privately and asks if it is okay to have Stephanie assist with today's procedures. The practice owner responds, "It's fine to have Stephanie help, but make sure she doesn't get hurt."

As Michele preps the first cat spay, Stephanie offers to clip the abdominal area. Having not been given any specific instructions as to what volunteers are allowed to do, Michele hands the clippers over to Stephanie and closely watches as she preps the surgical site. Michele then moves the cat into surgery and monitors anesthesia. The cat spay is routine and Michele begins to turn off the gas anesthetic and move the patient to recovery. The very eager Stephanie offers to help with recovery and, again, Michele allows her to do so. When the cat is moved to the recovery area, Stephanie cleans the surgical site, prepares and administers the distemper and Bordatella injectable vaccines, and then proceeds to

extubate the cat. Stephanie is quick to clean up and comments to Michele that she enjoys volunteering at the practice. “I get to do all kinds of cool things like clean teeth, remove sutures, run bloodwork, and hold for radiographs,” says Stephanie.

Michele has never worked at a practice that allowed volunteers to perform so many technical skills. She is very new to the practice and unsure of how to address her concerns. What should Michele do?

Points of view to consider in this scenario

- Is someone under the age of 18 allowed to perform such duties?
- Who would be liable if something were to go wrong with the patient?
- Who is liable if the volunteer is injured?
- Are clients aware that volunteers are performing these duties on their pets?

Commentary

Christina V. Tran, DVM

In many veterinary practices, it is not uncommon to have volunteers working side-by-side with veterinary staff. For many aspiring veterinarians and veterinary technicians/technologists, volunteering provides an opportunity to explore a career path. While there are many benefits, both for the volunteer and the veterinary facility, to having a volunteer in the workplace, there are also potential drawbacks.

Several perspectives should be considered when a practice chooses to have volunteers in a veterinary practice:

- What are the legal concerns when volunteers are in the workplace?

- What ethical concerns should be considered when volunteers are working on client-owned animals?
- What personal dilemmas might the veterinary technician, Michele, experience when working with volunteers?

For legal purposes, individuals in a veterinary workplace fall under several categories, including owners/clients, employees, and those present for business purposes. Independent contractors such as mobile ultrasonographers and equipment maintenance workers are considered individuals that are present for business purposes. Whether someone is a client, employee, or independent contractor, their reason for being in a veterinary facility centers around the business aspect of the hospital. However, a volunteer acting as an observer does not have a legal reason for being in the nonpublic areas of a veterinary facility.

Another legal concern focuses on liability when volunteers are in the workplace. Under the best circumstances, the volunteer is able to assist with procedures without injury and the animal receives uncompromised care in an efficient manner. However, if the volunteer is injured or the animal's health suffers at the hands of a volunteer, who is held liable? In the situation above, the practice owner endorsed the volunteer, Stephanie. By doing so, the practice owner and the veterinary practice are now legally responsible for the actions of the volunteer. If Stephanie is injured or causes injury during the course of performing her volunteer duties, legal action could potentially be taken against both the practice owner and the veterinary practice.

Stephanie mentioned to Michele that she has previously restrained animals when radiographs are taken. This action has legal implications as Stephanie is a minor and is being exposed to potentially harmful ionizing radiation. The fall 2012 AVMA PLIT Safety Bulletin, which focused on radiation safety in the veterinary setting, stated that "personnel younger than eighteen ... [should not be allowed] ... in the radiology room."¹ Throughout the United States, there are stringent regulations regarding radiation exposure, particularly for those under the age of 18. Per the Occupational Health and Safety Administration (OSHA), Part 1910 Occupational Safety and Health Standards, subpart Z Toxic and Hazardous Substances (1910.1096(b)(3)): "No employer shall permit any employee who is under 18 years of age to receive in any period of one calendar quarter a dose in excess of 10 percent of the limits specified in Table G-18." See [Figure 1](#), Table G-18 from the same section of the OSHA regulations.²

	Rems per calendar quarter
Whole body: Head and trunk; active blood-forming organs; lens of eyes; or gonads	1 1/4
Hands and forearms; feet and ankles	18 3/4
Skin of whole body	7 1/2

Figure 1. OSHA TABLE G-18.

It is important to keep in mind that the above OSHA information refers to those under the age of 18 who are employed in a workplace, not for those volunteering. By having a thorough understanding of state practice acts, employment law, and OSHA regulations, any potential pitfalls when allowing volunteers in the workplace can be avoided.

For Michele, working with a volunteer for the first time could present an additional dilemma. As an educated, experienced veterinary technician, Michele has the knowledge to understand the importance of the surgical nursing care she is providing for her patients. By allowing Stephanie to perform some of these duties, has she compromised the care of the patient? Since Stephanie does not have any formal education as a veterinary assistant or veterinary technician, is the patient receiving suboptimal care? Has Michele, a licensed veterinary professional, ignored her obligation to advocate for her patient?

Additionally, Michele is very new to the veterinary practice. She is still learning about the hospital culture and establishing working relationships with the staff. Given that the practice owner has placed Stephanie's care in her hands, Michele may feel compelled to follow orders. She may be afraid to voice her concerns to her new employer for fear of repercussions.

In general, it would be in the best interest of volunteers and veterinary practices to create a written policy regarding the utilization of volunteers in the workplace. The policy should clearly define the minimum qualifications required to become a volunteer, the process for becoming a volunteer, and the volunteer's responsibilities. Special consideration should be given to situations involving volunteers under the age of eighteen. Before implementing the volunteer policy, consultation with an employment law firm and the workman's compensation provider for the practice, as well as review of the state veterinary practice act, is strongly encouraged.

In some instances, it may be determined that a veterinary practice will not accept volunteers in an effort to avoid circumstances such as those as posed in the above scenario. Another option would be to hire interested

individuals in an entry-level position to avoid the potential legal challenges of having volunteers on-site. Regardless of the practice's stance on volunteers, the policy should be clearly stated and followed by everyone in the veterinary practice.

Further points of discussion

- While recovering from the cat spay, Michele notices a moderate amount of erythema along the cat's surgery site. When she has the surgeon examine it, he determines that the cat has a localized irritation associated with an aggressive surgical prep caused by the clippers. Knowing that the volunteer, Stephanie, prepped the cat for surgery, what should Michele tell the owners upon discharge?
- Later in the day, Stephanie is bitten by a boarded dog as she attempts to walk him. While Stephanie tells Michele that she feels fine, Michele notices swelling and redness in the bite wound. Should Michele inform the practice owner of the incident? Should Michele inform Stephanie's parents? Is Michele liable since the practice owner instructed her to make sure Stephanie didn't get hurt?
- Is Michele obligated to report the bite to the Board of Animal Health or the State Veterinarian? Is this a public health concern?
- Is there an obligation (for Michele or the veterinary practice) to inform the owners that a volunteer was providing care for their pet?

Notes

1. American Veterinarian Medical Association Professional Liability Insurance Trust (AVMA PLIT), "What You Need to Know about Radiation Safety: Three Basic Safety Principles, Technology to Reduce and Measure Exposure, and Regulations," *Safety Bulletin* 20, no. 4 (Fall 2012), 1–2. https://www.avmaplit.com/uploadedfiles/avma_plit/education_center/private_resou
2. Occupational Health & Safety Administration (OSHA), *Part 1910 Occupational Safety and Health Standards, subpart Z Toxic and Hazardous Substances*, 1910.1096, https://www.osha.gov/pls/oshaweb/owadisp.show_document%3Fp_table%3DSTA

Suggested Resources

Allen, Christopher J. "Volunteerism Can Put Practice at Risk for Violations of Labor Laws." *dvm360*. August 1, 2003. <http://veterinarynews.dvm360.com/volunteerism-can-put-practice-risk-violations-labor-laws>.

Allen, Christopher J. "Summer Volunteers Raise Legal, Insurance and Pay Issues." *dvm360*. May 1, 2008. <http://veterinarynews.dvm360.com/summer-volunteers-raise-legalinsurance-and-pay-issues?id=&pageID=1&sk=&date=>.AmericanVeterinarianMedicalAssociation (AVMA).

American Veterinarian Medical Association Professional Liability Insurance Trust (AVMA PLIT). <http://www.avmaplit.com>.

"Guidelines for Use of Trainees and Volunteers in Veterinary Practice." *AVMA.org*. <https://www.avma.org/KB/Policies/Pages/Guidelines-for-Use-of-Trainees-and-Volunteers-in-Veterinary-Practice.aspx>.

Case 10

Contagious Disease and Confidentiality

Andrea DeSantis Kerr, DVM

Brian is a large animal veterinary technician with seven years of experience in the field. He currently works in a mixed animal practice as the primary technician seeing farm calls with the three veterinarians in the practice. One day, Brian and Dr. Baxter, an associate veterinarian at the practice, head to McCord Farms. The McCord family is a respected client that has been with the practice for over 20 years. They run a dairy of 150 head of Holsteins. Brian and Dr. Baxter are called to the farm to correct a suspected left displaced abomasum in one of the higher-producing Holsteins. After the procedure is completed, Dr. Baxter and Mr. McCord examine another cow while Brian takes supplies to the truck. The McCord's son assists Brian and tells him that the family is planning to purchase a two-year-old Holstein from another farm in the county. Brian is conflicted when he hears this because he knows the other farm well. They are also clients of the practice, and he knows that several cows have recently been diagnosed with Johne's disease. Brian wants to tell the McCords not to purchase the Holstein as he is concerned for the safety of their herd, but because the other farm is a client of the practice, he is bound by client confidentiality. To complicate matters, Johne's disease is a reportable disease in many states but still remains confidential. What should Brian do?

Points of view to consider in this scenario

- What is the veterinary technician's role in the veterinary-client - patient relationship?
- What options does Brian have in this situation?

Commentary

Andrea DeSantis Kerr, DVM

In many states, once a veterinary-client-patient relationship is established, the veterinarian and all employees under the supervision of the veterinarian must treat information obtained from a client or information relating to the diagnosis and treatment of a patient confidential.¹ Knowledge of the presence of Johne's disease on the other farm is considered confidential information. However, the ethics that guide the profession in this case are to act as the advocate for the McCords. Veterinary technicians play an important role as advocates for their patients, and in this case Brian would be the advocate for the herd of cows on the McCord's farm. If a cow positive for Johne's disease was introduced into a naïve herd, the results could be devastating for the McCord family business.

Brian has several options. He could maintain his confidentiality to the other farm and say nothing, thereby maintaining the veterinary-client-patient relationship. This would fulfill his legal obligation to the second farm. However, he would be failing his moral obligation to protect the health and well-being of the herd of cattle at the McCord's farm. One way to fulfill his obligation to the McCords would be to discuss the matter with Dr. Baxter or one of the other veterinarians. Dr. Baxter could contact the other farm and inform them of the importance to disclose the status of the herd's health to potential buyers. The risk here is that if the other farm chooses not to comply, the McCord's herd will still be at risk, and the

dilemma of informing the McCords will resurface.

Another option would be to advise the McCords to ask the other farm for a health certificate for the cow, and for disclosure of any herd health problems (especially those infectious in origin). The issue with acquiring the health certificate for this particular cow is that the degree of false negatives for Johne's disease is fairly high, as infected cows do not test positive in the early stages of the disease. Relying on the integrity of the owners of the farm to disclose the health of the herd may prove risky, since there would be the temptation for them to keep the information classified for fear of economic repercussion from the negative stigma associated with a Johne's test-positive herd. Surely they have already suffered economic loss, and selling some of their Holsteins may be necessary for them financially.

The last option would be to inform the McCords of the Johne's diagnosis and violate the veterinary-client-patient relationship with the other farm. This may be acceptable according to the Principles of Veterinary Medical Ethics from the American Veterinary Medical Association (AVMA), which states: "Veterinarians and their associates should protect the personal privacy of patients and clients. [They] should not reveal confidences unless required to by law or unless it becomes necessary to protect the health and welfare of other individuals or animals."² If the welfare of the McCord's herd is at significant risk, there may be grounds to violate confidentiality. However, the risk of litigation from the Johne's test-positive farm for defamation of character, libel, or slander is a viable consequence to this action.

Further points of discussion

- Since Johne's disease is a reportable disease in many states, does it change the importance of the scenario?

Notes

1. "VCPR: The Veterinarian-Client-Patient-Relationship," [AVMA.org](https://www.avma.org/KB/Resources/Reference/Pages/VCPR.aspx), <https://www.avma.org/KB/Resources/Reference/Pages/VCPR.aspx>.
2. "Principles of Veterinary Medical Ethics of the AVMA," [AVMA.org](https://www.avma.org/KB/Policies/Pages/Principles-of-Veterinary-Medical-Ethics-of-the-AVMA.aspx), <https://www.avma.org/KB/Policies/Pages/Principles-of-Veterinary-Medical-Ethics-of-the-AVMA.aspx>.

Suggested Resources

American Veterinarian Medical Association (AVMA). “Principles of Veterinary Medical Ethics of the AVMA.” [AVMA.org](https://www.avma.org/KB/Policies/Pages/Principles-of-Veterinary-Medical-Ethics-of-the-AVMA.aspx).
<https://www.avma.org/KB/Policies/Pages/Principles-of-Veterinary-Medical-Ethics-of-the-AVMA.aspx>.

American Veterinarian Medical Association (AVMA). “VCPR: The Veterinarian-Client-Patient-Relationship.” [AVMA.org](https://www.avma.org/KB/Resources/Reference/Pages/VCPR.aspx).
<https://www.avma.org/KB/Resources/Reference/Pages/VCPR.aspx>.

Case 11

When Roles of Veterinarians and Veterinary Technicians Blur

Robert “Pete” Bill, DVM, PhD

Mary is an experienced, small animal, credentialed veterinary technician who has worked at her hospital for eight years. She especially enjoys emergency and critical care work, and attends a good deal of continuing education courses on critical care nursing. One evening Mary is working after hours cleaning up the operating room when one of the veterinarians arrives to meet a client on an emergency call. When the client arrives, the veterinarian quickly does a diagnostic work-up with Mary, including radiographs, and diagnoses a closed pyometra with sepsis in the four-year-old obese German shepherd mix dog. Mary moves efficiently to set up the OR for the pyometra surgery. She asks the veterinarian if he wants to call in another veterinary technician to help, to which he says no. Mary helps the veterinarian induce and prepare the dog for surgery, gets the anesthesia set up, and hands the surgery pack, instruments, and suture to the veterinarian to begin the procedure.

Fifteen minutes into the procedure, with the veterinarian elbows deep in trying to tie off spurting arterial bleeders, the bell at the front door of the hospital rings repeatedly and frantically. The veterinarian tells Mary to go see what is happening. Mary goes to the front door and sees one of the hospital’s frequent clients parked right in front of the door with the back hatch of her car open and her husband struggling with something in the

back of the car.

“Buster was hit by a car ... it’s really bad ... really bad.” She cries as Mary lets her inside. Her husband carries Buster, a 45 lb. terrier mix wrapped in a blanket, to the back treatment area.

Mary gets Buster situated on the exam table. He’s recumbent, marginally responsive, and breathing rapidly; he has pale mucous membranes, capillary refill time of three seconds, and weak, rapid thready pulses. Mary tells the owners to wait with Buster while she runs back to the OR.

The veterinarian is still struggling with controlling hemorrhaging in the other dog.

“Buster Johnson is here. He’s been hit by a car and he’s in shock. He looks bad.”

The veterinarian looks up briefly. “I can’t get away for another 5 minutes at least.”

“He’s really bad. He’s really in shock and might not last that long. Do you want me to start shock therapy?”

The veterinarian nods and says, “Follow the shock protocol posted ...”

“Yeah, I know!” shouts Mary as she runs down the hallway.

Mary quickly preps an area for IV administration of fluids and begins shock therapy using the protocol posted for reference. Within three minutes of starting the high-flow shock therapy fluids, Buster starts to become agitated, his breathing more erratic, and begins to cough and gag on frothy blood. Mary and the owners frantically try to restrain Buster to prevent the IV lines from pulling out, but within another two minutes Buster becomes agonal, gasping for breath, and dies.

The veterinarian rushes in just as Buster expires. He looks at the bloody froth and the high-flow IV fluid rate and identifies the cause of Buster’s death: a pulmonary hemorrhage exacerbated by high-volume, high-fluid-rate IV fluids, resulting in obstruction of airways, hypoxia, and death.

Points of view to consider in this scenario

- Did Mary make a diagnosis and overstep her legal boundary by stating that the animal “was in shock?”
- Was Mary professionally negligent for not auscultating the chest prior to administering fluids?
- Mary followed the shock protocol posted in the practice on the

veterinarian's orders to do so, and thus followed the intentions of the veterinarian. If the veterinarian is considered the captain of the ship, was he ultimately responsible for Mary's actions? Is Mary off the legal hook because of this?

Commentary

Robert "Pete" Bill, DVM, PhD

Did Mary make a diagnosis that ultimately lead to death of Buster? This question quickly enters the gray zone of whether an assessment of a patient is truly an assessment, for which a veterinary technician has been trained and educated, or if it is a diagnosis, for which the veterinary technician has not been trained and in most states and provinces is forbidden from making by law.

According to *Black's Law Dictionary*, the definition of a diagnosis is "a medical term, meaning the discovery of the source of a patient's illness or the determination of the nature of his disease from a study of symptoms."¹ Although this is a human medical definition, the key point is that a diagnosis is arrived at by the study, and presumably the knowledge, of symptoms (in veterinary medicine these would be clinical signs). To describe the animal as "being in shock" would be arriving at a diagnosis based upon assessment of multiple clinical signs. While this falls to the veterinarian to make this diagnosis, a veterinarian technician could accurately assess and report that the patient has a capillary refill time of three seconds, the oral mucous membranes are pale, the pulse is 180 and thready, and respirations are panting and shallow. It could be argued that Mary did communicate a diagnosis to her veterinarian.

However, it can be argued that although the veterinarian trusted Mary and knew Mary had extensive experience, he was potentially negligent by accepting Mary's diagnosis instead of asking for Mary's assessment of the clinical parameters mentioned above. After Mary's report, the veterinarian

should have realized that Mary did not report auscultating the chest and would have required her to do so and report back before making the call to begin treatment.

Was Mary professionally negligent for not auscultating the chest prior to the administration of fluids?

The question legally would be whether or not the knowledge to do this would be expected of a comparably qualified veterinary technician in the same situation. This alludes to standard of care, which, while referred to in model practice acts and many existing state or provincial veterinary law, is seldom specifically defined by those acts. Michigan State University's Animal Legal and Historical Center has a document entitled "Detailed Discussion of Veterinarian Malpractice" in which they state that most veterinary practice acts determine the legal standard of treatment using some variation of "the exercise of the care and diligence as is ordinarily exercised by skilled veterinarians."² Unless there is a specific legal case study or governing board judgment that sets a precedent, most situations have to be determined on a case-by-case basis using some form of that statement as the legal benchmark. While Mary is a veterinary technician and not a veterinarian, a similar benchmark would be used to ascertain if she behaved in a way that was consistent with the standard of care expected of a capable veterinary technician.

While the knowledge expected of veterinary technicians may vary somewhat from community to community, as a general rule veterinary technicians are not taught to interpret lung sounds to the level expected to determine the suspicion of bleeding into the thorax. If this is accepted as the premise, then the responsibility falls back on the veterinarian for getting the information she or he needed to determine if the lungs were showing clinical signs of significant hemorrhage.

Was the veterinarian ultimately responsible for Mary's actions as captain of the ship? Is Mary off the legal hook because of this?

Yes, most likely. One popular definition describes this doctrine as "a principle of medical-malpractice law, holding a surgeon liable for the actions of assistants ... under the surgeon's control.... The surgeon as 'the captain of the ship' is directly responsible for an alleged error or act of alleged negligence because he or she controls and directs the actions of those in assistance."³

Does this mean Mary can claim she was only following orders and therefore she is free from culpability or blame?

No. Mary is also a professional, and with that comes expectations for professional competence. Although Mary is not held to the same standard that the veterinarian is, her actions could be scrutinized or called into question by a regulating board as a veterinary technician to determine if she performed outside of the legal boundaries set in most states and provinces for veterinary technicians. Although the veterinarian is the captain of the ship and, under the concept of respondeat superior (“let the master answer”), takes ultimate responsibility, Mary is held to a higher standard than the lay staff, kennel person, or receptionists because of her additional education, training, and professional status.

Further points of discussion

- Without Mary’s intervention, Buster probably would have died anyway from the shock or pulmonary hemorrhage. Therefore, does Mary’s intervention really have any significance in the ultimate outcome of this situation?
- If Buster had survived, would the veterinarian have realized that the way the transfer of information on Buster occurred between Mary and him had the potential for a bad outcome, not only for Buster but also possibly from a legal point of view?
- Would Mary not be held to a higher standard in those states or provinces in which the credentialed veterinary technician is not legally recognized?

Notes

1. *Black’s Law Dictionary*, 10th ed., s.v. “diagnosis.”
2. David S. Favre, “Detailed Discussion of Veterinarian Malpractice,” *Michigan State University College of Law Animal Legal & Historical Center* (2002), <https://www.animallaw.info/article/detailed-discussion-veterinarian-malpractice>.
3. “Captain-of-the-Ship Doctrine Law & Legal Definition,” *USLegal.com*. <http://definitions.uslegal.com/c/captain-of-the-ship-doctrine/>.

Suggested Resource

Blumenreich, Gene. “Captain of the Ship.” *Journal of the American Association of Nurse Anesthetists* 61, no. 1 (February 1993): 3–6.

https://www.aana.com/newsandjournal/Documents/legal_briefs_0293_p

Case 12

Standard of Care?

Andrea DeSantis Kerr, DVM

A canine patient is scheduled to undergo dental prophylaxis and extractions. Elaine, a registered veterinary technician with 10 years of experience, is the veterinary technician assigned to dental procedures for the day. She is working with Dr. Brown, a veterinarian who was recently hired to the clinic. Dr. Brown came from another small animal practice and has 30 years of experience. This is Elaine's first time assisting Dr. Brown with dental procedures. Dr. Brown extracts several teeth from the canine patient; Elaine then proceeds with the dental prophylaxis. The extractions require sectioning of several teeth, along with extensive root extraction. Elaine asks Dr. Brown which pain medication he would like her to administer to the patient. He responds that pain medication is not necessary and he is concerned about owner finances. Elaine states that the other veterinarians typically provide pain medication for complicated extractions, and Dr. Brown replies that it is not necessary at this time. Elaine is concerned because the standard of care at this practice includes providing pain medication to any patient undergoing complicated extractions, although there is no written protocol. When Elaine checks on the patient one hour after the procedure, she observes that the patient is in significant pain. Both of the veterinarians present at the clinic currently are occupied with appointments. Elaine does not want to interrupt them. What should she do?

Points of view to consider in this scenario

- What guidelines are there regarding standard of care and veterinary technician responsibilities? How can these be applied to the current scenario?
- What options does Elaine have in this situation?

Commentary

Andrea DeSantis Kerr, DVM

This scenario can easily happen in any veterinary practice situation and can result in a conflict between what is perceived as the standard of care at the practice versus whether or not a veterinary technician is performing veterinarian-regulated duties. This situation stimulates reflection on the veterinary technician's oath and the governing laws regulating veterinary technicians. The National Association of Veterinary Technicians of America (NAVTA) veterinary technician oath states that a veterinary technician "solemnly dedicate (themselves) to aiding animals and society by providing excellent care and services for animals, by alleviating animal suffering, and by promoting public health."¹ The oath provides ethical guidelines for veterinary technicians, including the responsibility of a veterinary technician to relieve animal suffering. However, caution must be taken in this situation, as governing laws in most states allow only veterinarians to "practice veterinary medicine" and "prescribe" medications.² The scenario states that the standard of care by the other veterinarians at this clinic is to provide pain medication following complicated extractions, despite no official written protocol. It suggests that routine pain medications are used, and Elaine is very familiar with those drugs. As a credentialed veterinary technician, Elaine likely has the knowledge and skill to safely administer one of the standard drugs. The dilemma comes in deciding if Elaine is actually practicing veterinary

medicine in this situation. Dr. Brown, the attending veterinarian in this case, did not approve any drug administration, and this is the first time Elaine has worked with Dr. Brown regarding dental extractions.

There are several options Elaine can take, as follows:

- Administer the standard pain medication the clinic uses
- Interrupt one of the veterinarians during appointments to gain approval
- Wait to administer the pain medication until one of the other veterinarians is available

The first option poses a risk of malpractice. Laws in most states are modeled after the American Veterinary Medical Association (AVMA) Model Practice Act, which states that the “practice of veterinary technology means to perform patient care or other services that require a technical understanding of veterinary medicine on the basis of written or oral instruction of a veterinarian, excluding diagnosing, prognosing, surgery, or prescribing drugs, medicine, or appliances.”³ Therefore, it would appear that without verbal consent from a veterinarian, Elaine could potentially be considered practicing veterinary medicine. However, she would be fulfilling her responsibility to the patient by alleviating suffering and would most likely cause little risk to the patient, as she is using what is perceived as routine protocol. Elaine actually takes more than one risk in this situation. The first is a legal risk and the second is the risk of causing conflict with Dr. Brown. He may be agreeable to her actions, as he has taken an oath to alleviate animal suffering as well, or he may be displeased because she disregarded his initial orders.

The most appealing option would be to gain an immediate answer by interrupting one of the veterinarians during their appointments. This creates a secondary dilemma as to which veterinarian to interrupt. She could consult Dr. Brown, taking the risk that he will still decline the request to administer the pain medications. Elaine would need to act as the patient’s advocate in this situation and make a strong case for the use of pain medications. If Dr. Brown chooses not to prescribe the pain medication, Elaine is placed in an ethical dilemma regarding her responsibility to the patient and what action she will take next. If Elaine chooses to consult the other veterinarian, this could cause the second veterinarian to question why she did not approach Dr. Brown. This could also cause discord between Elaine and Dr. Brown, as well as the two veterinarians. Legally, this option leaves the practicing of veterinary

medicine to the veterinarian, and the decision to alleviate pain also falls upon the veterinarian.

The last option is to wait to administer the pain medication until one of the veterinarians is available. This option takes care of any legal concerns but leaves the ethical dilemma of allowing the patient to remain in pain for an additional 20 minutes until the appointments are completed. The responsibility to alleviate suffering would need to be evaluated. Elaine would need to consider if there were any other steps that she could take to make the patient more comfortable and determine the level of pain she felt the patient was experiencing.

Further points of discussion

- How does the scenario change if there is a written protocol and Elaine follows it without instructions from a veterinarian?

Animal Welfare Commentary

Candace Croney, PhD

Pain has both ethical and scientific welfare implications. Failure to provide pain relief violates the responsibility to uphold freedom from pain, injury, or disease by prevention or rapid diagnosis and treatment. It is an ethical obligation to avoid, minimize, and mitigate pain, even for researchers, via implementation of the three R's (refinement, replacement, reduction). Therefore, if not contraindicated, what scientific justification would a veterinarian have to withhold pain medication for an animal undergoing a painful procedure? It is easily argued that pain management is a component of refinement, even for non-research clinical medicine, to protect animal welfare.

Is there disagreement on whether or not the animal is experiencing pain or how painful the procedure is? Discussion of key indicators of pain

and metrics should be considered, but good laboratory practice would be to specifically state that no discomfort, distress, or pain is being experienced. If that cannot be stated, then it would be good practice to identify the measures needed to be taken to avoid or mitigate these unpleasant experiences. Similar standard of practice for clinical practice might help in this and similar scenarios.

Notes

1. American Veterinarian Medical Association (AVMA), “Model Veterinary Practice Act—January 2013,” [AVMA.org](http://www.avma.org/KB/Policies/Pages/Model-Veterinary-Practice-Act.aspx), last modified January 2013, www.avma.org/KB/Policies/Pages/Model-Veterinary-Practice-Act.aspx.
2. Ibid.
3. Ibid.

Suggested Resources

- Brambell, Roger. *Report of the Technical Committee to Enquire into the Welfare of Animals Kept under Intensive Livestock Husbandry Systems*. London: Her Majesty’s Stationery Office, 1965.
- Broom, D. M. “Needs, Freedoms and the Assessment of Welfare.” *Applied Animal Behaviour Science* 19, nos. 3–4 (1988): 384–86. [http://dx.doi.org/10.1016/0168-1591\(88\)90023-8](http://dx.doi.org/10.1016/0168-1591(88)90023-8).
- Farm Animal Welfare Committee (FAWC). [Gov.uk](https://www.gov.uk/government/groups/farm-animal-welfare-committee-fawc). <https://www.gov.uk/government/groups/farm-animal-welfare-committee-fawc>.
- Flecknell, P. “Replacement, Reduction and Refinement.” *ALTEX* 19, no. 2 (2002): 73–78.
- National Association of Veterinary Technicians of America (NAVTA). “Veterinary Technician Code of Ethics.” [NAVTA.net](http://c.ymcdn.com/sites/www.navta.net/resource/collection/946E408F-F98E-4890-9894-D68ABF7FAAD6/navta_vt_code_of_ethics_07.pdf). http://c.ymcdn.com/sites/www.navta.net/resource/collection/946E408F-F98E-4890-9894-D68ABF7FAAD6/navta_vt_code_of_ethics_07.pdf.

Case 13

What's in an Answer?

Andrea DeSantis Kerr, DVM

Matthew is a credentialed veterinary technician working in a busy, urban, small animal veterinary hospital. Today Matthew is assisting Dr. O'Leary with appointments. Brutus, a five-year-old English bulldog, is presented by his owner, Mrs. Miller, for coughing. Mrs. Miller informs Matthew and Dr. O'Leary that Brutus frequents the local dog park and goes on walks with her daily, where he interacts with numerous dogs. Dr. O'Leary diagnoses Brutus with *Bordetella bronchiseptica*, known as "kennel cough." As Dr. O'Leary is leaving the examination room for her next appointment, Mrs. Miller inquires if Brutus could have canine influenza. Dr. O'Leary seems distracted, says no, and leaves the room. Mrs. Miller asks Matthew for his opinion. She is concerned Brutus may have canine influenza as she has heard about an outbreak in dogs in the city on the local news. Matthew actually had the same thoughts and wondered why Dr. O'Leary dismissed the possibility of canine influenza. How should Matthew respond to Mrs. Miller?

Points of view to consider in this scenario

- Is Mrs. Miller asking for Matthew's opinion, or is she asking Matthew to make a veterinary medical judgment?
- What responsibility does Matthew have to the patient?

Commentary

Jamie Schoenbeck Walsh, RVT

One of the challenges in this scenario is understanding what Mrs. Miller is asking of Matthew. This is not a surprising or uncommon scenario. Veterinary technicians often develop trusted relationships with clients in which the client becomes very comfortable asking the technician to weigh-in on matters concerning the patient. How should Matthew, the veterinary technician, respond to a direct query from Mrs. Miller, the client? One point of view to consider is whether Mrs. Miller is asking Matthew to make a veterinary medical judgment. If this were the case in Matthew's scenario, there would be a pretty straightforward response to this question. A veterinary medical judgment involves diagnosis and treatment planning. According to the American Veterinary Medical Association (AVMA), these actions fall under the purview of a veterinarian.¹ Veterinary practice acts govern the practice of veterinary medicine in each state. In many states, the veterinary practice act addresses what a veterinary technician can do or, more often, what a veterinary technician cannot do. As an example, the Indiana Board of Veterinary Medical Examiners compilation of the Indiana code states that a registered veterinary technician "may not diagnose, make a prognosis, prescribe medical or surgical treatment, or perform as a surgeon," or, in other words, practice as a veterinarian who is licensed to render a medical judgment.² This succinctly answers the question posed to Matthew by Mrs. Miller, if Mrs. Miller is asking Matthew to render a medical judgment—Matthew cannot do so because he would be acting as a veterinarian.

If we take the view that Mrs. Miller is asking instead for Matthew's opinion, not a medical judgment, then does Matthew have some responsibility to respond? Another point of view is to consider the responsibility of a veterinary technician to a patient in this scenario. A veterinary technician takes on many other roles within a practice setting, including being a patient advocate and client educator. According to the National Association of Veterinary Technicians in America (NAVTA), "veterinary Technicians and technologists are educated to be the

veterinarian's nurse, laboratory technician, radiography technician, anesthetist, surgical nurse and client educator.”³ This is an opportunity for Matthew to educate Mrs. Miller on the current outbreak of canine influenza in town, differences and similarities between canine influenza and kennel cough, and costs and testing availability for the diseases. Another important function of a client educator is to use all possible resources to find answers for any questions the client may have. This may open the door for Matthew to bring the veterinarian, Dr. O’Leary, back into the conversation.

As identified, technicians are also patient advocates. If Matthew has concerns for Brutus’s welfare, he has a responsibility to seek out other resolutions for his patient. As documented in the NAVTA Veterinary Technician’s Code of Ethics: “Veterinary technicians shall collaborate with other members of the veterinary medical profession in efforts to ensure quality health care services for all animals. Veterinary technicians shall prevent and relieve the suffering of animals with competence and compassion. Veterinary technicians shall aid society and animal by providing excellent care and services for animals.”⁴

Further points of discussion

- If you were Matthew, what would you say to Dr. O’Leary to discuss Brutus’s case and the possibility of Brutus having canine influenza?
- How would you phrase your comments to Mrs. Miller in order to not make a diagnosis or not be in conflict with Dr. O’Leary?

Notes

1. American Veterinarian Medical Association (AVMA), “Veterinarian-Client-Patient Relationship (VCPR) FAQ,” [AVMA.org](https://www.avma.org/public/PetCare/Pages/VCPR-FAQs.aspx), <https://www.avma.org/public/PetCare/Pages/VCPR-FAQs.aspx>.
2. Indiana Board of Veterinary Medical Examiners, “Restriction on veterinary technicians and veterinary assistants,” IC 25-38.1-4-2, Sec. 2. A.
3. National Association of Veterinary Technicians in America (NAVTA), “FAQs: What Is the Difference between a Veterinarian, Veterinary Technologist, Veterinary Technician and Veterinary Assistant?” [NAVTA.net](http://www.navta.net/?page=faqs), <http://www.navta.net/?page=faqs>. Retrieved August 28, 2015.
4. National Association of Veterinary Technicians of America (NAVTA), “Veterinary Technician Code of Ethics,” [NAVTA.net](http://www.navta.net).

http://c.ymcdn.com/sites/www.navta.net/resource/collection/946E408F-F98E-4890-9894-D68ABF7FAAD6/navta_vt_code_of_ethics_07.pdf.

Suggested Resources

Shaffran, N. “Pain Management: The Veterinary Technician’s Perspective.” *The Veterinary Clinics of North America—Small Animal Practice* 38, no. 6 (2008), 1415–28.

<http://dx.doi.org/10.1016/j.cvsm.2008.07.002>

“What Does a Vet Tech Do?” *Vet Tech Guide*.

<http://www.vettechguide.org/what-does-a-vet-tech-do/>.

Case 14

Popular Party Guy or Ethical Concern?

Robert “Pete” Bill, DVM, PhD

Jim and Carrie are credentialed veterinary technicians at a busy small animal hospital that staffs five veterinarians and about twelve credentialed technicians and lay staff. The staff and veterinarians get along well. They often have lunches together, and roughly every third weekend during the summer someone is having a cookout where almost everyone attends.

Carrie knew Jim back when they both were going through the same veterinary technology program (Jim was a year ahead of Carrie). Jim had quite the reputation as the “party animal,” but he graduated at the top of his class in spite of a lively life style.

At the last two cookouts for the hospital staff, Jim seemed to be drinking even more than usual. Carrie always smelled alcohol on his breath and he frequently slurred his words when talking to her at the cookouts. But, as usual, he was the life of the party, and at the end someone would drive him home.

This past Monday morning when Jim came in, Carrie thought she could detect the smell of alcohol on Jim’s breath, but she couldn’t be sure. Jim conducted himself in his usual efficient way and by later in the day she didn’t notice the smell, so she thought she might have imagined it or mistaken mouthwash for it. In a conversation over lunch, Jim didn’t mention anything about his activities the night before, so Carrie couldn’t

really tell if he indeed had been partying.

On Thursday morning Carrie thought she detected the smell again. Jim seemed a little more tired that morning than usual, but again performed his duties well and even helped coordinate a successful CPR procedure on a dog that crashed during surgery.

Carrie is familiar with alcoholics because her own father was one, and she understands how well they can function at work in spite of their addiction; that is, until the addiction gets to the point where their work begins to suffer. She wonders if Jim is on this same path.

At lunch on Thursday, Carrie complimented Jim on the successful resuscitation and then casually asked him how his previous evening was. Jim smiled and said, “it was a good time, as always,” then changed the subject back to work. Twice more Carrie tried to broach the subject, and both times Jim charmingly deflected the conversation back to work.

Carrie expressed some concerns in confidence to Dr. Williams, who is the owner of the practice, about the possibility of Jim having alcohol on his breath. Dr. Williams asked, “Do you think this is affecting his job? I haven’t smelled anything, and Jim is obviously doing really good work.” Carrie admitted Jim was doing his job well, at which point Dr. Williams suggested that there wasn’t anything to be concerned about, since Jim’s performance was still stellar and what Jim does on his own time is his business, as long as it doesn’t interfere with his work performance.

Points of view to consider in this scenario

- Does Carrie have an obligation to protect the practice or the patients whose care is entrusted to Jim; should she therefore confront Jim with her suspicions?
- Should Carrie stay out of Jim’s business because as long as he is doing his job well, what he does after hours is not of concern to Carrie or the practice? Could Carrie potentially be sued for slander by Jim if she accused Jim of being an alcoholic in public or to his boss?
- Should Carrie intervene with Jim because she likely knows better than anyone else in the practice what the signs are of alcoholism are and what the pathway to alcoholism is like, and therefore she is likely better equipped to understand the serious nature of Jim’s potential problem than Dr. Williams or the rest of the hospital staff?

- Should Dr. Williams intervene to determine if there is a problem, since the veterinarian is responsible for all employees, and if something should happen to a patient because Jim is impaired by alcohol, the responsibility and legal fallout would go directly to Dr. Williams?

Commentary

Robert “Pete” Bill, DVM, PhD

Does Carrie have an obligation (legal or ethical) to protect the practice or the patients in the practice, and is that obligation sufficient to confront Jim? Should Carrie stay out of Jim’s business because what he does outside of work is none of her business?

The veterinarian owner (Dr. Williams) has the ultimate responsibility for the practice. However, Carrie is a credentialed veterinary technician and as such has sworn an oath to protect and care for animals.

This is a tricky situation because Jim is technically not violating any regulation within the practice (as long as there isn’t a rule about having alcohol on one’s breath). However, if he indeed has an alcohol dependency, then there is potential for harm to animals in Jim’s care, Jim’s reputation, Jim’s physical health, the hospital’s reputation, and anyone on the road when Jim drives if he is impaired sufficiently. Carrie does not have solid evidence of a drinking problem to the level of impairment during working hours, so as long as impairment of judgment or skills is not an issue for Jim, Carrie probably has no work-related obligation at this point.

Whether Carrie still attempts to actively determine if Jim has an alcohol problem or more passively just watches Jim closely for any signs of impairment of abilities is up to her.

Confronting chronic alcoholics is particularly difficult for the untrained individual because alcoholics have sophisticated psychological defense

mechanisms and rationales for their behaviors. Thus, if alcoholism is suspected, it often requires the work of a trained addiction professional to make any difference. Even then, it is challenging for the best of addiction professionals if the individual is unwilling to concede that they have a problem.

Thus, Carrie may have few choices until Jim crosses a line at work, other than being vigilant that all patients receive adequate care and to report any objectively observed behaviors to Dr. Williams.

Should Carrie intervene because she likely knows better than anyone in the practice about the signs of alcoholism?

Based upon her personal experience, Carrie would also know how hard it is to force an alcoholic to seek help before they hit a crisis point. This situation could be hitting a trigger in Carrie based upon her own life experiences with her father's alcoholism, and therefore Carrie has to be vigilant that her judgment and fears for Jim are not being clouded by her own past experiences. Given Carrie's own personal history, Carrie may need to seek professional counseling about how to handle this situation. Ultimately, Carrie must remain objective about what Jim is doing or not doing and must not allow bias to make her read into Jim's actions. These kinds of situations are often very personally difficult for children of alcoholics or recovering alcoholics, and professional help is often recommended.

Should Dr. Williams intervene because the veterinarian potentially has more to lose, should an employee for whom he or she is responsible cause injury to a patient?

Dr. Williams faces the same challenges with separating objective behavior from perceived threat to the patients of the practice. Dr. Williams holds the power over Jim to discipline or fire him, but these actions can only be justified if there is an infraction or an objectively observed behavior that could pose a threat to the practice or its patients.

Informal counseling or probing might be something Dr. Williams could try, but if Jim is truly a chronic alcoholic, such attempts are not likely to reveal anything that Jim does not want to reveal.

If Dr. Williams does grow concerned enough but still has nothing concrete on which to base discipline or other actions, it would be to Dr. Williams's benefit to consult with a professional in human resources or addiction as to the best course of action.

No veterinary professionals are adequately trained to deal with these kinds of situations. While veterinarians and veterinary technicians are

generally the caring types of individuals who want to do something to help, these situations are complex enough that good intentions may do little to change the ultimate outcome. In these situations it is best to involve professionals familiar with the challenges of dealing with individuals who potentially have a problem with substance abuse.

Further points of discussion

- What if a patient is harmed as a result of something Jim neglected to do? Would this change the way you respond to this situation?
- What if no patient is ever harmed, but the smell of alcohol remains consistent when Jim comes in to work every morning?
- What if a client asks Carrie if that was alcohol she (the client) smelled on Jim's breath when he was restraining her dog for an examination?
- What if Jim is arrested overnight for a DUI but is released in the morning on his day off so it doesn't interfere with his required work schedule? Is this an issue for the practice?
- What if Dr. Williams gave hints to Jim about Carrie's concerns in casual conversation, prompting Jim to say to Carrie, "mind your own business, do your job, and I'll do my job."
- What if Jim comes in inebriated, but Dr. Williams takes no action other than talking to Jim? Should Carrie report the incident to the regulatory board?

Suggested Resources

Engs, Ruth C. "What Are Addictive Behaviors?" *Applied Health Sciences, Indiana University*.

<http://www.indiana.edu/~engs/hints/addictiveb.html>.

Garrett, Floyd P. "Excuses Alcoholics Make." *Psychiatry and Wellness: Behavioral Medicine Associates, Atlanta and Alpharetta*. Last modified 2012. http://www.bma-wellness.com/papers/Excuses_Alcoholics.html.

Office of Women's Health, US Department of Health and Human Services. "Alcoholism, Substance Abuse, and Addictive Behavior." *Womenshealth.gov*. <http://www.womenshealth.gov/mental-health/illnesses/alcoholism.html>.

Case 15

Is It Discrimination?

Jamie Schoenbeck Walsh, RVT

Dex has been a credentialed veterinary technician for seven years. Until recently, he worked in emergency medicine in a Chicago emergency referral center. He recently married his long-time partner, Rico, and decided to move to a small midwestern town to raise a family. Dex was excited to join a small animal practice that is very much like a family, and very involved in the community. Last week the clinic held an open house where all the employees' families joined in on the fun, and it was a great community outreach project. Dex's position is mostly as a medicine technician and client educator. He's noticed in the last week that one of the other technicians is doing more client education, and Dex's responsibilities in that area have been greatly reduced. He asks the other technician if there's been a change in responsibilities. She tells Dex that the veterinarian talked with her and two other staff members about having them to do more client education. Dex approaches Dr. Hartman, the veterinarian, about the change and asks if he isn't doing a good job.

Dr. Hartman tells Dex he is doing an outstanding job, but that some of the older clients have asked to see other staff they know a little better for their client education. Dex then asks what the real story is. Dr. Hartman finally tells Dex that he met with the pastor of the local church, at the pastor's request, following the open house. The pastor had seen Dex at a local restaurant with his "friend"; they were holding hands exiting the restaurant, and the pastor is concerned about having an obviously gay

couple being prominent in community events like the clinic open house, and openly interacting with the public. He's not comfortable, and he knows his conservative congregation won't be comfortable, with Dex's role at the clinic. His church community frequents the clinic and respects Dr. Hartman, but when word gets around, the community may not be as supportive of the clinic. Dr. Hartman explains to Dex that in their small town some people can be narrow-minded, and because they serve the public, sometimes he needs to make business decisions to keep his clientele happy. He assures Dex that he finds him to be a reliable and valuable employee.

Points of view to consider in this scenario

- Has Dex been discriminated against based on his sexual orientation? Does the situation change because Dex wasn't fired?
- Is there any recourse Dex could take concerning his job responsibilities?

Commentary

Josh L. Clark, MS, RVT

Discrimination based on sexual orientation is an area where laws and public opinion are changing rapidly. It is also a topic that can evoke strong moral opinions on both sides. One of the things that can make Dex's situation even more confusing is the fact that not all states have the same laws when it comes to employment protections for lesbian, bisexual, gay, or transgender (LBGT) employees. There are currently no federal laws protecting employment for LBGT employees. However, there are 21 states, plus the District of Columbia, that do have laws prohibiting employment discrimination based on sexual orientation.¹

Had Dex's boss, Dr. Hartman, fired Dex due to his relationship with his partner, Rico, it would be a fairly cut-and-dried case, depending on the state in which it occurred. Dex was not fired in this case, but his job duties were changed due to his sexual orientation. This can make it quite difficult to determine whether or not Dex was truly discriminated against.

Would it be possible for Dex to make a claim of a hostile work environment or a breach of implied covenant? A hostile environment is a term related to sexual harassment in the workplace. The Society for Human Resource Management (SHRM) defines a hostile environment as a workplace where there is a pattern of behavior that is offensive.² This would rise to the level of harassment if the offensive behavior is "sufficiently severe or pervasive as to have the purpose or effect of unreasonably interfering with work performance."³

At this point, the only action that has been taken against Dex is some reassignment of job duties. Most likely, this would be considered a single isolated incident and would not rise to the level of a hostile work environment.

An interesting point to consider is how clients at the practice who disagree with Dex's lifestyle treat him when they come into the clinic. If clients refuse to interact with him or even refer to him using homophobic slurs, could this rise to the level of a hostile work environment? If this occurs, does Dr. Hartman have a legal responsibility to try to stop this type of behavior by his clients? Can Dr. Hartman be expected to control the actions of his clients?

A breach of implied covenant is a term related to at-will employment. Most states are at-will employment states, which means that an employee can be fired at any time with or without cause, except for reasons that are discriminatory in nature (e.g., firing an employee based on age, gender, race, disability, religion,). However, there are several exceptions to the at-will employment doctrine, one of which is a breach of implied covenant. Even in at-will employment states, most courts still view the employer-employee relationship as an implied contract even if no actual contract exists.⁴ This means that it is reasonable for employees to expect good will and fair dealing in the workplace. Examples of bad faith or unfair dealing in the workplace could be the improper assignment of job duties or shifts or cutting an employee's hours for the purpose of making the employee so unhappy with the job that the employee quits.

Is it possible for Dex to interpret his change in work assignment as Dr. Hartman acting in bad faith? At this point, it would probably be hard for

Dex to challenge his work reassignment as a breach of implied covenant because it does not appear that Dr. Hartman has done this in an effort to get Dex to quit his job at the practice. However, Dr. Hartman may need to be careful in the future, as other decisions regarding Dex's job responsibilities (e.g., assigning kennel cleaning duties) and even assigned work hours (e.g., a reduction of work hours below full time) could be looked at as an effort to get Dex to quit his job at the practice.

At this point, Dex probably does not have any legal recourse regarding discrimination based on his sexual orientation. If Dex is unhappy with his new job duties, he should have a conversation with Dr. Hartman about it, if for no other reason than to make sure Dr. Hartman is aware that Dex would still prefer to be more involved in client education. Maybe, after some time, clients will realize that Dex is a highly skilled employee who is more than capable of caring for their pets, and his sexual orientation will become less of an issue.

Is quitting an option for Dex? That is a fairly drastic move and one that Dex would need to think carefully about. If it is a small town, are there other employment opportunities for Dex? If there is another small animal practice in town, would Dex still face the same type of treatment there because of his sexual orientation?

Another consideration for Dex is whether or not he will still enjoy his job knowing that some (or many) of the clients know he is gay and don't approve of his lifestyle? Will Dex still enjoy interacting with these clients? Will he be able to interact with clients at the practice in a professional manner and provide them with the highest level of client service?

The issue of discrimination based on sexual orientation is quite a gray area when it comes to legal protection. While there are some states where laws have been enacted that would make the firing of an employee simply because of his sexual orientation a blatant violation of the law, other states have no such protection. This can become even more of a gray area when the employee is not fired, but instead has job duties changed based on sexual orientation. Unfortunately, employees in Dex's position have very little recourse, legally or otherwise.

Further points of discussion

- What problems may arise when a veterinary hospital or clinic employs a medical professional that has tattoos or ear gages and piercings?

Notes

1. “Support the Equality Act,” Human Rights Campaign (HRC), [HRC.org](http://www.hrc.org/resources/entry/employment-non-discrimination-act), <http://www.hrc.org/resources/entry/employment-non-discrimination-act>.
2. Myrna Gusdorf, “Employment Law—A Learning Module in Six Segments,” *Society for Human Management*, 2008, <http://www.shrm.org/education/hreducation/documents/employmentlawfinal2.pdf>.
3. Ibid.
4. Ibid.

Suggested Resource

Workplace Fairness. “Sexual Orientation Discrimination.” [Workplacefairness.org](http://www.workplacefairness.org/sexual-orientation-discrimination). <http://www.workplacefairness.org/sexual-orientation-discrimination>.

Case 16

Well-Intentioned Friend?

Jamie Schoenbeck Walsh, RVT

Tanya, a credentialed veterinary technician, works at a small animal practice in Kansas, on the Kansas-Colorado border. The veterinary practice has a staff made up of the veterinary practice owner, an associate veterinarian, one credentialed veterinary technician in addition to herself, and two support staff members. The practice has been a fixture in the community for 15 years, with clients from Colorado and Kansas. Tanya feels she is a valuable asset to the veterinary team as a skilled veterinary technician and a good client communicator.

The first appointment of the day is with Josh, a close friend of Tanya's, and his dog Iggy, a 14-year-old neutered black Labrador. Iggy was diagnosed with osteosarcoma of the right distal limb two months ago and has been undergoing nonsurgical treatment at a large veterinary referral cancer center in Denver, Colorado. Her prognosis is poor.

Tanya takes Iggy's vital signs: temperature of 100.8 °F, respiratory rate of eight breaths per minute, heart rate of 52 beats per minute. Iggy's pupils are dilated and he is depressed. Josh reports that Iggy has recently become more lethargic, is whining a lot, and is more agitated. There has been no change in Iggy's treatment, according to the report from the cancer referral center in Iggy's medical record.¹

Tanya knows Josh is a recreational marijuana user; it was why he moved over the border from Kansas to Colorado. Tanya asks Josh if Iggy could have eaten something he shouldn't have. Josh tells Tanya that Iggy's

pain was getting worse, and he stopped giving Iggy the prescribed pain medication since he didn't like what it was doing to Iggy. He read on the Internet that marijuana is a good pain reliever, so he gave Iggy pot cookies. Josh doesn't want to get in trouble and will stop giving Iggy the cookies and asks, as a good friend, if Tanya wouldn't mention the pot cookies to the veterinarian. What should Tanya do?

Points of view to consider in this scenario

- What is Tanya's responsibility to her friend and to her patient?

Commentary

Jamie Schoenbeck Walsh, RVT

However well-meaning Tanya may be in wanting to be a friend to Josh, this dilemma brings to question Tanya's responsibility to her patient. What if Tanya does not record Josh's admittance that he gave marijuana to Iggy? Diagnosis and subsequent treatment plans have their foundation in complete and accurate history-taking and physical exams. Medical record-keeping is an important part of medical care. *The Nerd Book: Medical Records* states, "there is no single standard of 'completeness'" for what is entered or not entered in a medical record. Medical record forms are personalized to the practice; the veterinarian sets the standard for what is contained in a medical record within that practice, according to the American Animal Hospital Association (AAHA).² It would be a conscious decision on Tanya's part to intentionally exclude any mention of Josh giving Iggy marijuana, raising the issue of whether or not Tanya is violating her tenants as a veterinary healthcare professional.

In the event that Tanya reports that her friend gave marijuana to his dog, does the veterinarian have a responsibility to report it to a legal authority? This case is made more complicated due to the laws concerning

the use of marijuana in certain states. In Colorado, retail marijuana is allowed for those over 21 for personal and private use.³ Iggy was given the pot cookies at home in Colorado, where it is legal for the client to possess the marijuana. However, with Iggy being presented to the veterinary hospital in Kansas, what are the responsibilities for the veterinarian in this case? If the client was not in possession of the pot cookies in the hospital, is there any legal issue?

Further points of discussion

- Josh's intentions with Iggy may have been good; however, if you were the technician, how would you educate an owner on giving pets medications or supplements that have not been prescribed by a veterinarian?
- How can the veterinary profession as a whole effectively educate the public on the dangers of giving pets medications meant for humans and the importance of the partnership between veterinarians, clients, and patients?

Notes

1. "Marijuana, poisonous to: cats, dogs, common signs to watch for," *Pet Poison Helpline 24/7 Animal Poison Control Center*, <http://www.petpoisonhelpline.com/poison/marijuana/>.
2. Phil Seibert and Nanette Walker Smith, "The Nerd Book: Medical Records," VSPN, http://www.vspn.org/Library/Misc/VSPN_M02369.htm.
3. "Residents & Visitors," *Colorado.gov*, <https://www.colorado.gov/pacific/marijuanainfodenver/residents-visitors>.

Suggested Resources

American Veterinarian Medical Association (AVMA). "Veterinary Marijuana?" *AVMA.org*. <https://www.avma.org/news/javmanews/pages/130615a.aspx>.

Prisco, Joanna. "Pot for Pets: Marijuana Cookies for Ailing Dogs Hit Market." *ABCNews.go.com*. April 20, 2015. <http://abcnews.go.com/Lifestyle/pot-pets-marijuana-cookies-ailing-dogs-hit-market/story?id=30401005>.

Robinson, Narda. "FAQ: What You Need to Know about Hemp and Dogs

—Is Hemp Legal? What Are the Risks for Dogs? What Are the Benefits for Dogs? We Have Your Answers.” *Veterinary Practice News*. April 10, 2015. <http://www.veterinarypracticenews.com/FAQ-What-You-Need-to-Know-About-Hemp-and-Dogs>.

Case 17

Forbid or Forget?

Christina V. Tran, DVM

Jenn and Hannah are experienced small animal veterinary technicians working in an emergency clinic. They have worked at the emergency clinic together for over 10 years and are good friends, and their families often get together for dinners and birthday celebrations.

One of Hannah's responsibilities is to be in charge of inventory. She asks Jenn to help one evening. As they are taking inventory of the oral medications, Hannah notices that a half bottle of Carprofen has recently expired. Jenn verifies the expiration and decides that she will take the medicine home for her arthritic dog, Beau. She says, "What's the harm in taking an expired drug? We can't dispense it to patients." Hannah tells Jenn, "That's not a good idea—it's still considered hospital property." Jenn responds, "It's fine," and she places the bottle in her purse.

Points of view to consider in this scenario

- What is Hannah's responsibility to the clinic, to Jenn, and to Jenn's dog?

Commentary

Christina V. Tran, DVM and Daniel J. Walsh, LVT, RVT

As close friends and longtime employees, Hannah is conflicted regarding what actions she should take with Jenn. What is Hannah's responsibility to the clinic? As part of her job, Hannah should be familiar with inventory control and the disposal of expired drugs. Hannah is obligated as the inventory supervisor to report hospital theft to her supervisor. Regulations are specific for the disposal of controlled substances. Disposal of other types of prescription and over-the-counter drugs may be more or less specific. The American Veterinary Medical Association (AVMA) recommendations and manufacturer's guidelines as well as federal, state, and local municipal regulations, may also define methods of drug disposal to prevent environmental contamination or misuse.¹ If there is no written protocol for how to deal with expired drugs, does that make it OK? Who within the practice could give Jenn permission to take the expired drugs?

While Hannah's reporting of the drug theft would be in the best interest of the veterinary hospital, what effect could it have on Hannah's relationship with Jenn? The boundaries between a working relationship and a friendship can sometimes become blurred. If Hannah reports Jenn's actions, it could end Hannah's working and personal relationship with Jenn. Both parties may feel betrayed—Jenn because Hannah reported her, and Hannah because Jenn put her in a difficult position between choosing her job or their friendship. There may be further repercussions within the veterinary team, with the working atmosphere becoming one of mistrust.

If the theft was never discovered, Hannah could still be setting a precedent with Jenn. It is possible that Jenn will view Hannah's lack of response as silent approval of her actions, possibly opening the door for Jenn to take other expired medications and supplies in the future. If Hannah were to "look the other way" and not report the theft, she could be held personally responsible for the theft. It happened on her watch as the inventory supervisor. Keeping quiet could result in a reprimand, or possibly being fired from the emergency clinic, once the theft was

discovered. If reported to punitive authorities, it could also impact Hannah finding future employment.

What if Jenn convinced Hannah there is no harm in taking the drug, or Jenn waits until Hannah has finished inventory and quietly slips the drug in her purse? What would be the implications for Jenn's dog taking an expired drug? Assuming proper storage and handling of a drug, most likely there is nothing magical that happens when the expiration date for that drug is reached. The effectiveness of the drug is most likely not completely diminished at that moment. Still, various pharmacy and veterinary practice regulations designate that expired drugs cannot be used to treat patients.

Could the potency of the drug be diminished, less effective, or otherwise a danger to Jenn's dog? What would be Hannah's responsibility in this situation, if she knew Jenn had taken the drug home? What if Jenn's dog had a bad reaction to the expired drug? Jenn may find it a challenge to seek treatment for her dog at her own clinic for treatment. Was there a veterinarian-client-patient relationship "on the books" for Jenn's dog? For client-owned patients, prescriptions are required for all controlled substances and other drugs with the warning: "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian." A valid veterinarian-client-patient relationship is necessary for the person to be a client and the animal to be a patient.

Further points of discussion

- We see on the TV cop shows that ownership of trash ends when the waste receptacle is at the curb. What if Jenn had taken the drug from a trash disposal container?
- Is a veterinarian-client-patient relationship and prescription required for the veterinary technician's animal if the drug was removed from the trash? Why or why not?
- Would anything in this scenario change if the expired medication in question is an over-the-counter product? How would it change?
- What may be the consequences if the expired tablets were incorrectly disposed of in hospital waste and then stray animals or wildlife consumed the medication?

Note

1. American Veterinarian Medical Association (AVMA), “Disposal of Unwanted Medications,” [AVMA.org](https://www.avma.org/PracticeManagement/Facilities/Pages/disposal-unwanted-medications.aspx), <https://www.avma.org/PracticeManagement/Facilities/Pages/disposal-unwanted-medications.aspx>; American Veterinarian Medical Association (AVMA), “Federal Regulation of Waste Disposal,” [AVMA.org](https://www.avma.org/PracticeManagement/Administration/Pages/Federal-Regulation-of-Waste-Disposal.aspx), <https://www.avma.org/PracticeManagement/Administration/Pages/Federal-Regulation-of-Waste-Disposal.aspx>; American Veterinarian Medical Association (AVMA), “Waste Disposal by Veterinary Practices: What Goes Where?” [AVMA.org](https://www.avma.org/PracticeManagement/Administration/Pages/Waste-Disposal-by-Veterinary-Practices-What-Goes-Where.aspx), <https://www.avma.org/PracticeManagement/Administration/Pages/Waste-Disposal-by-Veterinary-Practices-What-Goes-Where.aspx>; “Carprofen, Package Insert, Safety Data Sheet,” [Putneyvet.com](http://putneyvet.com/sites/default/files/product_docs/carprofen_caplets_msds_final_02.pdf), http://putneyvet.com/sites/default/files/product_docs/carprofen_caplets_msds_final_02.pdf; Drug Enforcement Administration (DEA), “Drug Disposal Information,” http://www.deadiversion.usdoj.gov/drug_disposal/index.html; US Government, Electronic Code of Federal Regulations, Title 21 Chapter II Part 1317 - Disposal (controlled substances), ecfr.gov.

Suggested Resources

American Association of Veterinary State Boards (AASVB). AAVSB.org.
Federal Drug Administration (FDA). “Guidance for the Industry Drug Stability Guidelines.” [FDA.gov](http://www.fda.gov/downloads/AnimalVeterinary/GuidanceCompliance).
<http://www.fda.gov/downloads/AnimalVeterinary/GuidanceCompliance>
Federal Drug Administration (FDA). “Overview for Veterinarians—Animal Drugs.” [FDA.gov](http://www.fda.gov/AnimalVeterinary/ResourcesforYou/ucm268128.htm).
<http://www.fda.gov/AnimalVeterinary/ResourcesforYou/ucm268128.htm>
National Association of Boards of Pharmacy (NABP). NABP.net.

Case 18

Suspicious Client?

Andrea DeSantis Kerr, DVM

Sarah is a credentialed veterinary technician working at Valley Avenue Veterinary Clinic. The clinic is a small animal hospital located in a large urban city. Today Sarah is assigned to assist on emergency cases with Dr. Baylor. They have had a busy morning with several patient emergencies. The first emergency of the afternoon is Calli Brown, a two-year-old female American Staffordshire terrier, who is experiencing dystocia. Mr. Brown states that Calli appears to have been laboring for two hours and is having difficulty. Sarah immediately takes Calli and Mr. Brown into the examination room. She checks Calli's vital signs when Dr. Baylor enters the room. He determines that a puppy is trapped within the birth canal. Dr. Baylor and Sarah act quickly to free this puppy; however, it appears to be deceased. Sarah works to revive the puppy while Dr. Baylor uses ultrasonography to determine whether the remaining puppies are in fetal distress. Sarah is unable to revive the first puppy, but fortunately the remaining four are not in fetal distress.

Calli delivers two healthy male puppies 20 minutes apart when Mr. Brown's cell phone rings. He takes the call while in the examination room with Dr. Baylor and Sarah. They overhear Mr. Brown tell the caller that two large male puppies have been born and they will "make big money" and "blow out the competition." Mr. Brown also mentions to the caller his displeasure with Calli for losing the first puppy. Dr. Baylor and Sarah exchange glances at these comments. When Mr. Brown ends the call, Dr.

Baylor inquires about the intended purpose of the puppies. Mr. Brown states that they will be sold as “family pets.” Calli delivers two more healthy puppies, one female and another male. Dr. Baylor requests that Calli and the puppies remain in the hospital overnight. Mr. Brown declines and states that he will take them home.

Dr. Baylor and Sarah leave the examination room to prepare discharge instructions and the invoice. They discuss their concerns with each other. They both feel that the puppies will be sold and eventually trained as fighting dogs in the prominent underground dogfighting venture within the city. They also fear for Calli’s safety. Last month an injured American Staffordshire terrier was brought into Valley Avenue Veterinary Hospital by a Good Samaritan who witnessed the dog’s owner driving down a street at a high rate of speed with the dog chained to the bumper. The dog was left for dead. The brutality was supposedly in retribution for losing a dogfight that night, and the patient did not survive the injuries. Dr. Baylor and Sarah worry that Calli may be in grave danger for not meeting the owner’s expectations with the loss of the first puppy.

Points of view to consider in this scenario

- What is the obligation of Dr. Baylor and Sarah to report suspected abuse to a regulating authority before it has actually happened?
- Do Dr. Baylor and Sarah have a responsibility to maintain client confidentiality in this situation when they suspect abuse but are relying on hearsay as the only evidence?

Commentary

Andrea DeSantis Kerr, DVM

Veterinarians and veterinary technicians have an obligation to report

suspected cruelty. The question here lies in what the responsibility of Dr. Baylor and Sarah is to report a suspected abuse that has not yet occurred. They are suspicious of their client but have no actual evidence of any illegal activity. Dr. Baylor and Sarah are basing their suspicion on hearsay. The statements that Mr. Brown made regarding the puppies were ambiguous. While they could relate to dogfighting, they may also be benign. Stating that the puppies will “make big money” could simply refer to the puppies yielding a high asking price as sold by him, the breeder. The puppies “blowing out the competition” could simply mean the competition by other breeders or as competitive show dogs. Dr. Baylor and Sarah are evaluating the situation based on the context of their environment and community. Underground dogfighting is a known problem within their city, and the breed in this scenario fits the category of a fighting dog. The fact that another American Staffordshire terrier that was recently presented to their veterinary hospital succumbed to a brutal death makes their mistrust palpable. They fear for the safety of the mother dog, Calli, but have no evidence that she is actually in danger. In this case they may feel like they are the only advocates for Calli and her puppies.

Should they contact a governing agency such as Animal Care and Control? If they are wrong regarding their assumptions, does Mr. Brown have recourse regarding litigation for defamation of character, libel, and slander? According to the American Veterinary Medical Association (AVMA) Model Practice Act, which serves as the model act adopted by many states, “Any veterinarian or veterinary technician licensed or credentialed in the State who reports, in good faith and in the normal course of business, a suspected incident of animal cruelty, as described by law, to the proper authorities shall be immune from liability in any civil or criminal action brought against such veterinarian or veterinary technician for reporting such incident.”¹ The issue here lies in the wording: “suspected incident of animal cruelty, as described by law.” The phrase “as described by law” may denote that each state has a specific description of what animal cruelty entails. The definition of animal cruelty could vary from state to state, so the context of a similar situation could be viewed completely differently from state to state. Because Dr. Baylor and Sarah suspect dogfighting is involved in this situation, federal laws may apply. Dogfighting is considered a felony in all 50 states. The Federal Animal Welfare Act states, “It shall be unlawful for any person to knowingly sell, buy, possess, train, transport, deliver, or receive any animal for purposes of having the animal participate in an animal fighting venture.”² Knowing this information provides Dr. Baylor and Sarah with a better basis to report

the suspected behavior, as they believe Mr. Brown will sell the puppies for training and fighting purposes. They would knowingly violate client confidentiality by providing the name of their client to Animal Care and Control, but they would be protecting the welfare of Calli and her puppies. If their assumptions proved to be incorrect and Mr. Brown had no involvement in an underground dog-fighting venture, they would risk litigation by Mr. Brown.

Further points of discussion

- Do Dr. Baylor and Sarah have any reason to withhold Calli and her puppies from the owner?

Notes

1. American Veterinarian Medical Association (AVMA), “Model Veterinary Practice Act—January 2013,” [AVMA.org](http://www.avma.org/KB/Policies/Pages/Model-Veterinary-Practice-Act.aspx), last modified January 2013, www.avma.org/KB/Policies/Pages/Model-Veterinary-Practice-Act.aspx.
2. Michigan State University Animal Legal and Historical Center, “§2156. Animal fighting venture prohibition [Sec. 26][FN 1],” last modified April 2015, <https://www.animallaw.info/statute/us-awa-animal-welfare-act#2156>.

Suggested Resources

American Society for the Prevention of Cruelty to Animals (ASPCA). “The Criminal, Underground World of Dog Fighting.” <https://www.asPCA.org/fight-cruelty/dog-fighting/pit-bull-cruelty>.

American Society for the Prevention of Cruelty to Animals (ASPCA). “Dog Fighting Frequently Asked Questions.” [ASPCA.org](http://www.asPCA.org/about-us/faq/what-are-laws-related-dog-fighting). <http://www.asPCA.org/about-us/faq/what-are-laws-related-dog-fighting>.

Michigan State University Animal Legal and Historical Center. “Chart of State Dogfighting Laws.” Last modified 2014. <https://www.animallaw.info/article/chart-state-dogfighting-laws>.

Case 19

Hiring in a Close Community

Jamie Schoenbeck Walsh, RVT

Jennifer is a credentialed veterinary technician. After working at Riverside Animal Hospital for five years as a staff technician, she took courses and became a certified veterinary practice manager. One year ago, the veterinarian who owned the practice handed over all practice management duties to Jennifer. Among her many duties as the practice manager, Jennifer most enjoys coordinating continuing education opportunities for the staff veterinary technicians and veterinarians and managing student internships and employment opportunities. The town has a close and cooperative veterinary community with two small animal practices and two mixed animal practices serving three counties. Besides helping to coordinate the area meeting of veterinarians and veterinary technicians, she belongs to an area-wide committee that is involved in community outreach and fundraising. Jennifer enjoys the networking with colleagues that these opportunities afford her.

The committee has helped to organize a fund-raising event for the local animal shelter. On the day of the event, Jennifer is working with two other technicians representing the other two small animal practices, and an associate veterinarian from one of the mixed animal practices in town. They are setting up the “pals and pups” photo booth attraction. As Jennifer returns to the group with some equipment and photo backdrops, she overhears a conversation between the two technicians and veterinarian. They are talking about Danni, a young local veterinary technician who is

known in the community.

Danni worked at the local animal shelter and Hope Road Animal Clinic as a kennel attendant in high school. Danni has now completed her accredited veterinary technician program. One of the technicians, who is from Hope Road Animal Clinic, is telling the others that she has it on good authority that Danni took two tries to pass her veterinary technician credentialing exam, and now Danni is looking for employment as a credentialed technician. The technician goes on to say that she figures Hope Road is not going to hire Danni because she was “difficult to work with as a kennel attendant” and she can only imagine what she will be like to work with as a technician. She explains that Danni was difficult to work with because she was “a know-it-all” and “didn’t seem to want to work very hard.” She goes on to say that if she had anything to do with it, she would make sure that Danni wasn’t hired at Hope Road.

Jennifer knows Danni and has only had positive interactions with her. She’s concerned the technician from Hope Road Animal Clinic is trying to influence the other technician and veterinarian so Danni won’t be considered for employment at either of their clinics. What should Jennifer do?

Points of view to consider in this scenario

- What is Jennifer’s professional responsibility in this situation?
What is her ethical responsibility?

Commentary

Josh L. Clark, MS, RVT

This is a tough situation for Jennifer. She has overheard several other people who work in the local veterinary industry making negative comments about an acquaintance (Danni) who is attempting to obtain

employment at one of the local veterinary practices. Jennifer has several options to consider.

One option would be for Jennifer to confront the veterinary technicians and veterinarian she hears talking about Danni. Since Jennifer has only had positive interactions with Danni, Jennifer could take this opportunity to defend Danni. For example, Jennifer could explain to the others that she has not experienced any instances of Danni being lazy or acting as though she knows everything. If Jennifer has a decent relationship with the other veterinary technicians and veterinarian and they respect her, they may respect her opinion regarding Danni and thus tone down their criticism of her. A possible downside of Jennifer defending Danni could be harming the relationship she has with the veterinarian and two veterinary technicians if they continue to talk negatively about Danni even after Jennifer speaks with them.

Another option would be for Jennifer to act as though she hadn't heard the conversation regarding Danni and go about her business. Since Jennifer knows Danni and feels that the comments she heard the others make about Danni are not accurate, it could be difficult for Jennifer to not speak up. Other than a guilty conscience, could there be other consequences of Jennifer acting as though she never heard the comments about Danni?

One issue that Jennifer might want to consider is whether this situation constitutes blacklisting or whether it is simply a small group of colleagues gossiping, with Danni as the target. Blacklisting definitions and laws can vary quite a bit from one state to the next. When it comes to employment, blacklisting is the act of an employer making unsolicited comments (via phone calls, letters, email, and in person) regarding a former employee to other employers in the area with the intent of preventing the employee from obtaining employment.¹

Blacklisting laws are one of the reasons why some employers will only give neutral references for former employees (i.e., will only give the title and dates of employment). Their fear is that if they give a negative reference regarding a former employee, especially if the former employee has applied for several jobs in the area, then their negative references could be interpreted as blacklisting. However, most of the state laws dealing with blacklisting explicitly support an employer's right to provide accurate and truthful assessments of former employees.² Essentially, if what an employer says about a former employee in a reference is truthful, then the employer has nothing to worry about. The employer is in an even better position if they have documentation to back up the information

provided in a reference.

Further points of discussion

- From the definition provided, could the conversation that Jennifer overheard regarding Danni be considered blacklisting? Or was it simply some colleagues standing around gossiping?
- Could the remarks made by the technician from Hope Road Animal Hospital regarding Danni be considered slander? The legal definition of slander is “an untruthful spoken statement about a person that harms the person’s reputation or standing in the community.”³
- If Jennifer thinks that the conversation she overheard does constitute blacklisting, how might she go about addressing the issue and the parties involved (i.e., Danni, the technicians, and the veterinarian)?
- If this is gossip, what are the implications or negative consequences beyond its effect on Danni? In other words, are there consequences for Jennifer, the clinics, and the others involved in the conversation?

Notes

1. Amy Delpo and Lisa Guerin, *Dealing With Problem Employees: A Legal Guide*, 7th ed. (Berkeley: Nolo, 2013).
2. Ibid.
3. Nolo’s *Plain-English Law Dictionary*, s.v., “slander.” <http://www.nolo.com/dictionary/slander-term.html>.

Case 20

Ringworm Kitten at the Babysitters

Christina V. Tran, DVM

Mrs. Jacobsen presents her new eight-week-old kitten Aggie for her first exam at Westside Dog and Cat Clinic. Aggie is doing well adjusting to her new home, but Mrs. Jacobsen is concerned about a small patch of hair loss on the kitten's face. The credentialed veterinary technician, Michele, records the history and notes that there are two adult cats living in the home as well. Following the physical exam, the veterinarian, Dr. Meyers, suspects Aggie may have ringworm and discusses treatment and the potential for it to spread to other animals, as well as humans. Dr. Meyers emphasizes to Mrs. Jacobsen that he is concerned about potential transmission to the other household cats. Mrs. Jacobsen consents to topical treatment of the suspected ringworm lesion but declines the dermatophyte culture and any additional treatment, including examination and ringworm testing for the other two cats. She tells Dr. Meyers and Michele that she does not have the finances to do anything else at this time. Dr. Meyers then leaves to see his next appointment and Michele exits the room to prepare the antifungal medication.

When Michele returns to the exam room, she reviews the medication administration with Mrs. Jacobsen. At that time, she discovers that the owner babysits several neighborhood children in her home to make ends meet. Given that the ringworm is an unconfirmed diagnosis but poses a possible public health concern, what should Michele do?

Points of view to consider in this scenario

- What concerns should childcare providers be aware of when pets are involved?
- Does it make a difference that this case potentially involves a zoonotic disease? Since the case is unconfirmed, is it less of a health risk?
- With an unconfirmed diagnosis, what is Michele's responsibility to the client in this scenario?
- Does the veterinarian-client-patient relationship (VCPR) and/or standard of care enter into a question of liability for the practice when zoonotic diseases are of concern? Why or why not?

Commentary

Christina V. Tran, DVM and Daniel J. Walsh, LVT, RVT

This scenario places Michele in a position where the patient's skin condition poses a potential public health risk to minors. Ringworm (dermatophytosis) is a zoonotic fungal disease transmitted by direct contact with infected individuals or contaminated surfaces. Immunocompromised humans and animals are especially susceptible. These individuals include the young, old, pregnant, and those with immune-compromising diseases and/or receiving immune-compromising medications. Measures for prevention of transmission include positive diagnosis, treatment of infected patients, cleaning and disinfection of fomites, personal hygiene, and minimizing contact with infected patients.¹ Knowing that this patient will have contact with young children emphasizes new importance on the case that Dr. Meyer was not privy to when he examined the patient.

What is Michele's responsibility to the children in the care of the client? The One Health initiative as well as the veterinarian's (American

Veterinary Medical Association, AVMA) and veterinary technician's (National Association of Veterinary Technicians in America, or NAVTA) oaths and codes of ethics address guarding public health as integral to veterinary medicine. Individual state veterinary practice acts and related regulations are not always as straightforward regarding this issue.²

In the absence of specific state regulations or laws concerning public health and other issues, it is not unusual for state boards and courts to use the standard of practice for an area and/or the veterinary-client-patient-relationship (VCPR) to establish the basis of what is acceptable when issues arise. How a VCPR may be defined can vary slightly among states.³

The standard of practice commonly considers what the typical, reasonable, prudent individual would do in a particular situation, while the VCPR sets the contractual responsibility of each of the parties. Since Dr. Meyers and Michele most likely have a higher degree of knowledge in this scenario, typically they would have a greater degree of responsibility in advising Mrs. Jacobson of the concerns of Aggie potentially having ringworm.⁴ As experienced professionals, their suspicion of ringworm is merited, and the resulting client education is warranted.

Many zoonotic diseases are reportable to the United States Department of Agriculture (USDA), state veterinarian, and health department. In addition, in recent years, some state animal health officials have initiated a means of keeping track of non-reportable animal health events to assist in detecting and monitoring disease trends.⁵ How should Michele respond to Mrs. Jacobsen?

Further points of discussion

- Would there be any additional concerns if Mrs. Jacobsen maintained a licensed day care facility from her home?
- Is ringworm reportable in your state or municipality?
- Are there written protocols in the practice where you are employed regarding advising clients who have animals with zoonotic diseases? Of what should the client be made aware?
- How is the practice staff advised of the presence of a patient with a zoonotic disease? Are measures in place to minimize the possibility of transmission to other patients and staff?
- What if the animal was a dog with a previous history of biting? How would this change the situation and safety concerns?

Notes

1. Center for Disease Control and Prevention (CDC), “Ringworm,” [CDC.gov](http://www.cdc.gov/healthypets/diseases/ringworm.html), www.cdc.gov/healthypets/diseases/ringworm.html; Iowa State University, The Center for Food Security and Public Health, “Dermatophytosis,” <http://www.cfsph.iastate.edu/Factsheets/pdfs/dermatophytosis.pdf>.
2. American Association of Veterinary State Boards (AAVSB), “Board and Agency Directory,” [AAVSB.org](http://www.aavsb.org), <https://www.aavsb.org/DLR/>; American Veterinary Medical Association (AVMA), “One Health,” [AVMA.org](http://www.avma.org), <https://www.avma.org/KB/Resources/Reference/Pages/One-Health.aspx>; American Veterinary Medical Association (AVMA), “Veterinarian’s Oath and Code of Ethics,” [AVMA.org](http://www.avma.org), <https://www.avma.org/KB/Policies/Pages/veterinarians-oath.aspx>; National Association of Veterinary Technicians in America (NAVTA), “Veterinary Technician’s Oath and Code of Ethics,” [NAVTA.net](http://www.navta.net), <http://www.navta.net>
3. L. Geyer, “Malpractice and Liability,” *Veterinary Clinics of North America Small Animal Practice* 23, no. 5 (1993): 1027–52; Antoinette E. Marsh and Sarah Babcock, “Legal Implications of Zoonotic Disease Transmission for Veterinary Practices,” *Veterinary Clinics of North America Small Animal Practice* 45, no. 2 (2015): 393–408, <http://dx.doi.org/10.1016/j.cvsm.2014.11.008>.
4. Ibid.
5. Indiana Board of Animal Health, Information for Veterinarians—Animal Health Reporting System, <http://www.in.gov/boah/2703.htm>; United States Animal Health Association (USAHA), “State Animal Health Officials List,” [USAHA.org](http://www.usaha.org), 2016, <http://www.usaha.org/Portals/6/StateAnimalHealthOfficials.pdf>; United States Department of Agriculture, “Veterinary Services Points of Contact for Surveillance, Preparedness, and Response Services (USDA Veterinary Services Regional Offices),” https://www.aphis.usda.gov/animal_health/downloads/sprs_contact/field_office_co; United States Department of Agriculture, “National List of Reportable Animal Diseases (NLRAD),” https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/program-overview/ct_national_list_reportable_animal_diseases.

Case 21

Who Makes the Call?

Jamie Schoenbeck Walsh, RVT

Jane is a veterinary technician student from a well-known veterinary technology program, completing an externship at a multi-veterinarian small animal hospital in her hometown. Jane chose this hospital because she is familiar with a couple of the veterinarians and several credentialed veterinary technicians from working at the hospital as an animal attendant in high school. The hospital sees occasional emergencies during the day, while emergency cases go to the regional emergency clinic in the evening. When Jane interviewed for her externship experience, she commented that it was beneficial to her as a student to have experiences with emergencies without the pressure of being in a high-volume emergency hospital. When Jane worked at the hospital as a high school student, she observed the management style to be laid-back, with everyone working together on cases throughout the day. There has been a management change since she went away to college: the hospital is no longer owned and managed by one veterinarian. There are now multiple owners of the hospital, including a hospital manager/lead technician whom Jane knows well. During her brief orientation, the lead technician told Jane that one of the new veterinarian owners made some changes, though many of the protocols were the same, and the practice had become busier. Jane was instructed to read the new hospital policy/procedures handbook. Jane glanced through the policies and protocols that govern the hospital and saw that not much had changed except for some of the management policies.

After the first week, Jane was assigned to work with Dr. Happ, one of the new partners in the hospital. In addition to Jane, three veterinarians and four technicians were working office visits and surgeries. A farmer, never seen as a client in the practice, walked in with an emergency: Jackson, a four-month-old, intact, male Brittany spaniel, had jumped down from a tractor when it was backing up. The client, Mr. Ledbetter, states that the tractor only bumped Jackson, though now three hours later Jackson is shaky and his breathing is shallow and rapid. Dr. Happ is up next in rotation to see emergencies. However, he is currently finishing a surgery, so Jane is told to take Jackson's history and vital signs. Jane reports Jackson's behaviors back to Dr. Happ: shallow, rapid respirations, mucous membranes slightly cyanotic and tacky, and shaking all over. Dr. Happ says he will be in very shortly to examine Jackson right after he finishes closing the surgical wound.

Jane finds that 10 minutes have passed and Dr. Happ is still completing surgery. Concerned about interrupting Dr. Happ again, Jane talks with Dr. Hill, a longtime associate veterinarian, and asks what she should do with Jackson in the meantime since she is concerned with the cyanosis. One of the protocols in the policy book talks about the O₂ cage for emergencies, which she mentions to Dr. Hill, who agrees to place Jackson in the O₂ cage with assistance from one of the technicians. Jane and the technician place Jackson in the O₂ cage and he "pinks up." The technician goes back to her other duties, telling Jane to stay with Jackson. Dr. Happ enters right after the technician leaves. He appears annoyed with Jane, telling her that she shouldn't have done anything with Jackson until he examined him and prescribed treatment. Jane explains that she asked Dr. Hill what to do. Dr. Happ asks Jane if she read the policy manual, telling her that when a veterinarian is assigned to a case, that veterinarian should make all decisions concerning care. He says that Jane should not have asked Dr. Hill and should have gone to see him instead, explaining that when Jane placed Jackson in the O₂ cage, she was basically prescribing treatment and acting as a veterinarian. Dr. Happ said he will no longer work with Jane and he is going to get her dismissed from her externship position.

Points of view to consider in this scenario

- Was Jane wrong in seeking another veterinarian's advice?
- Did Jane prescribe and treat Jackson like a veterinarian would?

Commentary

Jamie Schoenbeck Walsh, R.V.T.

The situation of a veterinary technician consulting more than one veterinarian concerning patient care could arise in any multi-veterinarian practice. Communication is not always clear concerning the veterinary-client-patient relationship and the technician's role. It is not uncommon to see a veterinary practice have unwritten protocols of veterinary technician roles. Jane's situation can easily occur in the setting of a busy, multi-veterinarian practice where communication and roles are not clearly outlined.

There is a question of whether or not Jane ignored the veterinarian-client-patient relationship (VCPR) by consulting another veterinarian, when Dr. Happ was next in rotation to take the emergency case. The question arises: was there a chain of command at the hospital that Jane ignored by going to another veterinarian?

Dr. Happ stated that Jane was usurping his status as veterinarian for the case, also accusing Jane of acting as a veterinarian. Let's look at factors that may have led to the confrontation between Jane and Dr. Happ. Jane's orientation at the hospital was brief; she was left to read a hospital handbook of policies and procedures. It is unclear if Jane received any feedback on her interpretations of the policies and procedures, or if the management policies included any information concerning the assignment of cases. It could be viewed also that Jane was encouraged to think the hospital was run in much the same way as it was when she was employed before, so she assumed the hospital was still run in a laid-back style. In this scenario, we do not know the details of case management policies. A conclusion could be drawn that there was ambiguity in how the practice was run. This can set the stage for misunderstanding and miscommunication. It can be argued that Jane had a responsibility to communicate with her veterinarian to which she was assigned. Could Jane have taken a more active role in being a member of the veterinary team by returning to talk with Dr. Happ a second time?

What about Jane's role as a student? That is, who actually employs

her? Was Jane being paid for her externship at the hospital? Was Jane's agreement with the hospital or with the veterinarian to which she was assigned? Could Jane be fired from an externship if the hospital voluntarily took Jane on as a student? These are further questions to explore. Even as a student, if employed and being paid, the employee is most commonly bound by hospital policies governing employee actions. Did Jane act appropriately by seeking another veterinarian's professional judgment? When does the veterinarian-client-patient relationship begin? In this scenario, Jane had been working with Dr. Happ that day and acted as an agent of the veterinarian when she initiated taking a history and recording vital signs. However, according to the American Veterinary Medical Association (AVMA), "A VCPR is established only when [the] veterinarian examines [an] animal in person, and is maintained by regular veterinary visits as needed to monitor [the] animal's health."¹ Dr. Happ had not made his examination of the patient, so one view is that there was no veterinarian-client-patient relationship between this patient and Dr. Happ.

Did Jane make a determination of treatment for the patient? In this scenario, Dr. Happ accused Jane of acting as a veterinarian. Placing Jackson in the O₂ cage could be viewed as prescribing treatment. This situation begs the question: could Jane have been acting in the best interests of the patient? A primary role of the veterinary technician is to be a patient advocate.²

Jane was told to obtain a history and vital signs, and then report Dr. Happ. One view is that in performing her duties, Jane made a judgment that the patient needed further intervention—she made this decision on her own. In this scenario, Jane sought the advice of another veterinarian and did not make the individual determination of placing Jackson in the O₂ cage. It can be argued that Jane was acting as an advocate for her patient. Jane's concern for her patient's condition led her to report her observations to a veterinarian who Jane sees as able to prescribe direct treatment for Jackson. How much did Jane's actions play in making this interaction fuzzy, concerning diagnosis and prescribing of treatment? In this technician's opinion, Jane made a judgment that her patient's condition was deteriorating—this was not a judgment of a diagnosis; rather, Jane did what technicians are educated to do: observe, monitor, and make a determination of the patient's status.

It would be helpful to know more details of Jane's interaction with the second veterinarian, Dr. Hill. Jane brings up the use of the O₂ cage, and

Dr. Hill agrees to the idea. In looking at the other side of the coin, was Jane interpreting and making a diagnosis and just asking Dr. Hill's "permission?" Jane's mention of the O2 cage from the handbook suggests that the handbook contains standard operating procedures (SOPs). If the hospital's standard of care is to utilize SOPs as veterinarians' orders when there is no veterinarian present, then this changes the perspective of this situation. In this case, there is not enough information to determine whether or not Jane was operating within the guidelines of an SOP for this hospital.

One view is that Jane was being an advocate for her patient, and she sought guidance rather than making a decision or taking action on her own.

As in many dilemmas that come up in the veterinary world, inadequate communication, or lack of communication, can lead to a predicament like Jane's case. What one would hope to see happen is a conference between Jane, Dr. Happ, and Dr. Hill to analyze the issues; coming to a mutual understanding would lead to reevaluation of case management practices, and potentially revise orientation programs for students and employees.

Further points of discussion

- What is the responsibility of the veterinary team in an emergency?

Notes

1. American Veterinarian Medical Association (AVMA), "Veterinarian-Client-Patient Relationship (VCPR) FAQ," [AVMA.org](https://www.avma.org/public/PetCare/Pages/VCPR-FAQs.aspx), <https://www.avma.org/public/PetCare/Pages/VCPR-FAQs.aspx>.
2. "The Veterinary Practice Team," [VetMedTeam.com](https://www.vetmedteam.com/courses/247/team_roles.pdf), https://www.vetmedteam.com/courses/247/team_roles.pdf.

Case 22

How Rough is Too Rough?

Christina V. Tran, DVM

Brian is a recent graduate of a veterinary technology program accredited by the American Veterinary Medical Association (AVMA) and accepted a full-time position at a mixed animal practice. The practice includes three veterinarians, four credentialed veterinary technicians, a practice manager, and several veterinary assistants and receptionists.

Brian splits his time between the small and large animal aspects of the practice. During his first few weeks, Brian is paired with Hope, an experienced veterinary technician who has been with the practice for over 20 years. Hope is a well-respected member of the practice and is genuinely interested in helping Brian transition into his role on the veterinary healthcare team.

On a recent farm call, Hope and Brian are sent out to perform a bandage change on a young quarter horse, Sampson, who last week had a laceration repair on his right front limb. Hope has worked with the horse and owner previously, so they locate the horse quickly in the paddock. As Brian prepares the bandaging supplies, Hope mentions that the owner is on vacation and unavailable to assist with the bandage change. She typically doesn't need help restraining Sampson, but he is a curious horse. With Hope restraining Sampson using his halter and lead rope, Brian removes the old bandage. Sampson is sensitive to the bandage removal, and he lifts his right forelimb several times. Hope is quick to give a firm tug of the lead rope and Sampson stops lifting his forelimb. Once the bandage is

removed, Brian determines that the sutures are intact and there is no swelling or discharge. He begins to place the new bandage when Sampson starts to lift his forelimb again. He is also shaking his head and snorting. Hope swiftly hits Sampson over the shoulder with her hand and he calms down right away. Brian quickly finishes placing the new bandage, and Hope releases Sampson back into the paddock. Hope comments to Brian that “sometimes horses just need to be reminded who’s in charge.”

The following week, Hope and Brian are taking thoracic radiographs of an older dog that had fallen down a flight of stairs. The dog begins to move as they take the radiograph, and Hope grabs the dog’s left forelimb and twists it. The dog winces and stops moving on the table. They are able to complete the radiographs without any further delays. Once the dog has been returned to the owner, Hope tells Brian that she prefers to physically hold animals during radiographs instead of using sandbags or sedation, in order to avoid added client charges.

Points of view to consider in this scenario

- Has Brian witnessed enough to warrant a concern over the safety and welfare of patients being treated by Hope? What are the concerns with addressing Hope?
- Are there concerns with addressing the practice manager or the practice owner?
- What, if any, obligation does Brian have to inform the owners of Hope’s actions?

Commentary

Jamie Schoenbeck Walsh, RVT

How much restraint is too much? Does Brian have enough information in order to make a determination that Hope poses a safety concern to

patients? At certain times, a procedure could cause discomfort to a patient, though it is for the patient's benefit. Examples include giving an injection intramuscularly, drawing blood from the jugular vein, and placing an intravenous catheter. These procedures cause discomfort to the patient, though are ultimately in the patient's best interest. The signs of pain can vary widely. Sampson keeps lifting his forelimb during a bandage change; this could be a sign of pain, though the bandage change and assessment of the injury is needed to document patient progress to report to the case veterinarian. Though the bandage change was required, was it necessary to hit Sampson's shoulder? Similarly, the older dog winces in pain or stress as Hope twists the left forelimb. There were other techniques that could have been utilized to take radiographs of the older dog. Is saving the client money a legitimate reason if it makes the procedure more painful for the patient?

Brian is a recent graduate, having learned the most current foundations of animal restraint and handling. Hope learned restraint techniques 20 years ago. Philosophies of patient restraint and handling, welfare, and perception of pain have changed over time. Research also shows that inconsistent handling of animals (occasionally rough, sometimes gentle) causes a greater stress response than consistent rough handling. Though animals can adapt to consistent rough handling, they are much less able to do so when handling is inconsistent.¹ Temple Grandin, Colorado State University animal science professor and author and consultant to the livestock industry on animal behavior and welfare, wrote of animal handling practices deteriorating over time, becoming rougher as time lengthens from the initial institution of a handling technique.

How could Brian, a junior veterinary technician in the practice, approach Hope, a senior veterinary technician, on her handling techniques? It may be in the patients' best interests if Brian discusses the responsibility of the veterinary team on matters of animal welfare with Hope. The National Association of Veterinary Technicians in America (NAVTA) Code of Ethics has several statements that address animal welfare and the veterinary technician's responsibility:

Veterinary technicians shall prevent and relieve the suffering of animals with competence and compassion....

Veterinary technicians shall collaborate with other members of the veterinary medical profession in efforts to ensure quality health care services for all animals....

Veterinary Technicians shall safeguard the public and the

profession against individuals deficient in professional competence or ethics.²

The American Animal Hospital Association (AAHA) guidelines strongly encourage “an inclusive team approach [to] ... create a low-fear and low-stress environment for patients,” both through handling and restraint and environmental considerations.³

One might consider that Brian has a responsibility as a member of the veterinary team, if he is concerned about Hope’s restraint techniques, to voice those concerns. With research support, Brian may wish to have a conversation with Hope and discuss recent recommendations of low-stress patient handling and restraint approaches. A team approach, with everyone on the same page, would be a great benefit to consistency in patient handling. Brian, as the junior veterinary technician, may be hesitant to bring up such a conversation with a more senior veterinary technician. One idea that Brian may wish to discuss with Hope is creating protocols for animal restraint to assure consistency in patient handling for the entire veterinary team, possibly diffusing “pointing a finger” specifically to Hope’s techniques and avoiding confrontation. Continuing education is a responsibility of all veterinary healthcare professionals; a method Brian could use is to suggest continuing education on low-stress handling of patients. Does Brian have an obligation to tell the practice manager or veterinarian owner or the clients involved about Hope’s actions? In cases of conflict or confrontation, a direct approach in discussing his concerns with Hope would offer a more complete picture of Hope’s actions, and why she handles her patients the way she does. To immediately accelerate the discussion to include others may not allow Hope to accept her responsibility and opportunity to change her approach to patient handling. Brian could make a decision at a later time, if necessary, to pursue further action if Hope is not amenable to changing her style of restraint and handling.

Further points of discussion

- What would it indicate if Hope would not perform these actions in front of owners or a veterinary supervisor or veterinarian?
- As Brian and Hope remove the dog from the imaging table, Brian notices that the dog is now favoring his left forelimb. What should he do?

- What would be the implications if the roughly handled dog bit Hope or Brian or began to show other undesirable behaviors?
- Whose responsibility is it to report Hope's actions to the veterinary licensing board?
- How do you draw the line between reasonable restraint and physical abuse/unnecessary force?
- If Brian reports Hope's actions to the veterinarian owner of the practice, and no action is taken on the veterinarian's part, what does Brian do at that point?

Commentary

Candace Croney, PhD

There are both ethical and scientific welfare issues in the above scenario. One consideration is transparency, which is an increasingly important component of animal welfare. Would the senior veterinary technician be hitting the horse and twisting the dog's leg if the owner or her supervisor were present? If not, that suggests she knows this isn't right, which would further obligate Brian to discuss and, if necessary, report his concerns.

There are other considerations with implications for welfare: rough handling of animals is known to complicate and lengthen the duration of future handling. While Hope may feel that what she is doing expedites treatment, is it in anyone's best interest if her actions actually cause the animals enough fear, acute pain, and distress so as to complicate future handling? This type of handling literally undoes efforts to promote positive clinic experiences for animals. For those owners who take the time to do "happy" or "wellness" visits to facilitate positive experiences with the clinic, this type of experience would completely undermine their work.

In addition, what, for instance, would the implications be if the roughly handled dog bit Hope or Brian or began to show other undesirable

behaviors as a result of poor handling? What if Hope's rough handling caused physical harm or exacerbated an existing or underlying condition? These unintended consequences ought to be considered, as the short-term "fix" Hope has used may cause longer-term problems that significantly impact animal welfare. If Hope is routinely using rough handling techniques, this could create welfare problems in these and other animals and indirectly lead to client loss for the practice, if clients were to learn of or witness it. It also violates the freedom from pain, injury, and disease, as well as the freedom from fear and distress.

A related concern is that research conducted with pigs and cattle demonstrates that inconsistent handling of animals (occasionally rough, sometimes gentle) actually evokes a greater stress response than consistent rough handling. While animals can adapt to consistent rough handling, they are much less able to do so when handling is inconsistent.⁴ This very likely applies to horses and dogs, and is therefore another reason attention to Hope's handling techniques is needed.

This case also illustrates the need for continuing education and practice discussions about the implementation of new techniques, including low-stress handling and promoting an atmosphere of collegiality so that concerns can be addressed respectfully and promptly. It also reinforces why there is need for a system to protect whistleblowers whose interests in protecting animals should not come at the cost of potential retaliation against them, and whether such systems are important in clinical practice as opposed to only research settings.

Notes

1. P. H. Hemsworth, J. L. Barnett, and C. Hansen, "The Influence of Inconsistent Handling by Humans on Behaviour, Growth and Corticosteroids of Young Pigs," *Applied Animal Behavioural Science* 17, nos. 3–4 (1987): 245–52, [http://dx.doi.org/10.1016/0168-1591\(87\)90149-3](http://dx.doi.org/10.1016/0168-1591(87)90149-3); K. Breuer, P. H. Hemsworth, and G. J. Coleman, "The Effect of Positive or Negative Handling on the Behavioural Responses of Nonlactating Heifers," *Applied Animal Behavioural Science* 84, no. 1 (2003): 3–22, [http://dx.doi.org/10.1016/S0168-1591\(03\)00146-1](http://dx.doi.org/10.1016/S0168-1591(03)00146-1).
2. National Association of Veterinary Technicians in America (NAVTA), "Veterinary Technician's Oath and Code of Ethics," [NAVTA.net](http://www.navta.net), <http://www.navta.net>.
3. M. Hammerle et al., "2015 AAHA Canine and Feline Behavior Management Guidelines," American Animal Hospital Association, [AAHA.org](http://www.aaha.org), https://www.aaha.org/professional/resources/behavior_management_guidelines.asp

4. Hemsworth, Barnett, and Hansen, “The Influence of Inconsistent Handling by Humans;” Breuer, Hemsworth, and Coleman, “The Effect of Positive or Negative Handling.”

Suggested Resources

Report of the Technical Committee to enquire into the welfare of animals kept under intensive livestock husbandry systems. Brambell Report. London, UK: Her Majesty’s Stationery Office, 1965.

Grandin, Temple. *The Importance of Measurement to Improve the Welfare of Livestock, Poultry and Fish.* 2010.
<http://www.grandin.com/importance.measurement.improve.welfare.htm>

Hemsworth, P. H. “Ethical Stockmanship.” *Australian Veterinary Journal* 85 (2007): 194–200.

Case 23

On Call Dilemma

Andrea DeSantis Kerr, DVM

Alyssa is a credentialed veterinary technician employed at a small, rural practice with two veterinarians. The closest neighboring practice is 45 minutes away. Alyssa greatly enjoys working with her fellow employees, including the two veterinarians at the practice, Dr. Dave and Dr. Karen. They are a father-daughter team who jointly own the practice and have a laid-back, team-oriented leadership style. Tonight Alyssa and Dr. Dave are on call for emergencies. As the staff closes the hospital doors at 7:00 pm, Dr. Dave jokes with Alyssa that they “better not get any emergency calls tonight because it is Karen’s 30th birthday and the family will be partying!” Unfortunately, four hours later Dr. Dave calls Alyssa to tell her they have a Great Dane with a possible gastric dilatation volvulus (GDV) presenting on emergency.

Alyssa meets Dr. Dave at the hospital. Dr. Dave has already examined the patient and is speaking with the clients when she arrives. He informs the clients that their pet will require emergency surgery. Alyssa and Dr. Dave take the patient to the prep room. Alyssa is concerned upon interacting with Dr. Dave because she can smell alcohol on his breath, although he is not slurring his words and he appeared professional with the clients. She asks him if he has been drinking, and he confirms that he has had “a few drinks.” Upon hearing this, Alyssa asks Dr. Dave if he would like her to call Dr. Karen to perform the emergency surgery. Dr. Dave responds jovially that “Karen is completely wasted!” He assures Alyssa

that he is fine and completely capable of performing the GDV surgery. The patient's condition is deteriorating and surgery is needed immediately.

The surgery is complicated, taking over two hours, but the patient survives. The recovery is stormy, and the patient dies postoperatively. Alyssa questions whether the difficult surgery and subsequent death is related to Dr. Dave's alcohol consumption or if it is related to the guarded condition of the patient at presentation.

Points of view to consider in this scenario

- What is Alyssa's role as the patient's advocate in this situation?
- What are Alyssa's ethical and legal responsibilities in this situation?

Commentary

Andrea DeSantis Kerr, DVM

This scenario places Alyssa in a difficult situation. The veterinary technician plays an essential role as a patient advocate. The role of advocate conjures the idea of being the voice for the patient, since the patients cannot speak for themselves. Being an advocate means placing the patient's well-being first in importance. In this case, Alyssa finds herself concerned for the patient's well-being because her employer has admitted to consuming alcohol, and with that admittance is the question of whether there is any impairment in Dr. Dave's skills that could compromise the patient's safety. The other side of the coin is that this patient does not have the luxury of time on its side. The patient is rapidly deteriorating, and surgical intervention is a certainty. Alyssa took the appropriate steps in offering to contact the other veterinarian on the staff, only to discover that the alternative veterinarian was most certainly intoxicated to the level of impairment.

What other options does Alyssa have? She could express her concerns to the clients. If they had chosen to take their dog to the next closest veterinary hospital 45 minutes away, they would have risked the dog succumbing to his life-threatening condition before surgery could have been performed. One might say it was in the best interest of the patient to have surgery immediately, knowing the guarded condition. In that case, Alyssa is in the unfortunate situation of knowing that the most appropriate action for the patient, immediate surgical intervention, must be performed by a colleague who has admitted to consuming alcohol. She can take steps to evaluate the situation, as she did, by noticing that Dr. Dave is not slurring his words and he appeared professional with the clients. Those observations help her to feel more comfortable in assuring herself that Dr. Dave did not appear compromised in his abilities, but she cannot be confident that his skills were not affected by the alcohol consumption, especially with the death of the patient.

Now we must consider the ethical and legal responsibilities Alyssa has in this situation. The American Veterinary Medical Association (AVMA) Model Practice Act states that a veterinarian or veterinary technician may have their license “revoked, suspended, or limited for a certain time” if the licensee demonstrates “the inability to practice with reasonable skill and safety because of a physical or mental disability, including deterioration of mental capacity, loss of motor skills, or abuse of drugs or alcohol of sufficient degree to diminish the person’s ability to deliver competent patient care.”¹ The question here is whether or not Dr. Dave is unable to practice with reasonable skill. Does he meet the legal definition of intoxicated? This definition varies. For a DUI (driving under the influence) conviction, a range of .08 to .10 blood alcohol level is considered legally intoxicated under state law. In cases of public drunkenness, the law is more subjective and refers to a person causing a public disturbance and/or being dangerous to him or herself or others.² In this case, there is no way of knowing Dr. Dave’s blood alcohol level, but he is not causing a disturbance and does not appear to be a danger to himself or others.

What are the ethical responsibilities Alyssa faces? The National Association of Veterinary Technicians in America (NAVTA) veterinary technician code of ethics states: “Veterinary technicians shall safeguard the public and the profession against individuals deficient in professional competence or ethics.”³ This states that Alyssa has an ethical responsibility to the profession in this situation. Again, the question lies in whether Alyssa thinks Dr. Dave is deficient in competence. She has no exact way of knowing if he is deficient—only her subjective observations can be

used at this point. One ethical concern that Alyssa could discuss with Dr. Dave and the office staff is the precedent that should be set regarding the actions of members of the staff while on call. It is not known if there is an office policy regarding behaviors forbidden for on call staff in this scenario, but that would be something that should be discussed and evaluated to see if a work policy was violated or if the office needed to develop a work policy regarding on call staff. A policy forbidding alcohol consumption or drug use while on call would be a suggestion Alyssa could provide if a policy does not exist. This would prevent future scenarios similar to this case.

Further points of discussion

- What happens if the state veterinary board contacts Alyssa a few weeks after the surgery stating that the owners expressed concern with Dr. Dave's condition since they were suspicious of his alcohol consumption?
- Is Alyssa culpable for the patient's death?
- What if there was another veterinary practice within minutes of Dr. Dave's practice? How does this change Alyssa's choices, and what might be the resulting consequences?

Notes

1. American Veterinarian Medical Association (AVMA), "Model Veterinary Practice Act—January 2013," [AVMA.org](https://www.avma.org/KB/Policies/Pages/Model-Veterinary-Practice-Act.aspx), <https://www.avma.org/KB/Policies/Pages/Model-Veterinary-Practice-Act.aspx>.
2. "Intoxication," dictionary.law.com, <http://dictionary.law.com/Default.aspx?selected=1018>.
3. National Association of Veterinary Technicians in America (NAVTA), "Veterinarian Technician Code of Ethics," [NAVTA.net](http://c.ymcdn.com/sites/www.navta.net/resource/collection/946E408F-F98E-4890-9894-D68ABF7FAAD6/navta_vt_code_of_ethics_07.pdf), last modified 2007, http://c.ymcdn.com/sites/www.navta.net/resource/collection/946E408F-F98E-4890-9894-D68ABF7FAAD6/navta_vt_code_of_ethics_07.pdf.

Case 24

Practicing on the Side

Daniel J. Walsh, LVT, RVT

John is a credentialed veterinary technician at the Livingston Small Animal Clinic. He also owns a boarding kennel and provides bathing and grooming services for the boarders. John is known for his gentleness and excellence in providing for patients at the clinic. His reputation has earned him the respect of the veterinarians, other veterinary technicians, clinic staff, and clients, resulting in referrals to his boarding facility by all who know him.

Clients who have pets receiving medication commonly bring their pets to John's kennel, since they know his reputation and that he is a veterinary technician, so he can continue care while they are gone.

Occasionally John notices boarders that are shaking their heads and scratching their ears. For these boarders he administers an over-the-counter otic (ear) remedy at no charge. Since the remedy appeared to offer at least some noticeable relief, the owners have been very happy with John's treatments.

Points of view to consider in this scenario

- Is John practicing veterinary medicine? Is John diagnosing a condition and providing treatment?

Commentary

Daniel J. Walsh, LVT, RVT

Was John practicing veterinary medicine? The American Veterinary Medical Association (AVMA) defines the practice of veterinary medicine: “to diagnose, prognose, treat, correct, change, alleviate, or prevent animal disease, illness, pain, deformity, defect, injury, or other physical, dental, or mental conditions by any method or mode.”¹ A diagnosis is the identification of a disease based on clinical signs and laboratory findings, leading to a prescription for treatment and prognosis. An observation is a perception from the senses of the observer and is distinct from interpretation.² Looking at it from the viewpoint of a boarding kennel and grooming facility owner, if John does not advertise that he is a veterinary technician and is treating animals at his boarding and grooming facility, is he at all liable for performing the standard of care of any groomer? In this scenario, John’s clients “know his reputation and that he is a veterinary technician.” The general knowledge of his clients could make a difference if it is ever called into question that John is operating a veterinary facility.

There is a question of if John was making a diagnosis or merely making an observation regarding the condition of the boarder’s ears. As a veterinary technician, the National Association of Veterinary Technicians in America (NAVTA) Code of Ethics requires quality in patient care, prevention and relief of the pain and suffering of animals, and adherence to laws and regulations.³ For his actions at the boarding and grooming facility, could John be subject to disciplinary action by the veterinary board of examiners? This most likely would depend on John being reported by a client as practicing veterinary medicine. Under what circumstances could this happen?

What difference does it make if the remedy was an over-the-counter (OTC) medication and not a prescription drug? The Food and Drug Administration (FDA) generally defines OTC medications as drugs that are safe and effective for use by the general public without a doctor’s prescription.⁴ Prescription medications, however, are restricted for use as prescribed by a veterinarian: “Caution: Federal law restricts this drug to

use by or on the order of a licensed veterinarian.”³ If John’s remedy were ever called into question by a client, prescription versus over-the-counter medication may set the stage for “what any reasonable person would do” in a scenario such as this one. John could have been relieving an uncomfortable situation for the pets being groomed, just as a person might apply an over-the-counter lotion to relieve the itchiness of poison ivy.

Further points of discussion

- Would it have made a difference if John was not a credentialed veterinary technician?
- What difference does it make that John was not in the practice at the time he selected and administered the otic remedy?
- What could happen if the remedy aggravated the condition?
- If John would have standard contracts with his clients for his boarding and grooming services, what would be a prudent clause regarding the care and treatment of the boarders concerning health issues?
- How would John make clear his position as a veterinary technician versus the groomer and kennel owner?

Notes

1. American Veterinarian Medical Association (AVMA), “Principles of Veterinary Medical Ethics of the AVMA,” [AVMA.org](https://www.avma.org/KB/Policies/Pages/Principles-of-Veterinary-Medical-Ethics-of-the-AVMA.aspx), <https://www.avma.org/KB/Policies/Pages/Principles-of-Veterinary-Medical-Ethics-of-the-AVMA.aspx>.
2. D. C. Blood, V. P. Studdert, and C. C. Gay, *Saunders Comprehensive Veterinary Dictionary*, 3rd ed. (Philadelphia: Saunders Elsevier, 2007), 525, 1258.
3. National Association of Veterinary Technicians in America (NAVTA), “Veterinary Technician’s Oath and Code of Ethics,” NAVTA. net, http://c.ymcdn.com/sites/www.navta.net/resource/collection/946E408F-F98E-4890-9894-D68ABF7FAAD6/navta_vt_code_of_ethics_07.pdf.
4. Federal Drug Administration (FDA), “Overview for Veterinarians—Animal Drugs—Classifying Rx and OTC Drugs,” [FDA.gov](http://www.fda.gov/AnimalVeterinary/ResourcesforYou/ucm268128.htm#Classify); Federal Drug Administration (FDA), “Drugs@FDA Glossary of Terms,” [FDA.gov](http://www.fda.gov/AnimalVeterinary/ResourcesforYou/ucm268128.htm#Classify), <http://www.fda.gov/AnimalVeterinary/ResourcesforYou/ucm268128.htm#Classify>

Suggested Resource

American Association of Veterinary State Boards (AAVSB). “Boards and Agency Directory.” *AAVSB.org*. <https://www.aavsb.org/DLR/>.

Case 25

Compliment? Or Reason for Concern?

Andrea DeSantis Kerr, DVM

Kaitlin, a new graduate of an accredited veterinary technology program, was recently hired at a mixed animal veterinary practice with three veterinarians and five additional veterinary technicians. Kaitlin has greatly enjoyed the variety the practice has to offer and eagerly helps in the clinic with small animal patients and accompanies the veterinarians on farm calls. Kaitlin was performing a fecal exam in the lab when she overheard the office manager, Mark, talking to another male employee, Dr. Carr, in the break room. She heard Mark say how “the uniform scrubs fit Kaitlin better than the other techs.” Dr. Carr does not verbally respond. Since then Kaitlin has felt uncomfortable around Mark and Dr. Carr. Mark has requested Kaitlin to assist him with several projects recently, and she is uneasy despite no overt advances made toward her.

Today Kaitlin is asked to go on a farm call with Dr. Carr. Dr. Carr is friendly and kind to her while they drive to the client’s farm; she feels more at ease. At the farm, she assists Dr. Carr with a lameness examination of a horse. While she is trotting the horse she hears the client ask, “How is the new girl? She seems very nice and is good with the animals.” Dr. Carr agrees and states that she is “a great asset to the clinic.” On the drive back to the clinic Dr. Carr tells Kaitlin, “I enjoy working with you.” Kaitlin feels uncomfortable again. She approaches one of the senior

veterinary technicians, Carla, with her concerns when she returns to the practice. Carla tells her that both men are harmless. She says Dr. Carr has been happily married for 23 years and that Mark is single so he “checks all the girls out.” How should Kaitlin handle the situation?

Points of view to consider in this scenario

- Have any laws have been violated regarding sexual harassment, especially regarding Mark’s behavior?
- What factors should Kaitlin consider to interpret the interactions with Dr. Carr?

Commentary

Andrea DeSantis Kerr, DVM

In this situation we cannot discount how Kaitlin feels. If she is uncomfortable then it is her right to feel that way. What we can do is examine the laws that pertain to sexual harassment to identify if any breaches in appropriate workplace behavior have been made. The US Equal Employment Opportunity Commission has guidelines on what constitutes sexual harassment.¹ The commission states that “it is unlawful to harass a person because of that person’s sex. Harassment can include ‘sexual harassment’ or unwelcome sexual advances, requests for sexual favors, or other verbal or physical harassment of a sexual nature.” It also states that “the law doesn’t prohibit simple teasing, offhand comments.” In Kaitlin’s situation there have been no physical advances, and the only verbal comment she has heard regarding how she was dressed was not a direct statement made to her, so it may be considered an “offhand comment.” Does that mean she does not have a case for sexual harassment? Not necessarily. The comment made by Mark was inappropriate and by many would constitute sexual harassment to some

degree. Carla, the senior veterinary technician, states that Mark “checks all the girls out.” One would have to observe Mark’s behavior to see if he violates Title VII of the Civil Rights Act of 1964, which states that a law has been violated when women in the practice may have been subjected to “offensive comments about women in general.”² If Mark’s behavior is egregious to several of the women in the practice, then there could be a case for sexual harassment.

When addressing Kaitlin’s apprehension toward Dr. Carr, it is not founded on any direct verbal or physical harassment. Dr. Carr was present during Mark’s discussion, but he did not verbally respond. Kaitlin could not see into the break room to see his physical response. Was he approving of Mark’s comment in some way, or was he uncomfortable with Mark’s comment? Kaitlin has concluded that Dr. Carr is “guilty by association” because she has felt uncomfortable around him. Her unease may be because Dr. Carr said nothing to Mark in response, and she interprets his lack of defense on her behalf as approval of Mark’s behavior. One could say that Dr. Carr’s comments to Kaitlin that she is an “asset to the clinic” and that it is “great to work with her” are most likely based on professional reasons, but the situation has made her question all interactions with Dr. Carr and Mark. How should Kaitlin proceed? How should she address her uneasiness with Mark and Dr. Carr? Should she reexamine her uneasiness with Dr. Carr?

Further points of discussion

- Does the fact that Mark is the office manager pose a problem, as he is Kaitlin’s supervisor?

Notes

1. US Equal Employment Opportunity Commission (EEOC), “Sexual Harassment,” [EEOC.gov](http://www.eeoc.gov/laws/types/sexual_harassment.cfm), http://www.eeoc.gov/laws/types/sexual_harassment.cfm.
2. US Equal Employment Opportunity Commission (EEOC), “Title VII of the Civil Rights Act of 1964,” [EEOC.gov](http://www.eeoc.gov/laws/statutes/titlevii.cfm), <http://www.eeoc.gov/laws/statutes/titlevii.cfm>.

Case 26

The Helpful Neighbor or the Meddling Neighbor?

Andrea DeSantis Kerr, DVM

Mandy is a credentialed veterinary technician currently employed at Lancaster Animal Hospital. She has worked at the hospital for 15 years and is beloved by the clients and patients. Mandy is assigned to receiving patients today with Dr. Davis. Her first patient of the day is Pumpkin Hallaway, an adult female, domestic shorthair cat. Mandy knows Mrs. Hallaway well, as she is a regular client at Lancaster Animal Hospital with her four cats and two dogs. Pumpkin is a new patient and is presented for vomiting and lethargy. Mandy obtains a temperature, pulse, and respiratory rate on Pumpkin and asks Mrs. Hallaway for Pumpkin's history. Mrs. Hallaway states that Pumpkin is an outdoor cat that frequents her house. She is concerned that Pumpkin may be sick, since she found Pumpkin vomiting on her front porch this morning. Mrs. Hallaway decided to bring Pumpkin in to see Dr. Davis, as her condition appeared to be worsening.

Dr. Davis examines Pumpkin and tells Mrs. Hallaway that she suspects Pumpkin has a pyometra. Mandy takes Pumpkin to the radiology room for radiographs. She notices Pumpkin is wearing a worn collar with tags. After further diagnostic testing, Dr. Davis confirms the pyometra and informs Mrs. Hallaway that Pumpkin needs to be spayed immediately. Mandy asks Mrs. Hallaway to sign the consent form for surgery and the estimate for

the services. Mrs. Hallaway pays in full for the surgery.

Pumpkin recovers from the surgery and is discharged after a few days of hospitalization. One week later Chloe Jackson is presented to the clinic. Mandy recognizes that Chloe is actually Pumpkin; she has the same worn collar. The owners state that they had been on vacation for two weeks and had a pet-sitter watching their cats. The pet-sitter told them that Chloe had disappeared for three days. The Jacksons tell Mandy that Chloe is missing hair on her abdomen and has a red, swollen line that is oozing discharge. They say they have no idea what happened to Chloe.

Points of view to consider in this scenario

- What is Mandy's responsibility to inform the real owners of what happened?
- Are there repercussions for Dr. Davis and Mandy for performing a procedure on a patient without consent from the actual owners?

Commentary

Andrea DeSantis Kerr, DVM

Whether Mandy was knowingly misled by Mrs. Hallaway or whether Mrs. Hallaway thought the cat was a stray is unknown. Mrs. Hallaway stated that Pumpkin was an outdoor cat that “frequents her house.” In hindsight, it would have been prudent of Mandy to question Mrs. Hallaway further when she was taking the patient's history. If the cat really was a stray, then the observation that Pumpkin was wearing an old collar with tags during the radiographs should have prompted Mandy to inquire further regarding the ownership the cat.

What is the consequence of Mandy and Dr. Davis treating the cat without the real owner's consent? The issue lies in the idea that animals are “owned” and therefore are personal property. Without the real owner's

consent, did the veterinary staff have the right to treat the patient? The veterinary staff could argue that they were provided with a patient in need of immediate medical attention and an owner who was willing to provide payment for the emergency medical care. A consent form was provided to Mrs. Hallaway, and she willingly accepted responsibility and ownership of the patient. The American Veterinary Medical Association (AVMA) recommendations regarding informed consent include the following: “Veterinarians, to the best of their ability, should inform the client or authorized agent, in a manner that would be understood by a reasonable person, of the diagnostic and treatment options, risk assessment, and prognosis, and should provide the client or authorized agent with an estimate of the charges for veterinary services to be rendered. The client or authorized agent should indicate that the information is understood and consents to the recommended treatment or procedure.”¹

It is also in the patient’s best interest to have the emergency surgery, as the patient would likely not have survived with a prolonged pyometra. Mandy and Dr. Davis could argue that they were fulfilling their oaths to alleviate animal suffering by providing immediate care for the patient.² How should Mandy respond when introduced to the actual owners of the cat? She is fully aware of the medical reason for Chloe’s (Pumpkin’s) presentation. The fact that the incision is now infected may suggest that Mrs. Hallaway was unable to comply with the postoperative antibiotic treatment. Mandy has several options: she can be honest with the clients and divulge the information (does this violate client confidentiality with Mrs. Hallaway?); she can discuss the situation with Dr. Davis first; or she can say nothing. What is the most appropriate course of action for Mandy to take?

Further points of discussion

- What should Mandy do if Chloe’s owners file litigation against her, Dr. Davis, and the clinic for the procedure done on their cat without their consent? Is there anything Mandy could have done differently?

Notes

1. American Veterinarian Medical Association (AVMA), “AVMA Adopts Policy on Informed Consent,” AVMA.org, last modified May 1, 2007,

<https://www.avma.org/News/JAVMANews/Pages/070515e.aspx>.

2. American Veterinarian Medical Association (AVMA), “Veterinarian’s Oath,” *AVMA.org*, <https://www.avma.org/KB/Policies/Pages/veterinarians-oath.aspx>; National Association of Veterinary Technicians in America (NAVTA), “Veterinarian Technician Code of Ethics,” *NAVTA.net*, last modified 2007, http://c.ymcdn.com/sites/www.navta.net/resource/collection/946E408F-F98E-4890-9894-D68ABF7FAAD6/navta_vt_code_of_ethics_07.pdf.

Case 27

Cyberbullying

Christina V. Tran, DVM

Jane has been a credentialed veterinary technician at a busy small animal hospital for the past 10 years. As a side business, Jane pet-sits for several hospital clients. The practice owner, Dr. O'Connor, often recommends Jane's pet-sitting services as an alternative to hospital boarding. Recently, Jane watched Bubba Jones, a five-year-old, neutered male English bulldog, while his owners were gone for a two-week vacation. Jane made sure to keep up his regular husbandry routine and administered a prescribed oral antifungal medication used to treat a generalized skin infection. Mrs. Jones also bathes Bubba daily with an over-the-counter oatmeal shampoo. The baths were not part of the prescribed treatment plan, but Mrs. Jones feels that it helps soothe Bubba's itchiness. While Jane did bathe Bubba with the oatmeal shampoo, she did not do the baths every day. Jane texted the owners regularly with updates on Bubba and noted that he was happy and healthy.

When the owners return from vacation, they make an appointment to bring Bubba in for an examination. As Jane takes the history, it is apparent that the owner is upset with how Bubba was treated while they were out of town. According to Mrs. Jones, "Bubba must have been mistreated—his skin infection is worse, and he has been very clingy." Jane tries to reassure Mrs. Jones that she took very good care of Bubba. Following the physical exam, Dr. O'Connor concludes that Jane's care did not cause any harm to Bubba, and the daily oatmeal baths can be continued, per the owner's

wishes. To pacify Mrs. Jones, Dr. O'Connor does not charge her for the visit and recommends that she continue with the current treatment plan and return in one week for a recheck.

The next day, Mrs. Jones posts on the hospital's social media page that Jane had treated Bubba poorly. She provides a detailed account of what she feels Jane did wrong and makes it clear that she would be posting negative reviews of Jane on other social media sites. Later that morning, the practice manager has a meeting with Dr. O'Connor and Jane to discuss the situation. Jane is then asked to recount what happened. They decide that the post will be removed and the social media site will continue to be monitored.

Throughout the day, Mrs. Jones continues to post additional unfavorable comments. Much to Jane's dismay, other clients begin to chime in with support for Mrs. Jones. Some clients ask that Jane be fired from the animal hospital immediately. To make matters worse, the practice manager also discovers that Mrs. Jones posted similar disparaging remarks on other social media sites that are not administered by the animal hospital.

Points of view to consider in this scenario

- Given the numerous negative social media postings, does the veterinary hospital have any recourse? Can Mrs. Jones or other authors of social media posts be sued for libel?
- What are the pros and cons of responding to the social media postings versus not responding versus removing the postings and blocking additional postings?
- What, if any, actions can Jane take?

Commentary

Jamie Schoenbeck Walsh, RVT

It's common to see most professional businesses have some presence on the World Wide Web, whether through a website, advertisement, or the use of social media. Veterinary hospitals and practices are no exception. One thing has become abundantly clear: social media gives the illusion of anonymity and encourages any form of speech and commentary. In addition, there is a prevalent attitude in the online world to expect negative reviews; it's just a part of being in business.¹ Jane's scenario is complicated by the fact that the negative comments about her and her side business are being posted to the veterinary hospital's social media site. This could be significant in determining if there is any recourse or action the veterinary hospital could take.

Can authors of statements on social media websites, like Mrs. Jones in this scenario, be sued for libel? The Merriam-Webster dictionary defines libel as: "the act of publishing a false statement that causes people to have a bad opinion of someone."² Did Mrs. Jones publish a false statement? Maybe Mrs. Jones firmly believed that Jane caused her pet harm, so in Mrs. Jones's opinion her postings were true. To know the details of each statement is important to determine what is and is not factual information. Other clients posted negative comments to the hospital social media site, so does this mean that Mrs. Jones influenced others in their opinion of Jane? It's difficult to prove cause and effect. Though there is no direct evidence that Mrs. Jones had that kind of influence, there seemed to be a jumping-on-the-bandwagon effect by other clients from Mrs. Jones's posting in this scenario.

Is this a case of cyberbullying? In an article dated November 15, 2014, *JAVMANews* reports cyberbullying can be used "to threaten, embarrass, or frighten, and can even result in physical harm to its victims."³ This is a broad definition and is open to interpretation. Was Jane a victim of cyberbullying? Posts saying that Jane should be fired can be considered a threat or intimidation. Numerous posts to one social media site, or multiple sites, may be considered harassment. Here is one thing to note: most cyberbullying advice states that it is vital to document all the evidence of bullying. If, in fact, Jane wanted to pursue reporting the cyberbullying incident, she would need to have the evidence of the posts on the hospital's social media site and on other sites with negative postings. Some suggestions from Stopbullying.gov list recording dates, times, and printing screenshots.⁴ This can be used for reporting an incident to web service providers and law enforcement. Consult state laws when reporting to law

enforcement.

How should one respond to such posts? One common view is not to respond, letting the incident de-escalate. This works better in some situations than others. Social media sites have terms for use and often have descriptions on blocking, hiding, and removing posts or changing the site's settings for who can view and make postings. In Jane's situation, the negative posts about Jane are on the veterinary hospital's social media site. In general, what could be the effects on the animal hospital for the postings or any actions Jane may take? To be successful, veterinary hospitals must have a good reputation and community trust. How can the hospital be assured to come out on the positive side of this incident?

Can Jane do anything? The American Veterinary Medical Association (AVMA) recommends a response by a trained site administrator who is familiar with the techniques to diffuse complaints, criticisms, and cyberbullying. If a response is necessary, only reply by calmly asking the instigator to stop posting. Some questions to consider: who set up the social media site; who maintains the site; who is the service or content provider? Is it a Facebook account that was set up by Jane or the veterinarian? In Jane's situation, it would be prudent to include the veterinary hospital owner in any decision-making concerning whether to respond to or report the incident. Facebook and other social media sites have help centers with suggestions or steps to report cyberbullying. The AVMA suggests developing a plan or protocol on social media use for veterinary hospitals and has made a social media guideline template available online.⁵

Further points of consideration

- How clear was it to Mrs. Jones that Jane was not acting on behalf of the animal hospital when pet-sitting Bubba?
- Are there any concerns that Jane (a credentialed veterinary technician working at a small animal hospital) is pet-sitting as a side business?
- Discuss Dr. O'Connor's decision to not charge for Bubba's exam. Does that imply an admission of guilt?

Notes

1. American Veterinary Medical Association (AVMA), "Responding to

Complaints and Criticisms,” *Reputation Management*, <https://www.avma.org/PracticeManagement/Administration/reputation/Pages/respo-to-complaints-criticism.aspx>; American Veterinary Medical Association (AVMA), “Sample Social Media Guidelines,” *Reputation Management*.

2. Merriam-Webster, s.v. “libel,” <http://www.merriam-webster.com/dictionary/libel>.

3. R. Mandik and M. Larkin, “Fighting the Cyberbully, How Harassment Can Affect Your Practice,” *JAVMANews*, <https://www.avma.org/News/JAVMANews/Pages/141115a.aspx>.

4. “Report Cyberbullying,” *Stopbullying.gov*, <http://www.stopbullying.gov/cyberbullying/how-to-report/>.

5. American Veterinary Medical Association (AVMA), “Responding to Complaints and Criticisms.”

Suggested Resources

“Libel.” *Merriam-Webster.com*. <http://www.merriam-webster.com/dictionary/libel>.

Patchin, Justin W., and S. Hinduja. “Advice for Adult Victims of Cyberbullying.” *Cyberbullying Research Center*. <http://cyberbullying.org/advice-for-adult-victims-of-cyberbullying/>.

US Department of Health and Human Services. “Report Cyberbullying.” *Stopbullying.gov*. <http://www.stopbullying.gov/cyberbullying/how-to-report>.

American Veterinary Medical Association Template for Social Media Guidelines for Practices

[SAMPLE] Social Media Guidelines for [practice name]
[date created or modified]

Our social media channels allow us to put our best foot forward and connect on a new level with our clients and prospective clients, and it’s the responsibility of our entire staff to ensure that our practice is portrayed in

the best possible light.

Web addresses (URLs) for social media channels:

[insert name of channels and direct URL for each channel]

Staff member(s) approved to maintain social media channels, and degree of oversight and authority:

[insert names, contact information, level of authority and hierarchy, if applicable]

Tone of all interactions made on behalf of our practice:

All posts, comments, etc. made using our practice's social media channels must be professional, respectful and compassionate in tone. Humorous posts are welcomed, but they must not be offensive or insulting. If you have any questions whether or not a post is appropriate, please consult [name].

Guidelines:

The following are general guidelines for conduct on our social media channels. If you have any doubt about a post or content for our social media channels, please consult with [insert name] prior to posting.

Posts made by staff

1. *Text-only posts mentioning client-owned animals, clients, or staff*
 - Posts are not to be made without permission from the client and/or staff member involved.
2. *Images or videos of client-owned animals*
 - Staff will not post any images or videos of client-owned animals without permission from the client;
 - Images or accompanying text must not include any information regarding the client's full name or any contact information.
 - Ideally, all text accompanying the image should be approved by the client.
3. *Images or videos showing a client's face*
 - Staff will not post any images or videos of clients without the client's permission
4. *Images or videos showing a staff member's face*
 - Staff will not post any images or videos of staff or volunteers

at this practice without permission from that person.

- Any images of staff engaged in a procedure (including surgery) must be approved by the attending veterinarian.
5. *Images or videos showing a procedure (including surgeries)*
- Images or videos of procedures, including surgeries, are not to be posted without the permission of the attending veterinarian and the client.

Comments made by staff

1. *On our social media channels*
 - Only staff members who are approved to post on behalf of the practice may do so, and must comply with these guidelines.
2. *Sharing of images or videos obtained at work, or practice-related posts or comments posted on private social media by staff*
 - We want you to be proud of where you work, and we understand that your work and career play big roles in who you are. Remember, however, that your conduct during work as well as outside of work is a reflection on our practice, and keep this in mind as you decide what to post or share.
 - We recommend that all staff members regularly evaluate their privacy settings on social media, and keep these settings in mind as they decide what to share.

Sharing of images or videos by clients

To protect the privacy of our clients and staff, we request that recordings (including audio, video and photographs) not be made without the consent of the veterinarian or practice manager. However, we realize that we may not be able to stop a client from recording images of their own pet when staff is not present; therefore, it's critical that all animals receive high-quality, compassionate care at all times in our practice. If you observe a client recording an event without permission, please politely ask them to stop. If they refuse, contact the veterinarian in charge or [insert name].

Hidden-camera video demonstrating misconduct by anyone on our staff will be taken seriously, and may result in disciplinary action. Always behave in a professional manner, and never give someone reason to film your conduct for the purpose of exposing wrongdoing.

Responding to posts and comments on social media

- Only staff members who are approved to post on behalf of the practice may do so, and must comply with these guidelines.
- Remember that the person posting cares deeply about their pet and wants the best care possible. Acknowledge the individual person and their pet, the value their pet provides to them, and emphasize your commitment to compassionate, high-quality care.
- Appropriate responses should be made as soon as possible, even if the response is to simply acknowledge that their comment/question has been read and that you're checking into it. If you respond that you will obtain information for them, you must follow through on that promise.
- Where possible, include the person's name and the name of their pet (if known).
- We do not provide veterinary advice online.
 - Clients with questions about their pet's care should be directed to contact the practice directly, out of respect for their privacy. Public discussions concerning a pet's care should be avoided. Sample responses:
 - *[name], out of respect for your privacy and to provide [pet's name] with the best care possible, please give us a call at [number] to discuss your questions and concerns.*
 - *[name], we're sorry to hear that [pet's name] is having problems. We know [his/her] health and well-being are very important to you, and we'll do our best to help [him/her]. Please contact us as soon as possible to talk about your concerns and questions.*
 - Non-clients seeking veterinary advice should receive prompt, courteous replies directing them to contact our practice. Sample response:
 - *[name], thanks for your question. We don't provide veterinary advice online because there is no substitute for a hands-on examination and face-to-face discussion with our veterinary team. If you have any concerns about your pet's health, a veterinary exam and consultation are the best places to start. We'd be happy to set up an appointment for you if you can give us a call at [insert number].*
- Simple questions from non-clients, such as inquiries about our hours, location or the services we provide, should be answered

promptly and should include a prompt to contact us as well as methods for doing so. Sample responses:

- *[name], thanks for asking. [answer to question] If you have any other questions, don't hesitate to give us a call at [number] and we'll be happy to help you.*
- *[name], thanks for asking. [answer to question] If you have any other questions, or would like to set up a visit to tour the practice or set up an appointment, don't hesitate to give us a call at [number] and we'll be happy to help you.*
- Comments or posts that violate our community guidelines:
 - Hide the violating post and politely ask the person to edit their post. Sample response:
 - *[name], we understand the passion you have for this topic and we respect your right to an opinion, but your post violates our community guidelines because [reason]. We've hidden your post for now. Would you please edit your post to [address problem]? If so, we'll unhide it after you've edited it. Otherwise, we'll be forced to delete it. Thanks.*
 - If the person refuses to edit their comment/post or repeatedly violates the community guidelines, delete the post. Sample response:
 - *[name,] your comment was deleted because it's a violation of our community guidelines. We welcome open discussion, but we want this to be a respectful and family-friendly environment. You're welcome to repost your comment without the [problem].*
 - If a person repeatedly violates our community guidelines, it may be necessary to ban them from our channel (if possible). However, this decision should not be made lightly, particularly if the person is a client. Decisions to ban someone from our social media will be made by [name].
- Attacks on our clinic's reputation:
 - Posts of this nature include, but are not limited to,
 - comments from terminated staff;
 - comments from terminated clients;
 - comments from clients turned away because they could not or would not pay for care;
 - clients complaining about the bill or the quality or outcome of their animal's care;

- clients alleging negligence or malpractice that may have led to the death of their animal; and
- threats made against the practice or members of our team.
- Contact [name] immediately to set in action our response plan to mitigate the problem.

Consequences

Making inappropriate or unauthorized posts on the practice's social media channels; or making social media posts that impact and reflect poorly on the practice may subject you to disciplinary action, ranging from removal of ability to post on behalf of the practice to termination.

If you are aware of another staff member's violation of these guidelines, please contact [insert name] or [insert name].

Responding to Crises

If you detect any activity that violates our guidelines or suggests a developing problem, please follow this chain to notify our team members, regardless of the hour at which you detect a problem.

Primary contact: [name and contact information, including how to contact in an emergency]

Duties:

[name] will craft the response

[name] will approve the response

[name] will post the response

[name] will monitor the situation and make regular reports to

[name/names]

Epilogue

The case scenarios in this book demonstrate the complex nature of communications and ethical dilemmas. Interpersonal dynamics play an important role in many of the scenarios and serve as a reminder that every interaction with a client or colleague needs to be looked at from multiple perspectives. It is the authors' hope that this book encouraged the reader to evaluate each of the scenarios from the perspectives of all parties involved. Utilizing professional standards such as the veterinary technician's code of ethics, the veterinary technician's oath, and the state practice acts can aid in guiding decisions in situations that are not black and white, resulting in gray zone situations. These professional guidelines can often assist the veterinary technician, but ultimately it is the veterinary technician that needs to use his or her professional knowledge, personal moral judgment, and interpersonal communication skills when assessing these gray zone situations.

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