

SUMMARY OF SOME COMPLAINTS TO THE BOARD

Complaints Newsletter 2008

Emergency out-of-hours service

A recent complaint to the Board involved an out of hours emergency service. The complainant rang the vet on Saturday morning and then again Saturday lunchtime wanting to bring a vomiting dog to the clinic, but said the service was declined because of a past payment record with the clinic. The vet responded that a service was offered on both calls with a credit assessment – but the owner declined to bring the dog to the clinic. The dog died later that afternoon without attention.

The Board reaffirmed the emergency policy for all vets: the vet is not obliged to do any more than offer first aid in an emergency situation; the owner is liable for any costs incurred; the owner should surrender the animal to the vet for euthanasia if no payment can be made for the service and the animal is suffering.

In this case, a vet nurse confirmed the details of the first call. But the Board noted that no record was made of the second telephone conversation, and no-one else was present at the time of this call. The Board could only conclude the owner decided not to bring the dog to the clinic. It recommended that records are kept of all after hours telephone calls in future.

Cost of treatment / euthanasia

This complaint involved a premature labour. One pup had been born and was in shock when presented to the vet. A caesarian was the treatment of choice, but the owner was not able to pay for the operation. Euthanasia was performed. The owner complained that he had been pressured into consenting to euthanasia.

The Board noted that after oxytocin had been administered, the vet discussed the situation with the owner. Both in-house credit and creditcare was attempted but both were declined. The vet gave the owner four choices:

- caesarian
- give antibiotics and take the dog home hoping for normal delivery
- euthanasia
- take the dog to another vet where credit may be offered

The owner was given time alone to make a decision. Both the vet and vet nurse suggested to the owner the second option was viable as the dog was not in pain, and it would at least delay euthanasia. The Board agreed the vet was correct in giving these options, along with time for the owner to consider the decision, and concluded no pressure was applied.

OK to say no – in certain situations

An owner and her dog were involved in a car accident. Before being taken to hospital the owner insisted her dog be taken to her vet. The RSPCA took the dog to the owner's vet, but it was a day when the vet did not open until 4pm. However, the vet accepted the dog at 10 am, assessed it was in shock and had trouble standing, administered pain relief, and then left it unattended. The owner's friend contacted the vet and arranged to meet the vet at the clinic at 1.00 pm. The owner's friend was not satisfied the dog had been left alone, and no X-rays were taken, so took the dog to another vet clinic, where it was assessed as in shock. IV fluid was administered and X-rays the next day showed the dog had a fractured pelvis.

The Board considered the original vet should have referred the dog to another clinic. Knowing there was no backup at the clinic to watch the dog during the day, the Board considered the vet should have declined to accept the dog from the RSPCA, even though the owner had asked them to take the dog to

her regular vet. Nevertheless, the Board agreed that it was appropriate not to take X-rays on the first day, given the dog's condition on arrival.

November 2008 Newsletter

Euthanasia and communication

The owner of an aged dog complained about the way the dog had been euthanased by the vet, who attended at the owner's home. There were a number of issues of concern to the owner, but in particular was the fact that the owner was not present when the injection was administered, only coming into the room to find the dog being put into a body bag.

On the evidence, the Board assessed that the vet had not taken time to discuss the procedure with the owner, and had assumed the owner did not want to be present at the time of the injection. This assumption was made by the vet as he judged the owner was distressed.

The vet attended a Board meeting to discuss the complaint. The vet agreed to apologise to the owner on the basis of unintentionally causing further distress. The vet also agreed to review his routine for euthanasia procedures, so that in future he would have a full discussion with owners as to their intention to proceed, and their wish to be present, or not, at the time of the final injection.

Assumption about payment; issue with record keeping

A dog was presented in labour after hours to a vet - it was assessed as requiring a caesarean as a pup was stuck in the birth canal. The owners had a past payment history with the practice, and said they did not have sufficient funds to pay in full for the operation at the time. The vet treated the animal and said to take it to another vet where payment could be negotiated. The owners agreed, and then made full payment for the service provided.

The dog was treated the following day, but was in considerable distress on arrival at the vets.

The Board noted there was disagreement between the vet and owner on whether euthanasia had been offered; it could not therefore determine on the question as to whether the owners were given this option.

However, it decided that on the evidence, the vet assumed the owner was not able to pay for *any* service at the time. Therefore no offer was made to keep the dog and monitor it until the owner could make alternative arrangements for a caesarean.

The Board also was concerned that records for the consultation were incomplete, with no recording of the dog's respiration rate, temperature, heart rate etc. The Board could only assume the examination did not include a full assessment. The vet was reprimanded.

May 2008 Newsletter

Informed Choice

A recent complaint involved a diabetic dog with a haematoma on its ear. An operation was recommended and performed, but the dog died under anaesthesia. The owners could not understand how their dog died. In investigating the complaint, the Board ascertained that no alternative treatment options were discussed, and nor were the owners advised about the higher risks associated with the operation on their diabetic dog. The Board concluded the dog became unstable during the operation, but could not be certain of the cause of death as no post-mortem was offered. It considered the vet could have done better, and recommended that in future post-mortems are offered for unexplained

deaths; that owners are fully informed about the range of treatment options, and that they are advised about the potential risks associated with surgery on diabetic animals.

Snake bites

During the warmer months, the Board was involved with some complaints concerning snake bites. In one complaint, the vet considered snake bite but the symptoms were atypical, so the cat was observed and discharged in the afternoon when it appeared to have recovered. It died early next morning with symptoms which were consistent with snake bite. Another complaint involved a cat which had collapsed. With symptoms typical of snake bite, the diagnosis was made and antivenene administered. The cat appeared to recover, but 3 days later it collapsed again and died from toxic hepatopathy.

In both complaints the Board found the vets had acted professionally. In the first complaint, the Board suggested the vet could consider offering to do more tests in future and make a record of the offer. In this way, owners would be given the choice of testing (involving further costs), or not.

Record keeping

The Board has recently been involved in a complaint where the vet's record keeping was deemed to be less than adequate. The complaint involved a cat where a dental procedure was performed including the removal of teeth. The cat was unable to eat for some time after the procedure and subsequently returned to the clinic, where a further 5 roots were removed by another vet. The Board noted that the records for the first procedure provided insufficient detail. Neither the number of teeth removed nor which teeth were removed were noted in the records. Further, there was no information on the record about the removal procedure, including the anaesthetic used or pre-anaesthetic testing. Nor was any advice provided to the client for after-care. The vet was reprimanded, and informed that the Board would undertake an inspection of records in the future.

November 2007 Newsletter

Professional co-operation

A recent complaint considered by the Board involved two professional practitioners. The Board were concerned that the lack of co-operation and communication between the veterinarians caused considerable inconvenience to an elderly client. He was caught in the middle of a dispute and was uncertain what to do. This should have been resolved between the two professionals without reference to the Board. It is important that veterinarians behave in a professional manner when dealing with each other as a lack of co-operation can impact on clients and affect the welfare of their animals.

Record keeping

Another complaint dealt with by the Board was a fairly straight forward matter. But it was delayed by at least 8 months because the veterinarian did not assist in providing relevant details, including the clinical record, to the Board. The outcome was that when the record was provided, it was clear that the veterinarian's standard of record keeping was insufficient. The veterinarian was reprimanded about the record keeping problem, and for failing to respond adequately to the Board's enquiries into the complaint. This complaint is also a reminder about the importance of good record keeping. The Board's principle of *'if its not written down its not done'* was used in assessing the complaint and this resulted in the reprimand about failing to keep adequate records.

Cremation protocol

Another complaint involved the cremation of a dog. The owners wanted a private cremation, but after 7 days, the animal was sent to the AVL for public cremation. The Board found there was some uncertainty whether the owners had advised the vets about the type of urn they wanted for the ashes; but considered this did not warrant the dog being sent to AVL without the owner's being informed. The Board were advised the practice acknowledged there was a miscommunication problem. They

reported their cremation protocol had changed. Now, if there is some uncertainty about the owner's wishes, owners are contacted before animals are sent to AWL.

June 2007 Newsletter

Two recent complaints to the Board involved vets attending animals. The Board recognises this is a difficult situation which often confronts vets in rural areas. There are no easy answers to these situations, but the Board's consideration of the complaints may provide vets with some guidance.

Too long between visits....

One complaint concerned an old horse given repeated prescriptions of Phenylbutazone for an injury to a hind leg. Repeat prescriptions were given without the animal being seen by the vet for an 18 month period. The Board considered this was too long to be providing repeat prescriptions without checking on the condition of the horse. During this time, the condition of the horse deteriorated considerably, and it was likely the vet would have suggested euthanasia had the animal been seen.

The Board recommended the practice institute a protocol for Prescription Only Medicines where animals should be seen at least every 6 months when supplying repeat prescriptions of similar medicines. Attendance could include occasions when the vet is visiting the property to see other animals.

Evening call-out...

Another complaint concerned a horse possibly with colic, where the complainant said the vet refused to attend the horse. The animal died the next day. In the evening of the day in question, the complainant telephoned the vet and asked for advice, and whether the symptoms indicated colic. The vet had a different recollection to the complainant about this telephone conversation, and it was clear to the Board that there was a misunderstanding between them. However, the Board was concerned that the vet did not tell the owner that it was not possible to diagnose the condition of the horse over the telephone, and that for a proper diagnosis, the animal would need to be seen. While acknowledging this was not an unusual situation for vets, the Board recommended the vet should clearly advise owners in future that animals must be seen to make a proper diagnosis. The Board also recommended that detailed records of telephone conversations with clients are kept.

November 2006 Newsletter

In another complaint, the Board sought a specialist's opinion on the anaesthetic procedures used for an operation on a small pup. It recommended the vets consider their anaesthetic protocols though there was no adverse finding against the vets.

In a recent complaint dismissed by the Board, the vet had offered an apology and a refund for the operation which was the subject of the complaint. This was not accepted by the complainant. The Board concluded the vet had acted professionally even though the operation which was performed had not been successful.

Another complaint involved the death of the complainant's dog. The death resulted from kidney failure through lack of treatment. The Board concluded that the vets were not at fault as they had recommended hospitalization for the dog, but the owner preferred to monitor the dog at home. The Board recognized the complainant had a different view about the seriousness of the problem, and suggested that as the complainant may not have understood the dog was so ill, the vets could be more assertive in suggesting treatment under similar circumstances in future.

June 2006 Newsletter

The office regularly receives queries about what to do when an animal is not collected and/or is abandoned by its owner.

In general terms, the rights and obligations of veterinarians when confronted with this issue are that the veterinarian:

- is obligated to provide treatment in emergency situations for the welfare of the animal. In this situation, the animal must be stabilised before negotiating further treatment
- can refuse to provide further treatment if the owner is unable or unwilling to pay
- can charge for continued hospitalization of abandoned/uncollected animals and take action to recover costs and expenses incurred
- can turn the animal over to the pound after all reasonable attempts have been made to contact the owner

The Board strongly recommends that when confronted with this situation, all practices write to the owner by registered letter to the last known address. The letter should advise that if the animal is not collected within (at least) 7 days, the animal becomes the property of the practice. The RSPCA, Animal Welfare League etc is unlikely to accept an animal unless a written attempt has been made to contact the owner advising them they will lose ownership if the animal is not collected within a specified time.

Some good examples of resolving complaints has emerged.

One practice owner met with a complainant who was concerned about a mis-diagnosis of pregnancy in a cat. The vet acknowledged responsibility for the misdiagnosis, assured the complainant that it was a highly unusual case and explained the circumstances which led to the misdiagnosis. The owner was satisfied with the explanation. After considering the records and report, the Board agreed with the explanation provided by the vet. It noted that the vet had accepted responsibility, explained the situation to the client, who was satisfied with the outcome.

Another complaint involved a swab swallowed during a routine dental procedure. The vets went back over the procedure in fine detail with all involved and could not find a clear answer to how this had happened. The Board considered all the reports and records and could not see how it occurred because all care had been taken. A meeting was arranged between the complaint and the vet, where a detailed explanation of events, and an apology was given and accepted by the complainant.

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