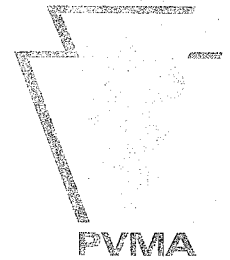
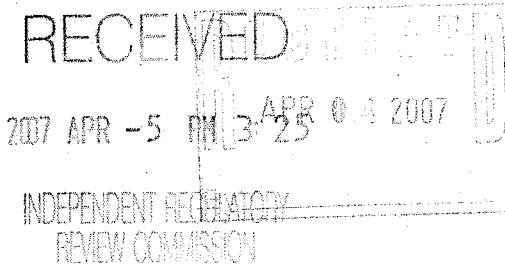


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March 30, 2007

Mr. Robert Kline  
State Board of Veterinary Medicine  
P.O. Box 2649  
Harrisburg, PA 17105-2649

Ref: 16A-5721

Dear Bob:

On behalf of the Pennsylvania Veterinary Medical Association which represents over 1,700 veterinarians in the Commonwealth, thank you for the opportunity to provide the following comments on the proposed amendments to the Rules of Professional Conduct for Veterinarians.

**Proposed Amendment to Principle 3. Unprofessional Conduct.**

In this proposed amendment, the language states that "a veterinarian who engages in unprofessional or immoral conduct is subject to disciplinary action under section 21(1) of the act (63 P.S. §485.21 (1)) and may also be subject to discipline under section 21(11) or 21 (20) of the act." However, there are no specific criteria for unprofessional or immoral conduct that are defined, just examples of possible behaviors or actions that could be construed as "unprofessional or immoral". In addition, what is the definition of immoral and according to whom? This could lead to a disparity in what individuals view as "immoral" unless more clearly defined. Another suggestion we offer is to consider changing "immoral" to "unethical." This could easily be defined by the accepted veterinary code of ethics and therefore, non-compliance would be easier to identify.

PVMA is supportive of a clause being added to Principle 3 that would state that the Board shall refer all initial cases of unprofessional conduct involving a PVMA member in good standing to the PVMA Ethics and Grievance Committee for investigation and recommendation for resolution. The outcomes of the action would then be presented to the Board for review and approval. This process would lessen the workload for the Board; and hence decrease the need for additional resources.

**Subsection (6)** – "Abusing a client, former client, colleague, associate, or employee, including verbal abuse, harassment, or intimidation." Overall, we commend you on the inclusion of this subsection. However, parameters should be established for what constitutes verbal abuse and harassment. This could be very subjective unless parameters are developed. In cases where there is a dispute between a veterinarian and the client or the veterinarian "fires" the client, a client could misconstrue what would otherwise be a benign statement if the circumstances were different.

**Subsection (7)** – "Performing a veterinary medical act incompetently or performing a veterinary medical act that the licensee knows or has reason to know he is not competent to perform." How is competence to perform determined? There should be a list of standards of acceptable and prevailing medical practice developed or referred to. For example, if a practitioner takes a wet lab on basic ultrasonography, is he or she considered a competent ultrasonographer and permitted to charge for interpretation?

**Subsection (8)** – "Making any false, misleading, or deceptive statement or claim as defined in Principle 5 (a) relating to advertising." There is concern about how this would be proven. We suggest that the veterinarian have the responsibility to discuss both the risks and benefits of treatments, preventatives, etc. and document

such discussions in their client's medical records. As an added, concrete way to prove the discussion took place, it could be required that once the statement is entered into the medical record that the client sign the statement to further prove that the veterinarian fulfilled his or her responsibility.

**Subsection (9)** – “Delegating a veterinary medical service to a certified veterinary technician or unlicensed person who the licensee knows or should know is not qualified by education, training, experience, license, or certification, to perform. The licensee shall perform a reasonable investigation of the delegatee's skills before delegating a veterinary medical service and provide supervision of the service consistent with the acceptable and prevailing standards of veterinary medical practice.” – How would this impact shelters, rescue groups, and breeding kennels who often utilize non-licensed persons to provide veterinary medical care?

**Subsection (10)** – “Inhumanely treating or abusing any animal, whether or not the animal is a patient.” - In the Preamble, this subsection is outlined with the statement that this provision is consistent with the acceptable and prevailing ethical standards of the profession and with many states' practice acts and regulations. We are concerned that without parameters set defining what is “acceptable and prevailing” that this has the potential to open Pandora's box with animal rights groups.

### **Principle 7. Veterinarian/Client/Patient Relationship.**

**Subsection (1)** – “During a veterinarian's regular business hours, a veterinarian may not refuse to treat an animal which is in a life-threatening condition at the time the animal is physically presented to the veterinarian at the his or her facility. The minimum veterinary medical services that shall be provided include triage of the presenting emergency and other patients present at the facility, assessment of the animal's condition, evaluation of the animal's prognosis and provision of basic life support or euthanasia, as medically appropriate. A veterinarian may provide care for an animal under this paragraph notwithstanding the lack of a veterinarian/client/patient relationship and if the owner is unknown or cannot be reached, without consent of the owner.” – In human hospitals, patients are often triaged by nurses and/or nurse practitioners. It would be beneficial to expand this amendment to state that if a veterinarian was involved in the care of a patient, that a certified veterinary technician licensed in Pennsylvania, could assess the incoming emergency and make a determination as to the appropriate action to be taken. There should also be a reference to referral to a nearby animal emergency hospital. In this case, the duty of the initial facility seeing the patient, could in the patient's best interest, refer the animal to improved care at the nearby emergency facility. For instance, a small practice that does not have the appropriate critical care equipment might do more harm to the patient trying to administer fluids than if they called the local emergency facility and advised that the case was on its way and/or assist in getting the patient there.

**Subsection (2) (a)** – “If a veterinarian deems it necessary to discontinue the treatment of an animal with which the veterinarian has a veterinarian/client/patient relationship, the veterinarian shall give notice to the client of the intention to withdraw and provide reasonable time to allow the client to obtain necessary veterinary care for the animal.” – We would strongly encourage the Board to consider providing parameters for what is considered “a reasonable amount of time” otherwise the veterinarian may be placed in a tenuous situation with the client who may state there is no suitable alternative to the present hospital and doctor.

**Subsection (2) (b)** – “Veterinarians shall consider first the welfare of the animal for the purpose of relieving suffering and disability while causing a minimum of pain and fright. Alleviating or ending suffering for an the animal shall transcend personal advantage or monetary gain in decisions concerning therapy.” - Our Association and the profession at large agree with this in concept and practice this in veterinary hospitals and clinics every day. However, by mandating this by regulation, it places an undue burden on the veterinarian, who as a small business owner, must then pass on the costs to other clients. In addition, there are concerns about how this applies to a large animal veterinarian who must travel to a location to provide a service and also what the role of the Pennsylvania Department of Agriculture's regional veterinary medical field officers is in these situations.

**Subsection (2) (d)** – “Veterinarians shall familiarize themselves with advancements in veterinary medicine, including new techniques, drugs and scientific research that may affect treatment decisions. Veterinarians

shall be familiar with the pharmacologic properties and contraindications of drugs and biologics used in their practice.

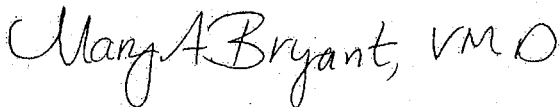
**Subsection (2) (e)** – “Veterinarians shall explain the benefits, risks, and side effects of treatment alternatives to clients.”

Our suggestion would be to state that veterinarians should discuss the risks and benefits of treatments, preventatives, and products dispensed to their clients. Further, as part of the continuing education requirement for PA licensed veterinarians, we would suggest that a certain number of continuing education hours every two years be specifically focused on shared decision making between veterinarians and their clients which includes appropriate discussion of risks and benefits. Further risks and benefits discussions should be documented in all patient records. This requirement would be similar to that required in the state of Florida for veterinarians who maintain a veterinary license, except theirs is a requirement of the pharmacy law. Communication workshops are already in place at major meetings such as Western Veterinary Conference and the North American Veterinary Conference but our Association would also gladly offer this training in Pennsylvania as part of our annual convention. However, as it relates to Principle 4. Fees, it should clearly state that the veterinarian has the right to charge for his or her time spent discussing the risks and benefits and that the client can request that these discussions not take place, thereby releasing the veterinarian from this discussion with this particular client.

Thank you again for the opportunity to provide our comments and concerns for your consideration. We continue to appreciate the State Board's willingness to work with PVMA on issues related to the veterinary profession and the public that both our members and the State Board serve. We wholeheartedly support elevating the profession to the highest standard of veterinary care within their practices and believe that by elevating the profession we are also helping to protect the public.

If you have any questions, please feel free to contact Charlene Wandzilak, Executive Director, at 1-888-550-7862 or [cwandzilak@pavma.org](mailto:cwandzilak@pavma.org).

Sincerely yours,



Mary A. Bryant, VMD  
President

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