



## President's Message Winter 2010

Dear Friends and Colleagues,

As I begin to write my President's message Haiti has just suffered an earthquake leaving hundreds of thousands of people maimed, dispossessed or dead. The toll on the other sentient beings is certain to parallel that of the human losses. At the same time, much of the world continues to struggle in the new economy marked by lay-offs, salary cuts and foreclosures of homes. We have all been touched by some sort of tragedy whether personal, to those we love, or to those we know.

Forces of nature and manmade disasters serve as reminders of our fragility and impermanence. They bring despair and chaos in to our lives. Yet, as a species we have always exhibited resilience. It is our nature to create order, purpose and meaning within confusion. It is this indefatigable persistence embedded in our psyche that allows for goodness and hope and change. It is the ability to advocate for making things better in the midst of all else happening.

So while my part of my message is to acknowledge the troubles we are all going through, the other piece is to rejoice in our successes. Pain management, humane euthanasia, standards of care, dental radiology, animal welfare and the importance of the animal human bond are just a few of the changes that have occurred in the last few decades amidst the whirlwinds of disasters. That which we now take for granted in veterinary medicine started with one or a few individuals promulgating changes in their corners of the world even while bigger events swirled around them. It is absolutely incredible that one person's idea or small change can have such a pivotal impact.

So the message is as it has been throughout our evolution. Think. Listen. Behave appropriately. Stand up for those who cannot. Be passionate in your beliefs. Have difficult conversations. Continue the quest for knowledge.

Saving the world one tooth at a time,  
Kate Knutson

### Inside this issue:

<i>President's Message</i>	<b>1</b>
<i>Treasurer's Report</i>	<b>2</b>
<i>Shomer Award Nominations</i>	<b>2</b>
<i>SVME Going Wild</i>	<b>3</b>
<i>Student Essay Contest</i>	<b>3</b>
<i>Membership Renewal</i>	<b>3</b>
<i>Veterinary Pet Insurance – Why I'm Not Yet Convinced</i>	<b>4-6</b>
<i>Providing Veterinary Care as a Moral and Legal Imperative</i>	<b>6-7</b>
<i>Mirror, Mirror on the Wall</i>	<b>7</b>
<i>SVME Mission Statement</i>	<b>8</b>

## Treasurer's Report

SVME treasurer, John Wright, provided an update on SVME finances at a recent SVME Board Meeting. A summary of balances as of November 16th, 2009 is presented below.

Checking account = \$ 1,097.34

Savings account = \$15,007.71

CD-24 month @ 3.8% = \$10,484.92

Anticipated expenses for 2009-2010 year include the Shomer award honorarium, advertising the student essay contest, membership renewal costs, travel expenses for SVME members to attend and exhibit at the annual SAVMA conference, sponsoring an ethics track at the SAVMA conference, and transitioning the SVME to an online organization management program.

## Request for Shomer Award Nominations

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 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. The recipient must have a distinguished career as a leader in the field of veterinary medical ethics through scholarship, advocacy, or mentorship. Recipients should be outstanding individuals who throughout their professional careers have promoted and embodied the qualities of a true professional including veracity, compassion, courage, and integrity.

Selection criteria for the award include; leadership and advocacy in local, regional, national, or international veterinary ethics, scholarship in the field of veterinary ethics, evidence of good character, and a history of inspiring students and/or members of the veterinary profession. Nomination details can be found [http://www.vetmed.wsu.edu/org\\_SVME/shomer\\_award.htm](http://www.vetmed.wsu.edu/org_SVME/shomer_award.htm). Nominations can be made by any SVME member and must be received no later than March 31 of the year of the award.

### ***Know someone who might be interested in joining the SVME?***

Go to the SVME website ([http://www.vetmed.wsu.edu/org\\_SVME/](http://www.vetmed.wsu.edu/org_SVME/)) to download a membership form or contact secretary Gary Block at [GBYLC@AOL.com](mailto:GBYLC@AOL.com) for a membership brochure.

Remember, student membership in the SVME is *free* so encourage veterinary students to get involved!

## SVME Going Wild

In an effort to improve SVME membership communication and centralize SVME information, the SVME Board has decided to transition all SVME activity to an online membership software program known as Wild Apricot. This site will allow us to bring together all of the organization and communication tools needed to make the SVME a cutting edge organization. This site will include all the current SVME website information as well as our listserv discussion and has the added benefit of allowing us to manage our membership database more easily.

The site will have public and members-only areas with password protection for SVME members. Membership renewal can easily be accomplished via a PayPal account or credit card. The new site can be found at [www.SVME.org](http://www.SVME.org). We will keep the membership apprised so that there is a seamless transition for our 100+ members.

## Student Essay Contest

The Society for Veterinary Medical Ethics (SVME) is dedicated to increasing dialogue and understanding of ethical values and issues facing the veterinary profession. In order to foster and encourage future veterinarians to develop their interest and understanding of veterinary ethics, the SVME sponsors an annual student essay contest.

The annual SVME WALTHAM student essay contest has generated increasing student interest and an increase in submissions every year since its inception. Through a generous donation from the WALTHAM Center for Pet Nutrition, the winning essay writer will receive \$1000 and up to \$1000 for travel and expenses to attend the 2010 AVMA conference and SVME plenary session.

The topic for this year's essay is: ***When does veterinary care become financially or medically excessive?*** In your response, please touch on medical, ethical, legal, financial, and social aspects of this question. The veterinarian's role in guiding the client through these issues should be discussed and examined.

Additional details regarding essay submission criteria can be found on the SVME website at [http://www.vetmed.wsu.edu/org\\_SVME/](http://www.vetmed.wsu.edu/org_SVME/)

## Membership Renewal

As a result of the transition to Wild Apricot described above, membership renewal will be delayed this year. Please contact John Wright at [wrih008@tc.umn.edu](mailto:wrih008@tc.umn.edu) or visit [www.SVME.org](http://www.SVME.org) with any questions regarding your membership status.

## The “Inevitability” of Veterinary Pet Insurance –Why I’m Not Yet Convinced

Gary Block DVM, MS, DACVIM

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

In the last year, I have come across no fewer than 20 articles and editorials espousing the benefits of veterinary pet insurance. Pro-insurance pieces have shown up in Vet Forum, Veterinary Economics, DVM magazine, and JAVMA to name just a few. One article published in DVM magazine entitled “The Time is Now: Dispelling the myths and understanding the realities of veterinary pet insurance” was sponsored (in small print I might add) by PurinaCare—a pet health insurance company. Echoing these sentiments is the AVMA which has stated that a “viable companion animal health insurance program will be important to the future of the veterinary profession’s ability to continue to provide high quality and up-to-date veterinary service” and that “it seems inevitable that pet insurance will become commonplace.” These articles and the AVMA’s comments seem to portend a certain inevitability, a fete complete if you will, that I suggest may not truly be in the best interest of our profession and the pet-owning public.

There are now over 10 different companies offering pet insurance with a dizzying array of policies and premiums. The Pet insurance industry has grown 20% annually in North America. Despite these market gains, and the fact that there are an estimated 1 million insured animals in North America, this accounts for less than 1% of potentially eligible pets. The AVMA-GHLIT, has announced a strategic partnership with Pets Best Insurance “to be involved directly in the pet insurance market as it continues to develop”.

In the face of this “inevitability” let me present this simple set of facts:

1. Insurance companies are for-profit entities
2. In order to be profitable, premiums collected must be more than benefits paid out
3. The difference between these costs will, in aggregate, increase the cost of veterinary care to the pet-owning public.

Inserting a third party between veterinarians and their clients can’t make for a more efficient or cost containing process. Creating a system that disconnects pet owners from the actual costs of care (as occurs in human medicine), creates the false impression that people are getting something that costs a lot for a very little.

“He that owns the paper, makes the rules” was one of the phrases I ran across in my research for this article. The “paper” refers to the insurance policies themselves and I would argue that there is legitimate concern gleaned from the human medical experience that once a critical mass of the pet owning public is utilizing pet insurance, that the indemnity model currently being trumpeted as a barricade against traditional managed care programs may evolve in a way few but the insurers would prefer. VPI and Pets Best for example, may be the public face of veterinary insurance companies, but like most veterinary insurance companies, they are backed by larger corporations. Aetna (Pets Best) and Nationwide (VPI), for example are the companies that underwrite the insurance policies and take the financial risk. While the AVMA’s attempts to direct the development of the insurance model in our profession is admirable, from a practical standpoint, they have no more control over these insurance companies than they do any other independent, for-profit businesses.

In fairness, most veterinary insurance companies currently use an indemnity model of insurance where pets are considered property (similar to a car or house), and animals are, in essence, insured for damage or loss. Certain companies though seem to be starting out closer to a managed care system than others. Veterinary Pet Insurance

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(VPI) among others, have published reimbursement rates that appear to be considerably lower than the actual fees charged by most veterinarians. Although indemnity insurance programs make up the lion's share of the veterinary insurance market, they are not the only players in the market. USA Pet Health Network is a managed care program built on the human Preferred Provider Organization (PPO) model, though they refer to themselves as "a preferred veterinary pricing program." Participating veterinarians agree to offer a minimum discount of 20% or more on their veterinary services to members who pay an annual membership card fee of approximately \$50. In exchange for being part of the "network", veterinarians are expected to have access to an increased number of clients and revenue as a result of the company's marketing efforts. (Given the profit margins of most veterinary hospitals, it is hard to imagine how this would make business sense for veterinarians). In another example of how insurance companies can change policies after issuance is Pets Best's recent efforts to forbid veterinarians from getting reimbursement when they treated their own pets. Only vociferous protests from veterinarians convinced them to rescind this new provision. If insurance companies can decide what a certain veterinary procedure or diagnostic "should" cost (via their reimbursement schedules), or change reimbursement policies after issuing policies or set up preferred provider networks, how far are we really from creating some permutation of a managed care model in the pet insurance industry?

There is a legitimate argument to be made about spreading the risk of pet care across a large customer base so that an individual's catastrophic illness will be covered. Purchasing pet insurance is a way of protecting oneself from an unexpected, large veterinary bill. But if affording increasingly expensive and sophisticated veterinary care is the problem, why have we not championed a simpler and ultimately more financially sound option? Rather than having veterinarians convince clients to purchase veterinary insurance for their pets, why not convince them to simply set aside the amount they would spend on monthly premiums into an emergency pet fund. Taking out a no-annual fee credit card to be used only in the event of a pet's major illness or accident can be done concurrently. If you end up having to use the emergency fund and/or the credit card, you will only end up having to pay the veterinary fees and possibly interest on the credit card. In this way, you are only paying for things you actually used and not for insurance company profits. If you don't need to use the pet fund during the life of one's pet, then you can put this money towards other purposes. Since many of the standard insurance plans I evaluated have a limit on financial compensation per incident of approximately \$2500, are we really protecting clients from veterinary bills that not uncommonly reach \$5000 or more in university or tertiary care facilities? Are we so paternalistic that we do not believe clients are capable of this degree of fiscal responsibility? Yes, this will take commitment and dedication but is this not a more palatable use of a veterinarian's reputation than hawking veterinary pet insurance? Clients who do not have the motivation or means to take these fiscally prudent steps are the same clients who would likely not purchase pet insurance in the first place. Combined with interest-free payment plans offered by some hospitals, CareCredit and other funding options, this seems like a preferable solution to this dilemma.

Despite the profusion of articles from veterinary "experts" espousing the merits of pet insurance, assessments of veterinary pet insurance from more disinterested third parties such as the Wall Street Journal, MSN Money, and Consumer Reports have been more critical of the industry and its purported benefits. I cannot, any more than any other, reconcile these disparate views but only cite these sources as proof that I may not be alone in my skeptical views of the pet insurance industry.

As the owner of a referral and emergency care hospital, it is not unusual for us to have clients accrue bills in excess of \$5,000. Hospitals like ours would seem to be most likely to benefit from greater client utilization of pet insurance. We do, on occasion have to sadly and reluctantly perform "economic euthanasia". Although these cases weigh heavily on the staff, weighed against the limitations of veterinary pet insurance (reimbursement limits, deductibles, co-pays, maximum per incident coverage and exclusions for congenital or hereditary conditions) and what I believe is a very real and potentially very slippery slope toward fundamentally changing how our profession provides care, I cannot in good conscience get on the pet insurance band wagon.

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Note: Last year, after our hospital manager informed us that we might be running afoul of IRS rules regarding employee pet discounts, I reluctantly approved switching to an employee benefit whereby we pay the insurance premiums for our employees' pets. Philosophical integrity say hello to practical reality. Although we are now fully in compliance with the IRS, our end-of-year practice analysis revealed that we had spent over \$60,000 on premiums (through one of the larger insurers noted in this article) for our staff of over 120 but claims submitted resulted in reimbursement to the hospital of less than \$10,000.)

References:

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- Pet Insurance: Managing the process to promote quality medicine AVMA-GHLIT, July 2008
- Is Pet Health Insurance Worth the Price? *Wall Street Journal*, March 13th 2008
- Should you buy pet insurance? *MSN Money* June 28, 2007
- Why Pet Insurance is Usually a Dog *Consumer Reports*, July 2007
- GHLIT-pet insurance partnership raises red flags *VIN News Service* July 28, 2008
- AVMA alters pet insurance position *DVM Magazine* February, 2009

## Providing Veterinary Care as a Moral and Legal Imperative

**Dr. Stephen Barghusen, DVM, DABVP**  
**J.D. Candidate, Class of 2010**

I think we all agree that people have a moral and ethical duty to provide health care for those dependent on them. This is true whether those dependents are children or animals. Additionally, there are legal duties to provide health care for one's children. In a recent Minnesota case, a judge ordered a 13 year old child with Hodgkin's lymphoma to undergo chemotherapy in spite of his parents' decision, on religious grounds, to withhold treatment. The judge found that the parents were neglecting the child by refusing treatment for a very treatable disease.

What are the legal duties owners have for providing veterinary care? Unfortunately, the answer to this question is not always clear cut. It is not uncommon for states to have some sort of reference to the requirement for veterinary care in their anticruelty statutes. Even in states without a direct reference to veterinary care in their anticruelty statutes, courts have often read the need for veterinary care into those statutes. However, enforcement of those statutes with regard to veterinary care brings with it a host of problems.

Consider the case of an 83 year old woman who was given a dog when the owner of the dog was unable to treat the dog's skin condition. This woman was living on \$400 a month in Social Security benefits and had no means of transportation. She attempted to treat the dog herself using homemade sulfur dips but was unsuccessful. She felt that this was all that she was able to do for the dog and kept it separated from her other dogs in case the skin disorder was contagious. An animal cruelty investigator was called and visited the woman. He found that all the

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dogs living at her house were healthy with the exception of the dog with the skin condition. The woman consented to release the dog into the custody of the investigator who then had the dog euthanized. The woman was prosecuted under the State's anticruelty statute and convicted. She was sentenced to one year in jail and a \$1000 fine, both of which were probated for two years if she performed 100 hours of community service. In reluctantly upholding the ruling of the trial court, one of the Justices of the appeals court stated: "all the testimony... indicates that the infected dog required professional treatment-care that costs money that Martinez did not have. With the dog in the hands of the animal control authorities, what purpose was served by prosecuting this little old woman?"

Setting aside the issue of whether the woman should have been prosecuted, this brings up the question, assuming there is a legal duty to provide medical care for one's animals, what level of care is required? Are homemade sulfur dips sufficient? Is a veterinary exam with no treatment sufficient? Is minimal veterinary treatment sufficient? Or must one provide the highest veterinary care available?

In another case, an owner of a dog with a large mammary tumor was prosecuted under his state's anticruelty statute for not having the tumor addressed. The owner told an investigator that he was not providing medical care for the dog due to his limited finances and his personal views on treatment for cancer. The court ruled in the owner's favor stating that the anticruelty statute was too vague to allow the public to know specifically what level of veterinary care was required for their animals. In so ruling, the court asked: "how is the standard of medical care...to be determined[?] To what extent must treatment be provided to avoid prosecution; is providing regular veterinary care sufficient; or, in light of the sophisticated medical procedures that are now available for animals--chemotherapy, radiation therapy, organ transplants--will that level of treatment be required[?]... And how would that standard be judged...what kind of expense is it mandated to be incurred to avoid prosecution?"

No doubt state legislatures, should they desire to do so, could answer those questions. However, until they do, prosecution of animal owners under anticruelty statutes will remain highly problematical and uncertain.

## Mirror, Mirror on the Wall

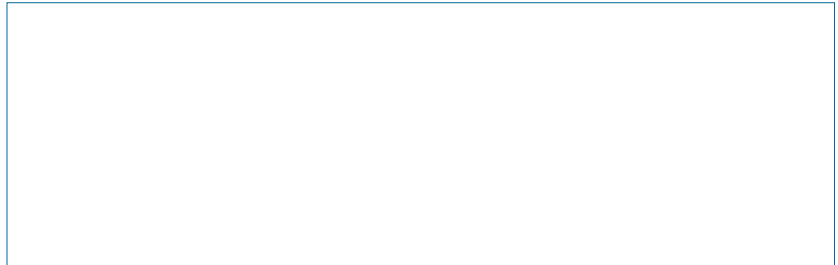


Researchers at the University of Cambridge appear ready to add pigs to the list of animals possessing self-awareness. Pigs placed in a pen with a mirror seem to recognize themselves in the mirror, "nuzzling their reflection in the mirror and looking at themselves from different angles". In a further indication of the pigs' self-recognition, when a bowl of food was introduced into the pen but only visible in the mirror, the pigs quickly turned around, realizing that the real thing was behind them.

Pigs may now join ranks with an exclusive group of animals postulated to have self-awareness including monkeys, dolphins and elephants.



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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/](http://www.vetmed.wsu.edu/org_svme/)

*to learn more about the organization.*

