



SVME Newsletter

Newsletter of the Society for
Veterinary Medical Ethics

Summer 2009

President's Message Summer 2009

Dear Fellow SVME Members:

It seems like a very short time ago, I was writing you as the new President of the Society. Like many who serve in such capacity in today's busy world, you never seem to accomplish a lot of the issues you planned. We are a small but engaged group and I believe a very important voice in veterinary medicine today. All too often, all professions are wrapped up in the "how" to do rather than "why" we do certain things.

SVME allows anyone who wishes to join and take part in the "why" or "if" we should carry on certain activities or beliefs.

Taking the time to carefully listen and keep, modify or change what we think is the most important part of any self-regulated profession. While it is important to hear all sides, it is even more important to make decisions based on the best available science based evidence, matching that with our experience and clinical skills.

At the moment there seems to be a rising tide of public interest and demand for modalities of diagnosis and care that appear to have very little (if any) basic science foundation. I hear practicing veterinarians suggesting that if that is what the public wants we should provide it. Personally I find that attitude to be strictly commercial rather than professional in nature.

"Finding out what the customer wants and give (sell) it to them" may be appropriate in a consumer good, but it should never be the situation in the learned professions. If that were the case, there would be no need to have professions at all.

I will leave my position as President with that thought. I have been honored to be allowed to serve this group. I intend to stay on and support those that follow to the best of my ability. I challenge each SVME member to find us one more member in 2009/10 to allow us the luxury of even more questions and debate.

Sincerely,

Clayton MacKay, DVM
President SVME

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Anna Worth in Memoriam



It is with much sorrow that we note the death of Dr. Anna Worth (UP '78). She died on May 16, 2009 from complications of pancreatic cancer. A well attended celebration of her life was held on May 31st in Bennington, Vermont. Hundreds of family, friends and colleagues were gathered together to honor her life and her legacy.

Dr. Worth was past president of the Society for Veterinary Medical Ethics, Vermont Veterinary Medical Association, and immediate past president of the American Animal Hospital Association. She was passionate in her love of veterinary medicine and was especially committed to the prevention of cruelty to animals. Additionally she was dedicated towards launching veterinary medical students into their professional lives. She focused much of her travel in the past year speaking to and meeting with students, along with her other duties as AAHA president.

Dr. Worth's contribution to the veterinary medical profession was extensive. It also included the Vermont Animal Cruelty Task Force, the Vermont Animal Welfare Committee, Vermont Euthanasia Board for Animals, and Vermont delegate to the AVMA house of delegates from 1992-1999. She served on multiple AAHA groups, including the Foundation Board of Trustees, the Accredited Referral Practice Task Force, and the Animal Welfare and Ethics Task Force. Along with those groups she was the AAHA representative for the CATalyst Council, National Council on Pet Population Study and Policy, and the World Small Animal Veterinary Association.

In 1992 she was named the Massachusetts Society for the Prevention of Cruelty to Animals veterinarian of the year. That was followed in 1997 with the VVMA David Walker award.

She is survived by her immediate family, husband, Dr. Bob Bergman (UP '78), son Dr. Bo Bergman (NCU '09) and his wife Megan Bergman, along with granddaughter Anna Frasier Bergman, all of Shaftsbury, Vermont and daughter Sara Bergman who works for the Center for Biological Diversity in Tucson, Arizona. Additional survivors include other family members, several 4 leggeds, special friends and an enormous medical community who profited from her wisdom and work.

During the last year of her life her mantra for her family and friends was to Focus on Fun. As you go through the day-to-day drama of living please honor Anna's memory and spend time doing just that. Memorials can be made to the AAHA Helping Pets Fund where a student scholarship has been set up. Online at www.helpingpets.org or send contributions to 12575 West 20 Bayaud Avenue, Lakewood, CO 80228.

SVME Plenary Session/Business Meeting

The SVME led another successful educational program at the recent AVMA meeting in Seattle. Talks were well-attended, provocative and stimulated extensive audience discussion and debate.

Doctor John King, the Executive Director of the MN Board of Veterinary Medicine led a talk entitled “Facts and Myths about state and provincial licensing boards”. His presentation centered on the board’s responsibilities in protecting the public and how veterinarians interact with state and provincial licensing boards. Discussion about standards of care and the difference between the *minimum* standard of care as opposed to the *prevailing* standards of care were noted with regard to how the Board evaluates cases of alleged veterinary malpractice. Interestingly, Dr. King noted that in the province of Ontario Canada, veterinary practices are reaccredited every 5 years and this includes inspection and evaluation of medical records.

Dr. Diane Levitan’s presentation entitled “Ethical concerns of a specialist on a state regulatory board” made clear the often stark differences in composition of state Boards and how different boards address complaints brought before them. The relative lack of standards of care in our profession compared to human medicine and the assumed difference in standards held by specialists and generalists made her work on Board in New York particularly challenging.

Dr. Duane Landis, the Vice President of the World Veterinary Association and Veterinary Registrar of the Alberta, Canada VMA spoke on how one balances professional and regulatory responsibility.

Dr. Kate Knutson, incoming SVME President, discussed the code of professional ethical behavior that she has crafted for her own veterinary practice. Part of this code includes a “bill of rights” for staff, clients and pets and which is regularly reviewed and discussed by the entire staff.

Doug Jack, a lawyer and President of the American Veterinary Medical Law Association discussed whether licensing boards provide “thoughtful public protection” or whether they function more like a “kangaroo court?”. He discussed the defining characteristics of a profession as opposed to a trade and how most veterinarians slip into difficulties with their licensing boards when they fail to honor their societal obligations as professionals. He briefly reviewed the concept of “Due Process” with regard to the rights of the veterinarian as well as the complainant when it came to actions before the board.

Suggestions for presentation themes or specific topics for next year’s meeting in Atlanta can be forwarded to any of the SVME board members or the SVME listserv at svme@listserv.vetmed.wsu.edu

Listserv Reminder

The SVME listserv continues to pose provocative and clinically relevant ethical issues. Recent topics have included complementary veterinary medicine and the role of regulatory boards as well as a practice’s responsibilities to accommodate a handicapped employee.

All SVME members are invited to post and contribute to the listserv at

svme@listserv.vetmed.wsu.edu

The following paper was submitted by Eran Shemer, a third-year veterinary student at St. George's University. Eran grew up in Israel and served for three years as a paramedic and paratrooper in the army and subsequently worked as an engineer where he worked in Europe, Taiwan, India and Nepal after which he decided to pursue his dream of becoming a veterinarian. Eran's professor, SVME member John McCarthy, thought his paper was appropriate for the SVME and last year's plenary session included a number of presentations on this topic making this student's perspective particularly interesting.

The views and opinions of the author do not necessarily represent those of the SVME or its members.

The Ethics of Production-Based Compensation

There are multiple ways in which a veterinary practice can elect to compensate their associates, ranging from flat salaries, to strictly commission-based salaries, to production-based hybrids. While each system has implications for the business side of a practice, the latter two systems warrant careful scrutiny from an ethical perspective. Both reward veterinarians for the income they generate, thus potentially creating friction between medical considerations and financial motivations. A strong case can be made for both the advantages and disadvantages of such a compensation system. Ultimately, however, veterinary medicine is a profession that must rest upon the ethical scruples of its practitioners – a foundation which must be present regardless of the type of compensation package. When the system provides financial incentives which may interfere with sound medical judgment, then it is important that certain safeguards are established to ensure practice of the highest standard. If these criteria are met, then the advantages of production-based compensation may outweigh the disadvantages by providing extra motivation and pay equity for hard-working associates.

There are many advantages to production-based compensation. In the daily practice of a clinic, there may be discrepancies between the work ethic of individual veterinarians. There are those who eagerly jump at the chance to meet a new patient and client, and it can be argued that they deserve extra compensation for the higher case load that they manage. On the other hand, those who carry a lighter load may become motivated to be more productive. Veterinarians may also feel a stronger commitment to the practice, even if they are hired associates and not owners, because their income is directly tied to the practice's profits. Further, gender discrimination in pay scales is an acknowledged problem within the profession; this system can equalize salaries between men and women by creating measurable, production-based parameters upon which to assess compensation. Overall incomes may be higher under this type of system, which has the benefit of attracting passionate young veterinarians to the field who may otherwise be daunted by student loan debt or by the lower salary earned by veterinarians when compared to practitioners of human medicine. In 2007, the AVMA reported that the average cash compensation for associate veterinarians was \$79,827. Compare this salary to Banfield hospital veterinarians, for example, who receive a base salary plus production-based bonus averaging \$99,220. Financial motivation does not need to be considered a negative aspect of the profession, particularly since the survival of veterinary operations depends upon successful business practices. The difficulties arise when these motivations interfere with sound medical judgment.

Production-based compensation runs the risk of bringing the business aspect of a clinic too heavily into everyday medical practice. Although this system is not in violation of the AVMA Principles of Veterinary Medical Ethics, their statements addressing 'Influences on Judgment' point to similar areas of concern by highlighting the conflict of interest that may arise when veterinarians stand to profit through their referrals. An even greater conflict of interest may arise when the practitioner stands to profit from treatments that can be performed by him or herself, thus motivating veterinarians to suggest services that their patients may not truly need. Jerold

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Tannenbaum is particularly emphatic in his delineation of these risks, arguing that this sort of behavior not only jeopardizes the standard of care, but also compromises the veterinarian-client relationship by sowing seeds of distrust. Financial motivations may also create unhealthy tension between colleagues as individuals compete for the highest case load or the most lucrative cases. Veterinarians may spend less time with individual patients, and may be less motivated to work with those clients who are at a financial disadvantage. This atmosphere can create a hierarchy of clients based on ability to pay, thus diverting attention from the proper focus on patients. For a young doctor in particular, the pressure to take on many patients rather than taking the time to learn important skills can lay a weak ethical and medical foundation for the years ahead as the standard for proper medical care may be lowered from the beginning. Production-based competition thus creates ethical risks that a flat salary system does not, and can only be justified if measures are in place to reduce those risks.

The advantages of production-based compensation may outweigh the disadvantages if care is taken to cultivate a strong ethical foundation within practitioners, as well as providing external safeguards. While flat salaries avoid this dilemma, they also do not have any of the production-based advantages. On the other hand, it seems clear that a strictly commission-based salary falls to the other extreme by placing too much emphasis on financial motivations. A hybrid system which ensures a base salary reduces pressure on veterinarians to overachieve or compromise their care, while still creating an extra motivational framework. However, in order to ensure that new veterinarians have the opportunity to build a solid understanding of good practice, a new graduate should receive only a base salary for the first few years of employment. Thereafter, it is important that a strong ethical environment be cultivated within the practice. Whenever taking action, veterinarians must recall the Golden Rule and ask themselves: is this the best action for the benefit of the patient and the client? Would I recommend the same for my own pet, or for my family? In keeping with 'the Disclosure Rule,' the veterinarian must ask: if this action were subjected to the scrutiny of my associates, would I be able to stand behind my decisions? This internal scrutiny may be cultivated by establishing a mechanism through which external supervision or peer-based regulation are applied to each veterinarians' practices at regular intervals to assess the quality, not just quantity, of care. With such safeguards in place, a production-based salary may yield significant benefits for patients and clients, hospitals and veterinarians, by reinforcing a strong work ethic, rigorous standards of care, business viability, and professional satisfaction.

References:

[-Http://www.banfield.net/userfiles/file/Compensation_Flyer_WEB.pdf.](http://www.banfield.net/userfiles/file/Compensation_Flyer_WEB.pdf)

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Student Essay Award Winner

This year's winner of the annual SVME-WALTHAM student essay contest is Megan Watland(2010) from the University of Minnesota College of Veterinary Medicine. Megan became the first unanimous winner of the contest receiving first place votes from every SVME board member. Megan received a \$1000 prize courtesy of the WALTHAM Center for Pet Nutrition and paid travel expenses to attend the recent SVME plenary session that took place at the AVMA convention in Seattle. Her essay in its entirety is printed below.

Opening the Door: Non-Veterinarians and the Practice of Complementary and Alternative Veterinary Medicine

In the spring of 2008, animal massage therapist Mercedes Clemens received a letter from the Maryland Board of Chiropractic Examiners ordering her to cease and desist from practicing massage on horses or any animals. The order was accompanied by a letter from the State Board of Veterinary Examiners (SBVME) detailing the state's veterinary practice act and warning that any non-veterinarians found to be in violation of the act "may face criminal prosecution for practicing veterinary medicine without a veterinary license." When Ms. Clemens brought suit against both the state's chiropractic board and veterinary board to defend her right to practice massage on animals, the veterinary board issued another letter in which the board clarified that, while massage for the specific treatment of a specific disease or disorder would qualify as the practice of veterinary medicine, what Ms. Clemens was doing with horses would not be prohibited by the practice act. The board wrote that the lawsuit "does not contain a single allegation that she is offering—or advertising—her massage services for the purposes of treating or diagnosing disease or injury of horses. Thus, SBMVE regulatory oversight is not an issue at this time." Ms. Clemens' attorney responded, "The Veterinary Board's change in position simply acknowledges the obvious: limiting animal massage to licensed veterinarians makes no more sense than limiting human massage to medical doctors. Animal massage is a skill that requires some hands-on training and common sense around animals but not four years of veterinary school at a cost of \$150,000."

Although the veterinary board would argue that its position was merely clarified, not changed, this declaration of success by Ms. Clemens' attorney illustrates a growing concern in veterinary medicine. Cases and legislation involving complementary and alternative veterinary medicine (CAVM) for animals are becoming more common, yet the strategies for addressing these issues vary widely and their outcomes are not always clear. These cases generally involve challenges or changes to the veterinary practice act (VPA), the statute that stipulates the "practice of veterinary medicine". In the spring of 2008, the Minnesota legislature passed a bill exempting the practice of animal chiropractic by human chiropractors, provided they complete 210 additional hours of animal-specific training and are referred for chiropractic from a veterinarian. At the same time, Louisiana introduced legislation that would allow licensed physical therapists to work on animals following a health clearance by a veterinarian. In 2006, Maryland approved legislation that allows licensed human acupuncturists to work on animals with veterinary oversight and animal-specific training. Also in 2006, a proposed bill in Arizona would have exempted a wide range of CAVM therapies, including acupressure, massage, nutritional counseling, and animal communication, from the veterinary practice act. While a very small portion of veterinary medicine is devoted to complementary and alternative therapies (only 21 out of 1,667 practitioners in Minnesota registered with the AVMA identified themselves as practicing CAVM), CAVM is a hot topic in state legislatures because it represents a novel and undefined area of veterinary medicine.

The National Center for Complementary and Alternative Medicine defines CAM as "complementary and alternative medicine are a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine." Much of the recent legislation regarding CAVM has sought to add exemptions to state veterinary practice acts (VPAs) to allow non-veterinarians to practice CAVM modalities such as animal massage. Similarly, court cases regarding CAVM have involved non-veterinarians defending their right to work on animals, as in Mercedes Clemens' case. Currently, most states include CAVM therapies under the scope of veterinary medicine. As described by the American Veterinary Medical Law Association:

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The focus is not upon whether "alternative," "complementary," or "holistic," *etc.* is expressly mentioned in a state's statutory definition of the "practice of veterinary medicine" but, rather, upon whether the activity or endeavor being undertaken with regard to an animal involves, for example, diagnosis, treatment, correction, changing, alleviating, or preventing animal disease, illness, pain, deformity, defect, injury, or other physical, dental, or mental conditions of an animal. If the activity or endeavor does involve such, then it comes within the statutory definition of the "practice of veterinary medicine," unless specifically exempted elsewhere in that state's veterinary practice act.

The VPAs ensure that the people the public turns to for animal health care are qualified and competent. Veterinary boards certify that vets have met minimum qualifying standards in order to be allowed to work on animals, but there are no uniform standards for assessing the competency of non-veterinary CAVM practitioners. Vets can be disciplined or have their licenses revoked for harming animals, but according to Osborne in a 2008 JAVMA article, "the only recourse an animal owner has against a layperson creating harm to an animal is litigation. There, only a finite amount of money may be collected, and the nonregulated layperson may not be prevented from working elsewhere, even if found guilty."

The VPAs' definitions of veterinary medicine have served the profession well so far, as veterinarians have generally been the only option for animal owners to turn to for safe, accurate, and effective health care for their animals. In the past, the unauthorized practice of veterinary medicine usually involved laypeople trying to replace veterinarians by practicing surgery, diagnosing and treating animal diseases, or administering preventative treatments like vaccines. However, today, there are many non-veterinarians trying to offer services not traditionally provided by veterinarians. Non-veterinary CAM practitioners, from untrained laypeople to those highly trained in one particular modality such as Doctors of Chiropractic, are attempting to respond to consumer demand for CAVM therapies. Many veterinarians argue that this trend is dangerous for animal and public health. CAM practitioners argue the VPAs are unfairly limiting all types of therapies to veterinarians, and the current requirements are effectively a ban on CAVM modalities. The question facing veterinary medicine is whether all animal health care services require the level of training and skill of a veterinarian. While some CAM modalities are riskier than others, many VPAs paint all alternative medicine with a broad brush- if a modality is (or is advertised to be) therapeutic, it is considered the practice of veterinary medicine.

One could defend the vaguely-worded VPAs and argue that all therapeutic treatments are and should remain under the definition of the practice of veterinary medicine. However, in 2003, veterinarian Dr. David Ramey observed: "Given that most people providing alternative treatments to humans are not medical doctors, it is difficult to rationalize the position that those providing such treatments to animals must be veterinarians. Protests to the contrary from factions within the veterinary profession may be justifiably criticized as turf protection. If professionals are unable to demonstrate that CAVM practices must be applied by veterinarians, challenges to the veterinary practice acts should be expected to occur with increasing regularity." Indeed, Dr. Ramey was correct about challenges to the veterinary practice act. Legislatures and courts are increasingly agreeing with non-veterinarians that modalities such as massage should not be limited to veterinarians, despite protests from state veterinary medical associations and the AVMA. Following the removal of the word "human" from the phrase "human body" in the state acupuncture act, the Maryland attorney general issued a legal opinion that human acupuncturists could work on animals without being licensed veterinarians. In April of 2007, the governor of Colorado signed into law a bill allowing physical therapists to practice on animals. In spring of 2008, chiropractors were exempted from the Minnesota VPA provided they receive additional animal-specific training and have a referral from a veterinarian.

The current trends in legislation provide evidence that if veterinary practice acts do not open the door to non-veterinary CAVM practitioners, these practitioners will force change through legal and governmental channels. The onus is on veterinarians to prove that CAVM modalities are unsafe if practiced by non-veterinarians, and in general, states are agreeing with lay practitioners rather than veterinarians. This trend is dangerous because it takes control of animal health decisions out of the hands of veterinarians and places veterinary medical associations on the defensive. Even in cases where veterinary boards successfully defend the practice act, they tend to do so at an ethical cost. In 2006, proposed legislation in Arizona would have allowed exemptions in the state VPA for laypeople practicing homeopathy, acupressure, animal communication, and a number of other CAVM modalities. The AVMA prepared a statement describing why each proposed exemption would be dangerous for animal and public health. Regarding animal communication, the AVMA writes, "Even setting aside

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the fact that telepathic communication with animals is not scientifically proven, empowering individuals to practice "animal communication" without any supervision leaves the door wide open for consumers to be taken advantage of and for animals to be potentially mistreated." Regarding flower essence therapy: "The specifically stated purpose of flower essence therapy and aromatherapy is to enhance health of animals. This is a function clearly designated to veterinarians in the practice act." Because veterinarians are obligated by the Guidelines for Complementary and Alternative Care to critically evaluate the scientific evidence available before utilizing a CAVM modality, an ethical veterinarian would not choose to utilize modalities with no scientific evidence such as animal communication. Additionally, most veterinarians have no exposure to CAVM modalities during vet school and no interest in practicing CAVM after graduation. Bringing such modalities into the definition of veterinary medicine thus effectively ensures that there will be no practitioners of these modalities.

Writing on the subject of incorporating grooming parlors into veterinary clinics, veterinary ethicist, Jerrold Tannenbaum argues that "these practitioners... will be assisting in the demise of the image of the veterinarian as a dignified provider of medical care. Poodle cuts, shampooing, colognes, and fancy ribbons do not belong in the same place in which momentous issues of life and death are confronted by a healer." Similarly, the incorporation of non-evidence-based modalities into the definition of veterinary medicine risks degrading the image of veterinary medicine as a whole. The profession cannot consider such modalities to be both "non-evidence-based" and "medicine" without weakening the definition of the practice of veterinary medicine itself. While based on the desire to guard the public and animal welfare, this ethical contradiction opens the veterinary profession to public charges of turf guarding and financial motivation. If the public starts to view professional boards as self-serving, the profession risks the public trust necessary to be allowed to self-regulate. Jane Hern, secretary of the Royal College of Veterinary Medicine, writes, "Professions which appear to look after their own will be looked on less favourably by government and the public generally... It might be said that the laity are striking back against the conspiracy which they perceived the professions to be guilty of."

The profession should not be forced to redefine the practice act in response to court cases or legislation, as veterinarians are the best qualified to decide what should constitute the practice of veterinary medicine. Yet, practice acts that are too broad leave the veterinary profession on shaky ethical ground when the acts are challenged. The profession should instead make the VPAs much more specific, including details about when, how, and why a particular non-veterinarian would be allowed to perform therapeutic treatments on animals. If the profession is proactive in opening the door to CAM practitioners, it has control of the provisions of each exemption rather than waiting for legislation or case law forced by CAM practitioners to determine what an exemption entails. Creating a VPA that has a strong ethical foundation will also create a VPA that can stand up to challenges in court far more easily than what the American Veterinary Medical Law Association calls today's "broad and well-nigh all encompassing definition of the "practice of veterinary medicine."

Because CAM modalities are relatively new to veterinary medicine, veterinarians have no framework for coordinating animal health care with non-veterinarians. The human medical field has a much longer history of coordinating patient care among MDs and non-physician modalities such as chiropractic, physical therapy, and massage. While human and veterinary medicine are not and should not be considered directly comparable, the relationship between physicians and CAM practitioners could offer helpful insight into how veterinarians might relate to non-veterinary CAM practitioners. For example, we can explore how the Physician Practice Act in Minnesota clarifies the relationships between various types of health care practitioners. Human medicine organizes medical therapies into a hierarchy based on the amount of education required to practice and relative risk involved in the practice of the therapy. At the top of the hierarchy are the most highly-trained medical professionals, the M.D.s or D.O.s. Below these professionals are members of other health care professions, including chiropractors, nurses, and acupuncturists. The professional levels are regulated by professional boards and are expected to act according to a professional code of ethics. Below these are members of specialized health care occupations, such as massage therapists or aromatherapists. Below these are people who work to promote general health and wellness, such as personal athletic trainers, yoga teachers, or dietary consultants. The high end of the hierarchy involves people who are in control of the riskiest aspects of health care, including diagnosing, performing surgery, or treating diseases. The low end of the hierarchy involves people who provide low-risk services that can be therapeutic, but are not sufficient for the sole treatment of disease or injury. This system allows for a high degree of cooperation amongst the various health care providers while ensuring the most invasive modalities have a

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relatively high degree of regulation and oversight. This system also allows many unlicensed CAM practitioners, such as massage therapists, to practice freely but with regulatory oversight that can prevent incompetent practitioners from being allowed to work in the state.

Veterinary medicine could divide CAVM therapies into a similar hierarchy based on the amount of specialized training required to safely perform the modality. Unlike the human system, we have to account for the fact that people most qualified to administer a particular modality on humans, such as a D.C., have not been required to learn anything about animal anatomy or physiology. Further, the veterinary profession must build in safeguards to prevent animal owners from utilizing lay practitioners as a replacement for veterinary care instead of as adjunctive therapy. Some states, including Minnesota, have already developed a system that allows D.C.s to practice on animals while still having veterinary oversight and proving some competency in working on animals. Minnesota's VPA contains an exemption for licensed chiropractors who take 210 hours in animal-specific chiropractic training and requires a veterinary referral. This veterinary oversight helps to protect animals from receiving chiropractic treatment inappropriately (i.e. getting a chiropractic adjustment for a "sore back" that actually is caused by abdominal pain) while still allowing the D.C. to work on the animal without being employed by the veterinarian. Further, because chiropractors are regulated by a professional board, chiropractors that provide incompetent care to an animal can face disciplinary action or risk the loss of their license by the chiropractic board. The type of exemption devised for Minnesota animal chiropractic opens the channels of communication about an adjunctive modality offered by fellow medical professionals, allowing veterinarians to "collaborate with other professionals in the quest for knowledge and professional development," as encouraged by the AVMA's Principles of Veterinary Medical Ethics. However, this exemption still allows veterinarians to remain the primary gatekeepers of this therapeutic treatment for animals.

The second major concern when creating exemptions to allow non-veterinarians to work on animals is that animal owners will seek less expensive CAVM therapies as a replacement for veterinary medicine rather than as an adjunctive therapy. In order to ensure that therapies provided by non-veterinarians are adjunctive rather than in place of conventional veterinary care, such practitioners should require their clients to provide evidence of a valid veterinarian-client-patient relationship (V-C-P-R). This requirement could also minimize the risk that an animal might present to a non-veterinarian with a zoonotic disease by requiring evidence of appropriate preventative health care (such as current vaccinations and regular fecal exams). More invasive therapies such as chiropractic are more likely to cause harm to an animal, and thus the evidence of a V-C-P-R must be stronger than for less invasive therapies such as massage. The Minnesota VPA's exemption for chiropractors requires animal owners to obtain a referral from a veterinarian so that there is not only evidence of a valid V-C-P-R, but there is a direct veterinary recommendation that chiropractic is a safe and appropriate modality for that animal. Providing exemptions for non-veterinarians to have a role in animal health need not provide a means for animal owners to avoid utilizing veterinary care altogether.

Rather than increasingly having to defend the practice act, it would be in the best interest of veterinarians, animals, and the public for veterinary boards to proactively redefine their practice acts such that they are both legally and ethically defensible. The recent challenges to state VPAs regarding CAVM modalities are just one symptom of a larger issue that, unresolved, will continue to fester in animal and veterinary communities. If the profession is proactive, we can ensure that animals, their owners, and veterinarians have access to alternative modalities while still maintaining adequate veterinary involvement to ensure the health and safety of animals and the public.

Special thanks to all those whose insightful thoughts and discussions helped me in exploring this complex topic: Drs. Lynelle Graham, Keum Hwa Choi, Julie Wilson, James Wilson, Susan Wynn, Donn Griffith, Richard Palmquist, Marcia Martin, Shelly Lenz, Lisa Tuzo, Margie Garrett, and Jim Sinning; veterinary technician Lisa Garrity; animal massage therapist Dawn Brown Cook; classmates and colleagues Kate O'Connor, Rebecca Abrams, and Sara Shepard; and fiancé Christopher Schommer.

Due to space limitations, the author's extensive reference list could not be included in the newsletter. SVME members interested in getting a copy of the references can e-mail Gary Block at GBYLC@AOL.com

New Board Members

The 2009-2010 SVME officer slate was elected at the annual 2009 SVME business meeting that took place on Sunday, July 12th at the AVMA convention in Seattle.

President:	Katherine Knutson DVM
President-elect:	Alice Villalobos DVM
Immediate Past President:	Clayton MacKay DVM
Treasurer:	John Wright DVM
Secretary:	Gary Block DVM, MS, DACVIM
Historian:	Suann Hosie DVM
Parliamentarian:	Diane Levitan VMD, DACVIM
Webmaster and listserv moderator:	Sylvie Cloutier M.Sc., Ph.D.

Shomer Award Winner Named

This year's winner of the annual SVME Shomer Award is Jerrold Tannenbaum. This award is dedicated to the memory of Dr. Robert Shomer, who graduated from the University of Pennsylvania School of Veterinary Medicine in 1934. Dr. Shomer was a co-founder, and first President of the Society for Veterinary Medical Ethics. He was very passionate about the ethics of veterinary practice. He served the animal kingdom, the veterinary community and humankind with veracity, wit and passion. His intellect, passion, courage, and eloquence are hallmarks of true leadership in the field of veterinary medical ethics. This award is bestowed upon an individual who has made a significant contribution to the field of veterinary medical ethics.

Professor Tannenbaum received his A.B and M.A. in Philosophy at Cornell University and his J.D from Harvard Law School. He had a long and distinguished teaching career at Tufts University School of Veterinary Medicine and he is currently a professor in the Department of Population Health and Reproduction at the University of California, School of Veterinary Medicine. His textbook, "Veterinary Ethics: Animal Welfare, Client Relations, Competition and Collegiality" is found in almost every veterinary student's library and was one of the first comprehensive books on veterinary ethics.

His research interests include animal law, biomedical ethics, animal research ethics and animal welfare.

Although professor Tannenbaum was unable to attend the SVME awards ceremony in Seattle at the AVMA convention, a personalized plaque and a \$1000 award was given to him in honor of his achievement.

Hold the Melted Butter

A controversial publication by animal behavior expert Robert Elwood in *New Scientist*, suggests that crustaceans do in fact feel pain and that this is an adaptive evolutionary response to improve survival. Putting a noxious substance on one of the antennae of prawns resulted in excessive grooming and rubbing of the treated antennae but not the other. A similar study in hermit crabs found stress reactions in crabs administered a shock that were perceived to be more than simply recoiling from a noxious stimulus. How and if at all these animals experience pain with their primitive nervous system has not yet been resolved.

Animals and the Law

A New Jersey court recently ruled that animals have “special subjective value” above and beyond the more traditional legal view of animals as simple property. An engaged couple that broke up prior to getting married each claimed ownership of their dog Dexter. In deciding the case, an appeals court noted that like heirlooms, pets create a “strong sentimental attachment” that monetary damages alone cannot compensate.

SVME Member Wins Bustad Award

Long-time SVME member and past-president of the SVME, Brian Forsgren was this year’s recipient of the Bustad Companion Animal Veterinarian of the Year Award. The award, named after Leo Bustad DVM, PHD, acknowledges veterinarians for their outstanding work honoring the human-animal bond. A committee representing the AVMA and the Delta Society reviews the candidates. Dr. Forsgren gave the Leo Bustad Memorial Lecture at the American Association of Human-Animal Bond Veterinarians session at the AVMA convention. Additional information on Dr. Forsgren’s considerable accomplishments can be found at

http://www.avma.org/press/releases/090711_convention_awards.asp#bustad



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SVME Mission Statement

The SVME was founded over 10 years ago to promote discussion and debate about ethical issues arising in and relevant to veterinary medicine. The SVME publishes a newsletter, provides a listserv, holds an annual meeting at the AVMA convention, sponsors an annual student essay contest and honors an individual annually with the Shomer Award for outstanding contributions to veterinary medical ethics.

Individuals interested in information or in joining the SVME can contact Dr. Gary Block (401) 886-6787 or visit the SVME website

www.vetmed.wsu.edu/org_svme/

to learn more about the organization.

