Regulatory Analysis Form

(Completed by Promulgating Agency)

IRRC

SECTION I: PROFILE

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INDEPENDENT REGULATORY REVIEW COMMISSION

(1) Agency:
Department of State, Bureau of Professional and Occupational Affairs, State Board of Veterinary Medicine

(2) Agency Number:

Identification Number: 16A-5722

IRRC Number: 2787

(3) Short Title:

Responsibility to Clients and Patients

(4) PA Code Cite:

49 Pa. Code § 31.21, Principle 7

(5) Agency Contacts (List Telephone Number, Address, Fax Number and Email Address):

Primary Contact: Teresa Lazo, Counsel, State Board of Veterinary Medicine, tlazo@state.pa.us
Secondary Contact: Joyce McKeever, Deputy Chief Counsel, Regulatory Review, jmckeever@state.pa.us
2601 N. Third Street, P.O. Box 2649, Harrisburg, PA 17105-2649
phone: 717-783-7200
fax: 717-787-0251

(6) Primary Contact for Public Comments (List Telephone Number, Address, Fax Number and Email Address) – Complete if different from #5:

Michelle Roberts, Board Administrator, State Board of Veterinary Medicine, st-veterinary@state.pa.us
2601 N. Third Street, P.O. Box 2649, Harrisburg, PA 17105-2649
phone: 717-783-7134
fax: 717-787-7769

(All Comments will appear on IRRC'S website)

(7) Type of Rulemaking (check applicable box):

Final Regulation

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(8) Briefly explain the regulation in clear and nontechnical language. (100 words or less)

The regulation updates Rules of Professional Conduct by creating exceptions to the rule that veterinarians may choose whom they will serve. The regulation would require a veterinarian to provide euthanasia to relieve animal suffering. The regulation would require a veterinarian to notify a client before terminating care of a client's animal.

The regulation provides details about the veterinarian's duty to protect the personal privacy of clients.

The regulation requires veterinarians to explain the benefits and significant potential risks of treatment options and obtain written consent to euthanasia and treatments that have significant risks.

(9) Include a schedule for review of the regulation including:

A. The date by which the agency must receive public comments: October 19, 2009

B. The date or dates on which public meetings or hearings will be held: No specific date has been scheduled. The Board holds monthly meetings and considers public comment at those meetings.

C. The expected date of promulgation of the proposed regulation as a final-form regulation: anticipated spring of 2010

D. The expected effective date of the final-form regulation: Date of publication in the PA Bulletin as final anticipated spring or summer of 2010

E. The date by which compliance with the final-form regulation will be required: Date of publication in the PA Bulletin as final anticipated spring or summer of 2010

F. The date by which required permits, licenses or other approvals must be obtained: N/A

(10) Provide the schedule for continual review of the regulation.

The Board continuously reviews its regulations. The Board's 2010 meeting dates are as follows: March 19, May 6, July 9, August 16, October 15 and December 10.

SECTION II: STATEMENT OF NEED

(11) State the statutory authority for the regulation. Include specific statutory citation.

Sections 21(11) and 21(12) of the Veterinary Medicine Practice Act, (act) (63 P.S. § 485.21(11) and (12)), and section 5(2) of the act (63 P.S. § 485.5(2)).

Section 21(11) requires veterinarians to practice in accordance with the standards of acceptable and prevailing veterinary medical practice and is relevant to subsections (a)(1), (b), (d), (e) and (f). Section 21(12) requires veterinarians to practice in accordance with the standards of professional conduct established by the Board. This section applies to the entire regulation. Section 5(2) authorizes the Board to promulgate regulations to establish and maintain a high standard of integrity, skills and practice in the profession.

(12) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

No.

(13) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

There is confusion among licensees and the general public regarding the responsibilities of veterinarians in the areas of euthanasia, particularly where the animal's owner is unknown or cannot be contacted, information that must be kept confidential, informed consent, and the use of analgesic drugs and techniques. Nonregulation would adversely impact the Board's licensees and the public who may be unable to discern, without regulation, the requirements on veterinarians.

Regulatory Analysis Form

(14) If scientific data, studies, references are used to justify this regulation, please submit material with the regulatory package. Please provide full citation and/or links to internet source.

The Board has attached information regarding the widespread acceptance that the use of analgesia is the acceptable and prevailing standard of care.

(15) Describe who and how many will be adversely affected by the regulation. How are they affected?

The Board is unaware of any adverse effect of its proposal.

(16) List the persons, groups or entities that will be required to comply with the regulation. Approximate the number of people who will be required to comply.

Licensees will be required to comply with the regulation. The Board licenses 3,742 veterinarians.

SECTION III: COST AND IMPACT ANALYSIS

(17) Provide a specific estimate of the costs and/or savings to the **regulated community** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

The Board cannot easily estimate the fiscal impact to the regulated community associated with compliance. The provision of euthanasia is not costly, and the regulation does not in any way imply that a veterinarian may not charge for the provision of this service. The Board recognizes that its mandate may have a fiscal impact if veterinarians are required, as the regulation proposes, to provide medically necessary euthanasia to relieve and animal's suffering even if the animal's owner is unknown or indicates an inability to pay. Nevertheless, the Board, in consultation with the Pennsylvania Veterinary Medical Association, believes that licensees are willing to accept this potential fiscal impact.

If every licensee donated $25 of services in a year, the annual cost to the entire regulated community would be $93,550. If every licensee donated $75 of services in a year, the annual cost would be $280,650.

(18) Provide a specific estimate of the costs and/or savings to **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

Local governments will not be affected by the regulation.

(19) Provide a specific estimate of the costs and/or savings to **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

The Board will not incur an increase in administrative costs by implementing the regulation.

Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
SAVINGS:	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Regulated Community	0	0	0	0	0	0
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
Total Savings	0	0	0	0	0	0
COSTS:						
Regulated Community	0	0	93,550	280,650	93,550	280,650
Local Government	0	0	0	0		0
State Government	0	0	0	0		0
Total Costs	0	0	93,550	280,650	93,550	280,650
REVENUE LOSSES:						
Regulated Community	0	0	0	0	0	0
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
Total Revenue Losses	0	0	0	0	0	0

(20a) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY 2006-2007 Actual	FY 2007-2008 Actual	FY 2008-2009 Projected	FY 2009-2010
State Board of Veterinary Medicine	635,628	534,629	706,000	775,000

Regulatory Analysis Form

(21) Explain how the benefits of the regulation outweigh any cost and adverse effects.

The Veterinary Medicine Practice Act was "enacted in the interest of society, health, safety and welfare of Pennsylvanians." See section 2 of the act (63 P.S. § 485.2.). The Board's proposals advance the interests of the citizens of the Commonwealth while placing minimal burdens on the Board's licensees. Therefore, the benefits of the regulation outweigh its costs.

(22) Describe the communications with and input from the public and any advisory council/group in the development and drafting of the regulation. List the specific persons and/or groups who were involved.

The Board submitted its draft rulemaking to interested parties and associations and considered all input received. The Board worked closely with interested licensees and the Pennsylvania Veterinary Medical Association to ensure that licensees would agree with the Board's analysis that the benefits of the regulation to the public outweigh the costs to licensees. The Board considered all comments submitted related to the proposed rulemaking.

(23) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

The Board's previously-published proposed rulemaking sets forth the alternative provisions considered and rejected. In consultation with its interested licensees and the PVMA, the Board determined that the current proposal is the least burdensome acceptable alternative.

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

No federal standards apply.

(25) How does this regulation compare with those of other states? How will this affect Pennsylvania's ability to compete with other states?

All states require veterinarians to act in accordance with prevailing standards of care, including prevailing standards of professional conduct. The proposal will not negatively affect Pennsylvania's ability to compete with other states.

Regulatory Analysis Form

(26) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

No.

(27) Submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

No additional procedures or expenses are anticipated.

(28) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

There are no affected groups such as minorities, elderly, small businesses or farmers known to the Board.

CDL-1

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to form and legality. Attorney General

BY: _____
(DEPUTY ATTORNEY GENERAL)

_____
DATE OF APPROVAL

Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:

State Board of Veterinary Medicine
(AGENCY)

DOCUMENT/FISCAL NOTE NO. 16A-5722

DATE OF ADOPTION: _____

BY: _____
Robin J. Bernstein, Esquire

TITLE: Chairman
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

Copy below is approved as to form and legality. Executive or ~~Independent~~ Agencies.

BY: _____
Andrew C. Clark

APR 08 2010
_____
DATE OF APPROVAL

(Deputy General Counsel
(~~Chief Counsel~~,
~~Independent Agency~~
Strike inapplicable title)

[ ] Check if applicable
Copy not approved.
Objections attached.

[ ] Check if applicable. No Attorney General approval or objection within 30 day after submission.

FINAL RULEMAKING

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF VETERINARY MEDICINE
49 PA. CODE, §31.1 AND §31.21
RESPONSITILITY TO CLIENTS AND PATIENTS

The State Board of Veterinary Medicine (Board) amends § 31.21, Principle 7 (relating to rules of professional conduct for veterinarians, responsibility to clients and patients) to read as set forth in Annex A. The amendments specify two exceptions to the existing rule that veterinarians may choose whom they will serve. First, the regulation requires a veterinarian to provide euthanasia to relieve the suffering of an animal physically presented to the veterinarian's facility during the veterinarian's business hours. Second, the regulation requires a veterinarian to provide notice and a reasonable time to secure alternative services should a veterinarian decide to discontinue treatment of an animal.

In addition, the regulation clarifies an existing provision related to protecting the personal privacy of clients. The regulation also requires veterinarians to practice in accordance with current advancements in veterinary medicine and acceptable and prevailing standards of care, including with respect to drugs used by a veterinarian. Finally, the regulation requires veterinarians to utilize analgesic drugs and therapies in accordance with current veterinary medical knowledge and acceptable and prevailing standards of practice.

Effective Date

The amendments will be effective upon publication of the final-form rulemaking in the Pennsylvania Bulletin.

Statutory Authority

Section 21(11) of the Veterinary Medicine Practice Act (act) (63 P.S. § 485.21(11)) provides that the Board "shall suspend or revoke" a licensee or certificateholder who "depart[s] from or fail[s] to conform to the standards of acceptable and prevailing veterinary medical practice." The Board's amendments to subsections (d) and (f) are consistent with this provision.

Section 21(12) of the act provides that the Board "shall suspend or revoke" a licensee or certificate holder who is found guilty of "[e]ngaging in practices in connection with the practice of veterinary medicine which are in violation of the standards of professional conduct as defined herein or prescribed by the rules of the board." Section 5(2) of the act (63 P.S. § 485.5(2)) authorizes the Board to "[a]dopt rules and regulations of professional conduct appropriate to establish and maintain a high standard of integrity, skills and practice in the profession of veterinary medicine." The Board's amendments at subsections (a) and (c) and (e) update the Board's rules of professional conduct and set forth standards to maintain high standards of integrity, skills and practice in the profession.

Summary of Comments and the Board's Response

The Board received comments from Tom Garg, VMD, and the Pennsylvania Veterinary Medical Association (PVMA). Dr. Garg opined that the proposed standards were very reasonable; however, he voiced concern with subsection (e). The first issue raised was whether a client who gave oral consent for euthanasia of a pet being treated at a veterinary facility would find it inappropriate and insensitive for the veterinarian to later ask the client to provide written consent. In addition, Dr. Garg questioned what would happen if the client later refused to return the euthanasia consent form (if it was mailed to them) or refused to sign the consent form. The Board agrees that many clients would find it insensitive to be asked to provide written consent after a beloved pet had been euthanized. The Board has replaced the proposed requirement with a requirement that the veterinarian document, in the patient's veterinary medical record, a client's oral consent to euthanasia or other treatments that have significant potential risks.

Second, Dr. Garg noted that in an emergency/critical care practice where critically ill patients are continually being reevaluated, it would not be feasible to obtain written consent each time the treatment plan is revised, as the animal's owner is rarely present. Dr. Garg accurately noted that the use of a broad consent form at the outset of treatment would not be obtaining truly informed consent. Section 31.21, Principle 7(e) was not intended to stifle the provision of veterinary care to patients. The Board has added language to this subsection to indicate that the subsection does not preclude a veterinarian from obtaining general consent to treat that is effective whenever circumstances require veterinary medical intervention in the best interests of the patient and within parameters previously discussed with the client.

PVMA wrote in support of the requirement that veterinarians provide euthanasia to an animal that is physically presented to the veterinarian, noting that the requirement was consistent with the American Veterinary Medical Association's professional veterinary medical ethics and in the best interest of the welfare of suffering animals. PVMA questioned how "reasonable attempts" to contact an owner would be interpreted and who would establish the definition. The Board has added a definition for both a "reasonable attempt" to determine the identity of an animal's owner and for a "reasonable attempt" to contact the owner. Specifically, the new provision provides that a reasonable attempt to contact the owner includes telephoning or using another contact method found on the animal's tag or microchip.

PVMA next asked who defines what are "significant" potential risks of treatment options. The treating veterinarian would be responsible for determining the significant potential risks that need to be explained to a client. The adjective "significant" is intended to limit the list of potential risks that must be discussed to those that are statistically significant either in frequency or severity. It would be impossible for any health care provider to discuss every potential risk of every treatment; the regulatory provision requires veterinarian address with clients those risks that are generally recognized by the veterinary medical community as significant risks. The

Board has added the words "reasonably anticipated" to further describe the significant potential risks that must be explained to clients.

PVMA next commented on subsection (f), stating that the "'acceptable and prevailing standards of veterinary medical practice' can vary from region to region, general vs. specialty practice, [and so forth]. These terms should be spelled out to prevent subject interpretation." The Board disagrees that the acceptable and prevailing standards of veterinary medical practice, as this phrase is used in the act and this chapter, can vary from region to region or type of practice. The General Assembly created only one statewide Board of Veterinary Medicine and the act provides for only one standard of practice that is acceptable and prevailing across the Commonwealth. Every practitioner of the healing arts – whether veterinarian, physician, dentist or podiatrist – is required to maintain current knowledge of the generally accepted treatments and precautions within their fields. It is impossible for any state licensing board to "spell out" the acceptable and prevailing standards of practice in any healing professions for two primary reasons: first, the standards are too extensive; and second, because the acceptable and prevailing standard is, by definition, always changing.

Regarding subsection (g), PVMA questioned what would be a "reasonable period of time." The Board has added an explanatory statement that the reasonableness of the time period will be based on the nature of the animal's condition and the transfer shall be sufficiently timely to accommodate the animal's veterinary medical needs. Thus, if the animal were in critical condition, the veterinarian should fax the records immediately; however, if the animal is well and stable, a longer time, up to the 3-day period for release of records to clients, would be acceptable.

Finally, PVMA questioned whether a client must provide a written release for medical records as currently required by § 31.22 (relating to record keeping). Section 31.22(8) requires a veterinarian to release records to an animal owner within 3 business days of receipt of the client's written request. Subsection (h) refers to a transfer of the records from one veterinarian to another veterinarian; this request may be oral.

PVMA also raised the following concerns: (1) What is the protocol when a person adopts an animal and the original owner cannot be located or does not respond to contact attempts? (2) What protection does the veterinarian have when releasing those records? (3) What recourse does the new owner have in obtaining the records? As to the first inquiry, the Board is not clear how an animal could be adopted if the animal's owner cannot be located or does not respond to contact attempts. If an animal is abandoned at a veterinary facility, the veterinarian must follow the abandonment provisions of the Dog Law (3 P.S. § 459 - 610 (c)). In such a case, ownership of the animal would be asserted by the humane society. In some cases, by agreement with the humane society, the veterinarian retains possession of the animal and the humane society transfers ownership of the animal to the veterinarian. In this case, the veterinarian either releases the records to the humane society or, if the veterinarian becomes the animal's owner, may release the animal's records to a new adopter. Regarding the second inquiry, the abandonment

provisions of the Dog Law provide the protection. The third question appears to be answered in the response to the first question.

The House Professional Licensure Committee (HPLC) submitted two comments. First, HPLC requested an explanation "as to how to reconcile the conflict between the need of a veterinarian to obtain oral consent or a signature of an owner to perform humane euthanasia for an animal and the lack of need for client consent for euthanasia when a client cannot be contacted." The Board does not view the provision that requires a veterinarian to obtain an owner's consent for treatment as conflicting with the provision that allows a veterinarian to provide treatment without an owner's consent if the owner cannot be identified or contacted. There is no conflict because, in the latter case, there is effectively no owner from whom to obtain consent to treatment.

In the vast majority of cases, the animal's owner brings the animal to a veterinarian for treatment. Euthanasia is a treatment that may be provided by a veterinarian in certain cases. Owner consent is required for treatment; however, an animal may urgently require care in some cases where the owner is unknown or cannot be contacted. The Board's provision allows veterinarians to provide care in these limited cases, and sets forth guidelines for the provision of care in these cases. Such a case might arise when a law enforcement officer or "good Samaritan" brings an injured animal to a veterinarian. The Board's provision requires the veterinarian to check the animal for tags, a tattoo and to scan for a microchip to attempt to identify the animal's owner and obtain consent for treatment (which may include euthanasia). In some cases the animal has no identification and an owner cannot be determined, or if an owner is identified, the owner cannot be contacted to obtain consent to treatment. In this case, the Board's regulation at § 31.21, Principle 7(b), which requires veterinarians to "consider first the welfare of the animal for the purpose of relieving suffering and disability while causing a minimum of pain or fright" would guide the veterinarian's actions. Paragraph 7(a)(1) authorizes the veterinarian to provide treatment to the animal without the owner's consent. The veterinarian is bound by the standards of acceptable and prevailing veterinary medical practice in the type of treatment that the veterinarian must provide. In cases where euthanasia is medically necessary to relieve an animal's suffering, the provision allows a veterinarian to provide euthanasia.

Second, HPLC inquired as to how standards that veterinarians are to follow are determined to be "acceptable and prevailing." The standards are identified through expert testimony, learned treatises, textbooks and peer-reviewed professional journals, just as they are determined in all other fields of the healing arts.

The Independent Regulatory Review Commission (IRRC) also submitted comments. IRRC asked the Board to submit information regarding the widespread acceptance that the use of analgesia is the acceptable and prevailing standard of care, which had been detached from the Regulatory Analysis Form prior to submission of the proposed rulemaking. This information is being provided to IRRC as an attachment to the Regulatory Analysis Form.

Regarding paragraph (a)(1), IRRC recommended using either "humane euthanasia" or "euthanasia" throughout the rulemaking. As the concept of humane is integral to "euthanasia," the Board deleted the repetitive word from paragraph (a)(1). IRRC next recommended that the Board provide a clear standard for what a "reasonable attempt" would be in paragraph (a)(1). The Board has added language to address the concern. IRRC also inquired as to the meaning of "proper veterinary medical judgment" as used in paragraphs (a)(1) and (a)(2). The Board intended that veterinarians act in accordance with the acceptable and prevailing standards of veterinary medical practice, as is required by the act. The Board has amended the language to reference the statutory standard.

Next, regarding paragraph (a)(2), IRRC asked what type of notice would be required to be given a client prior to terminating the veterinarian-client-patient relationship and suggested that the notice be in writing. The Board adopted the suggestion.

Regarding subsection (c), IRRC questioned under what circumstances a veterinarian would obtain or need a person's social security number or confidential health information and requested an explanation of why it would be necessary for a veterinarian to request, possess and document a person's social security number, sensitive financial information or confidential health information. Subsection (c) does not require a veterinarian to request, possess or document this information; rather, subsection (c) requires a veterinarian who does have this information to protect it. By way of further answer, a veterinarian may have a client's social security number if the client applies for Care Credit through the veterinarian. A veterinarian may have confidential health information about a client if the veterinarian is caring for an emotional support animal or assistance animal. Finally, a veterinarian may have sensitive financial information, such as a client's credit card information, if the client has provided this information to pay for services.

IRRC echoed PVMA's questions about defining the acceptable and prevailing standard of veterinary medical practice in subsections (d) and (f). Section 21(11) of the act (63 P.S. § 485.21(11)) authorizes the Board to discipline a license for the "departure from, or failure to conform to, the standards of acceptable and prevailing veterinary medical practice, in which case actual injury need not be established." Virtually identical language exists in nearly every healthcare profession's practice act. For example, section 7(a)(10) of the Optometric Practice and Licensure Act (63 P.S. § 244.7(a)(10)) (Board may discipline license for the "[f]ailure to conform to the acceptable and prevailing standards of optometric practice in rendering professional service to a patient. Actual injury to a patient need not be established."); section 15(a)(8) of the Osteopathic Medical Practice Act (63 P.S. § 271.15(a)(8)) (Board may discipline license for "any departure from, or the failure to conform to, the standards of acceptable and prevailing osteopathic medical practice. Actual injury to a patient need not be established."); section 5(a)(12) of the Pharmacy Act (63 P.S. § 390-5(a)(12)) (Board may discipline license for "the departure from, or failure to conform to, the standards of acceptable and prevailing

pharmacy practice, in which case actual injury need not be established."); in section 41(8) of the Medical Practice Act (63 P.S. § 422.41(8)) (Board may discipline license for "departure from or failing to conform to an ethical or quality standard of the profession ... actual injury to a patient need not be established.") The Medical Practice Act further explains the deviation from a standard of the profession by stating that "the accepted standard of care for a practitioner is that which would normally be exercised by the average professional of the same kind in this Commonwealth under the circumstances." The Board has already further defined the "acceptable and prevailing standards of care" as used in subsection (d) by stating that abiding by these standards "includ[es] using current proven techniques, drugs and scientific research that may affect treatment decisions" and to "practice in accordance with . . . pharmacologic properties, indications and contraindications of drugs and biologics." The Board believes these provisions further clarify the statutory phrase.

Next, IRRC raised issues with subsection (e). First, IRRC suggested deleting the word "significant" from the phrase "significant potential risks," stating that the word "significant" was vague. The Board intended the word significant to modify and limit the word risks, thus adding clarity to the vague term "risks." Veterinarians are required to conform their professional conduct to the acceptable and prevailing standards of practice; this requirement extends to veterinarians' conversations with clients regarding treatment options. Potential risks are significant and must be disclosed to clients if the risks are generally accepted in the veterinary medical community to be significant and if a majority of practitioners acting on this generally accepted knowledge would disclose the risks to clients. Second, IRRC questioned the requirement for written consent to euthanasia, particularly if oral consent is first obtained. IRRC agreed with commenters that to request a signature after an animal had been euthanized was unrealistic and awkward. As discussed above, the Board has deleted this provision.

Regarding subsection (g), IRRC asked who determines what is a reasonable period of time to forward records to a new veterinarian and suggested that the final-form regulation set a finite time limit. The Board declines to set a finite time limit because the time is wholly dependent on the condition of the animal. As an outside period, the Board believes that guidance is already found in the provision in § 31.22, which gives a veterinarian a maximum of 3 business days to provide copies of records to a client. The Board has added a provision related to this maximum time period.

Fiscal Impact and Paperwork Requirements

The amendments should not have any financial impact on licensees, the Board or any other state entity. The proposed amendment will have no fiscal impact on the public. There are no additional paperwork requirements associated with the rulemaking.

Sunset Date

The Board continuously monitors its regulations. Therefore, no sunset date has been assigned.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on September 2, 2009, the Board submitted a copy of the notice of proposed rulemaking, published at 39 Pa.B. 5438 (September 19, 2009), to IRRC and the Chairpersons of the House Professional Licensure Committee (HPLC) and the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) for review and comment.

Under section 5(c) of the Regulatory Review Act, IRRC, HPLC and SCP/PLC were provided with copies of the comments received during the public comment period, as well as other documents when requested. In preparing the final-form rulemaking, the Board has considered all comments from IRRC, HPLC, SCP/PLC and the public.

Under section 5.1(j.2) of the Regulatory Review Act (71 P.S. § 745.5a(j.2)), on _____, 2010, the final-form rulemaking was approved by HPLC. On _____, 2010, the final-form rulemaking was deemed approved by the SCP/PLC. Under section 5.1(e) of the Regulatory Review Act, IRRC met on _____, 2010, and approved the final-form rulemaking.

Findings

The Board finds that:

1. Public notice of proposed rulemaking was given under sections 201 and 202 of the act of July 31, 1968 (P.L. 769, No. 240), (45 P.S. §§ 1201 – 1202), and the regulations promulgated thereunder, 1 Pa. Code §§ 7.1 – 7.2.

2. A public comment period was provided as required by law and all comments were considered.

3. This final-form rulemaking is necessary and appropriate for administering and enforcing the authorizing act identified in this Preamble.

Order

The Board, acting under its authorizing statute, orders that:

(A) The regulations of the Board at 49 Pa. Code § 31.21 (relating to rules of professional conduct for veterinarians) are amended to read as set forth in Annex A.

(B) The Board shall submit this order and Annex A to the Office of General Counsel and the Office of Attorney General as required by law.

(C) The Board shall certify this order and Annex A and deposit them with the Legislative Reference Bureau as required by law.

(D) This order shall take effect immediately upon publication in the *Pennsylvania Bulletin*.

Robin J. Bernstein, Esquire
Board Chairman

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS
PART I. DEPARTMENT OF STATE
Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS
CHAPTER 31. STATE BOARD OF VETERINARY MEDICINE

*****

PROFESSIONAL CONDUCT

§ 31.21. Rules of Professional Conduct for Veterinarians.

*****

Principle 7. [Veterinarian/client/relationships.] Responsibility to clients and patients.

(a) [Veterinarians] Except as provided in this subsection, veterinarians may choose whom they will serve[. Once they have undertaken the care of an animal, however, they may not neglect the animal], but may not neglect an animal with which the veterinarian has an established veterinarian/client/patient relationship.

(1) During a veterinarian's regular business hours, a veterinarian shall not refuse to provide ~~humane~~ euthanasia to relieve the suffering of an animal that is physically presented to the veterinarian at the veterinarian's facility. A veterinarian may provide ~~humane~~ euthanasia for an animal under this paragraph without a veterinarian/client/patient relationship IF THE OWNER IS UNKNOWN OR CANNOT BE

CONTACTED. If the owner is unknown, the veterinarian shall make a reasonable attempt to determine the identity of the animal's owner, INCLUDING, AT A MINIMUM, CHECKING THE ANIMAL FOR A TAG, TATTOO OR MICROCHIP. If the owner is known or identified, the veterinarian shall make a reasonable attempt to contact the owner, INCLUDING, AT A MINIMUM, TELEPHONING OR USING ANOTHER CONTACT METHOD FOUND ON THE ANIMAL'S TAG OR MICROCHIP, and obtain consent to euthanasia or treatment. If the owner cannot be identified or cannot be contacted, the veterinarian shall exercise proper veterinary medical judgment to determine whether to provide ~~humane~~ euthanasia or other veterinary medical care to the animal.

(2) 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 WRITTEN notice to the client of his intention to withdraw and provide reasonable time, BASED ON THE CONDITION OF THE ANIMAL AND THE AVAILABILITY OF ALTERNATIVE VETERINARY MEDICAL SERVICES, to allow the client to obtain necessary veterinary care for the animal. ~~A veterinarian shall exercise proper veterinary medical judgment by determining the length of time that is reasonable based on the condition of the animal and the availability of alternative veterinary medical services.~~

(b) [In their relations with clients, veterinarians should] Veterinarians shall consider first the welfare of the animal for the purpose of relieving suffering and disability while causing a minimum of pain or fright. [Benefit to the animal should transcend personal advantage or monetary gain in decisions concerning therapy.]

(c) Veterinarians and their staffs shall protect the personal privacy of clients, unless the veterinarians are required by law to reveal the confidences or it becomes necessary to reveal the confidences to protect the health and welfare of an individual, the animal or others whose health and welfare may be endangered. Personal information that should be protected under this section includes a client's social security number and sensitive financial information and confidential health information about the client. Veterinary medical records of a client's animals shall be released to the Board or its agents upon demand, as set forth in section 27.1(b)(1) of the act (63 P.S. § 485.27a(b)(1)). Any portion of a veterinary medical record relevant to public health shall be released to public health or law enforcement officials upon demand. Veterinary medical records shall be released to the general public only with the written consent of the client, subpoena or court order.

(d) [Veterinarians shall be fully responsible for their actions with respect to an animal from the time they accept the case until the animal is released from their care.

(e) In the choice of drugs, biologics or other treatments, veterinarians should use their professional judgment in the interests of the animal, based upon their knowledge of the condition, the probable effects of the treatment and the available scientific evidence that may affect these decisions.] Veterinarians shall practice in accordance with current

advancements and acceptable and prevailing standards of care in veterinary medicine, including using current proven techniques, drugs and scientific research that may affect treatment decisions. Veterinarians shall practice in accordance with advancements and acceptable and prevailing standards of ~~care~~ VETERINARY MEDICAL PRACTICE IN THIS COMMONWEALTH related to the pharmacologic properties, indications and contraindications of drugs and biologics.

(e) Veterinarians shall explain the benefits and REASONABLY ANTICIPATED significant potential risks of treatment options to clients. WHEN THE CLIENT OR CLIENT'S AGENT IS PRESENT, VETERINARIANS ~~Veterinarians~~ shall document, by ~~client~~ signature, the client's consent for euthanasia and other treatments that have significant potential risks. If the client is not present to provide a signature, veterinarians shall ATTEMPT TO CONTACT THE OWNER BY TELEPHONE OR OTHER ESTABLISHED MEANS TO obtain oral consent and ~~subsequently obtain the client's signature~~ SHALL DOCUMENT THE ORAL CONSENT IN THE ANIMAL'S VETERINARY MEDICAL RECORD. THIS SUBSECTION DOES NOT PRECLUDE A VETERINARIAN FROM OBTAINING GENERAL CONSENT TO TREAT THAT IS EFFECTIVE WHENEVER CIRCUMSTANCES REQUIRE VETERINARY MEDICAL INTERVENTION IN THE BEST INTERESTS OF THE PATIENT WITHIN PARAMETERS PREVIOUSLY DISCUSSED WITH THE CLIENT.

(f) Veterinarians shall serve as patient advocates especially regarding the alleviation of pain and suffering, consistent with the acceptable and prevailing standards of veterinary medical practice. Veterinarians shall utilize analgesic drugs, dosages,

treatment intervals and combination therapies proven to be safe and effective in different species and in various conditions of age, illness or injury in accordance with current veterinary medical knowledge and acceptable and prevailing standards of ~~care~~ VETERINARY MEDICAL PRACTICE IN THIS COMMONWEALTH.

[(f)](g) If a client desires to consult with another veterinarian about the same case, the first veterinarian shall readily withdraw from the case, indicating the circumstances on the veterinary medical record of the animal, and shall forward copies of the animal's veterinary medical records in a reasonable period of time to other veterinarians who request them. FOR PURPOSES OF THIS SUBSECTION AND SUBSECTION (H), THE REASONABLENESS OF THE PERIOD OF TIME SHALL BE BASED ON THE NATURE OF THE ANIMAL'S CONDITION AND THE TRANSFER SHALL BE SUFFICIENTLY TIMELY TO ACCOMMODATE THE ANIMAL'S VETERINARY MEDICAL NEEDS, BUT SHALL IN NO CASE BE LONGER THAN 3 BUSINESS DAYS AFTER THE CLIENT MAKES THE REQUEST.

[(g)](h) If a client requests referral to another veterinarian or veterinary hospital, the attending veterinarian shall honor the request and facilitate the necessary arrangements, which shall include forwarding copies of the veterinary medical records of the animal IN A REASONABLE PERIOD OF TIME to the other veterinarian or veterinary hospital.

COMMENTATORS LIST
16A-5722

LISA A MURPHY VMD DABT PRESIDENT
PVMA
12 BRIAR CREST SQUARE
HERSHEY PA 17033

TOM GARG VMD
ANIMAL CRITICAL CARE AND SPECIALTY GROUP
340 LANCASTER AVENUE
MALVERN PA 19355

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AVMA ANIMAL WELFARE FORUM

Silent suffering

AVMA Animal Welfare Forum addresses pain management in animals

A decade ago, an entire forum could be devoted to whether animals feel pain or not. Today, the question is no longer "Do they hurt" but "How can we best manage their pain?"

"The scientific evidence is overwhelming that animals do feel pain," said Dr. Sheilah A. Robertson, opening speaker at the 2001 AVMA Animal Welfare Forum, held Oct. 14 in Chicago. "What we need to do is now move on and discuss the more important topics like how can we help them."

This year's forum dealt with pain management in animals. Attending were 170 people, mostly veterinarians, and some veterinary technicians and students. AVMA president-elect, Dr. Joe M. Howell, opened the daylong meeting.

An associate professor in the large animal clinical sciences department at the University of Florida College of Veterinary Medicine, Dr. Robertson set the stage with an overview of pain: what it is, why to address it, how to recognize it, and ways to treat it. Later in the day, she lectured about pain management in laboratory animals. She is also a diplomate of the American College of Veterinary Anesthesiologists.

Pain, as defined by the International Association for the Study of Pain, is "an unpleasant, sensory, emotional experience associated with actual or potential tissue damage or described in terms of such damage." Yet the exclusivity of pain to the suffering individual makes it extremely difficult to accurately communicate the experience of pain. The job of the health care provider is further complicated when dealing with nonverbal patients such as infants and animals.

Pain has skyrocketed as a major health issue in the United States. An estimated 50 million people suffer from chronic pain, Dr. Robertson said. The human health care community has taken note, implementing standards for grading and alleviating pain. Meanwhile, the number of pain specialists and hospices has grown exponentially.

When it comes to animals, between 17 and 20 million animals are used in research annually in the United States, most of those being rodents. Dr. Robertson estimates there are at least 20 million dogs, 60 million cats, another 60 million feral cats, and an undetermined number of farm animals are exposed to painful procedures in the United

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States. At least 20 percent of dogs in this country suffer from osteoarthritis, she added.

And although animals may not experience pain exactly the same way humans do, that does not detract from an ethical responsibility to alleviate animal suffering, Dr. Robertson said, referencing the recently adopted AVMA position statement on pain management.

Pain itself is different from the process in which unpleasant stimuli are transmitted to the spinal cord, which is the task of nociceptors and nerves. These receptors, incidentally, are found in humans and other animals, and have also been identified in reptiles and lower species.

To experience pain, an animal must have a functional brain and be conscious. If an animal is unconscious, as when a research animal is undergoing a procedure and never regains consciousness, for example, it cannot perceive pain, Dr. Robertson explained. "Pain [occurs] if you're aware, have a functional brain, and receive those incoming messages," she said. "So pain is always a personal experience. It's unique to each individual person and each individual animal."

Individual responses to pain vary considerably, with genetics and experience likely influencing pain tolerance. Veterinarians are at a disadvantage because their patients cannot express where the pain is and what it feels like, or even whether analgesics are working. Identifying pain in some animals—dogs and horses, for instance—may be easier than in those that mask suffering as a matter of survival, as is the case for such prey species as rabbits and rats.

Dr. Robertson identified three kinds of pain: physiologic, clinical, and neurogenic. Pain can also be talked about in terms of duration, and whether it is acute or chronic. Physiologic pain is necessary for survival, alerting us to potentially harmful stimuli and eliciting a quick response, such as releasing a hot iron before sustaining tissue damage. Clinical, or pathologic pain happens from an injury.

The last of these, neurogenic pain, is the most disturbing and mysterious of pain types. It is pain that defies explanation because it has no known cause. A person complaining of pain in a limb that has been amputated is experiencing neurogenic pain. Dr. Robertson believes that sudden, unexplained aggression in animals might be attributable to neurogenic pain.

Alleviating animal pain is necessary for ethical and clinical reasons, she said. Animals are a valued part of society and are to be protected from needless suffering. From a clinical standpoint, pain is counterproductive to animal well-being. Untreated pain can lead to weight loss, aggression, self-mutilation, and heightened sensitivity to pain.

Dr. Robertson believes that veterinarians must commit themselves to aggressively controlling animal pain. "My philosophy is that, while it may be difficult to recognize pain in animals, we always need to give the animals the benefit of the doubt," she said.

To further animal welfare, Dr. Robertson advocates refinement of current treatment methods, with emphasis on pain recognition and control, along with exploration of new analgesic medications and ways of administering them.

"Conquering pain is something interesting," Dr. Robertson said. "It will benefit us, as well as animals, if we take the time to do so."

R. Scott Nolen

See other 2001 AVMA Animal Welfare Forum articles:

- Silent suffering—AVMA Animal Welfare Forum addresses pain management in animals
- Welfare on the farm: Treating pain and distress in food animals

AAHA/AAFP Pain Management Guidelines for Dogs & Cats

Pain management in dogs and cats has undergone a dramatic evolution in the past decade. Current approaches focus on anticipation and prevention of pain, as well as both pharmacologic and nonpharmacologic management techniques. The veterinary team plays an essential role in educating pet owners about recognizing and managing pain in their pets. **J Am Anim Hosp Assoc 2007; 43:235-248.**

The American Animal Hospital Association and the American Association of Feline Practitioners

AAHA/AAFP Pain Management Guidelines Task Force Members

Peter Hellyer, DVM, MS, DACVA

Ilona Rodan, DVM, DABVP (Feline Practice)

Jane Brunt, DVM

Robin Downing, DVM, CVA, DAAPM

James E. Hagedorn, DVM, DABVP

Sheilah Ann Robertson, BVMS (Hons), PhD, DACVA, DECVA, MRCVS

The American Animal Hospital Association and the American Association of Feline Practitioners would like to acknowledge and thank the members of the Pain Management Guidelines Task Force for their time and commitment to this project. The Task Force members' dedication to relieving and, when able, eliminating animal suffering is evidenced by this work.

AAHA and AAFP gratefully acknowledge the following for their sponsorship of an educational grant for the AAHA/AAFP Pain Management Guidelines for Dogs & Cats: IDEXX Laboratories, Merial Ltd., Pfizer Animal Health, Schering-Plough Animal Health Corporation and Novartis Animal Health.

Introduction

Historically it was thought that animals did not feel pain or that they perceived pain differently than humans. As a corollary to this concept, it was suggested that pain following surgery or injury was beneficial to animals because it limited movement and thus prevented further injury.

Today there is a better understanding of how pain develops and is perpetuated. It is now well established that animals and humans have similar neural pathways for the development, conduction, and modulation of pain. According to the principle of analogy, because cats and dogs have neural pathways and neurotransmitters that are similar, if not identical, to those of humans, it is highly likely animals experience pain similarly [Table 1].

Veterinary practitioners also have more insight into how most drugs work to modulate pain and how and why a combination of therapies can benefit patients. Untreated pain decreases quality of life in all patients, and prolongs recovery from surgery, injury, or illness. Today's analgesic strategies allow people—and now animals—to live more comfortable lives. Preventing and managing pain has become a fundamental part of quality and compassionate patient care in veterinary medicine.

As advocates for their patients, the veterinary team has the responsibility to recognize, assess, prevent, and treat pain. Pain should be thought of as the fourth vital sign—after temperature, pulse, and respiration—and integrated into all patient evaluations.

Many health conditions and medical procedures cause pain in cats and dogs. Attention to pain is fundamental to every aspect of patient care, regardless of the patient's condition or reason for presentation to the veterinarian. Managing pain effectively requires looking for its signs and asking the right questions. Because many animals may not show obvious indications of pain, identifying the degree of pain and the amount of suffering associated with it can be a challenge. The most common sign of pain is change in behavior.

Incorporating pain management into the veterinary practice helps everyone. It benefits the patient through improved quality of life and reduced complications. It benefits clients through enhancement of the human–animal bond. It benefits the health care team through increased safety; improved morale, pride, and job satisfaction; and a less stressful environment. Contemporary approaches to pain management enable veterinarians to more effectively fulfill their responsibility to relieve animal suffering as pledged in the veterinarian's oath.

This document was developed by the American Animal Hospital Association and the American Association of Feline Practitioners through a collaborative effort between Task Force members. By their very nature as a consensus-built set of guidelines, these recommendations reflect a combination of expert opinion, personal experience, and scientific studies. They are intended to educate and inform members of the veterinary profession and should not be identified as standards of care, AAHA accreditation standards, or considered minimum guidelines, but rather as recommendations from AAHA and AAFP. These guidelines should not be construed as exclusive protocols, courses of treatment, or procedures. The Task Force recognizes that through continuing developments in research, technology, and experience, the information contained herein will be subject to change. Procedures and techniques other than those described in these guidelines may be deemed necessary based on the specific needs of the patient, available resources, and constraints due to the environmental conditions.

Types of Pain

All tissue injury, including that from elective surgery, may cause pain. Pain-induced stress responses, mediated by the endocrine system, are one of the negative consequences of pain. Increased cortisol, catecholamines, and inflammatory mediators cause tachycardia, vasoconstriction, decreased gastrointestinal motility, delayed healing, and sleep deprivation. In addition, trauma causes unseen changes in the central nervous system. Inadequate pain prevention or management can lead to magnification of pain perception and a prolonged pain state.

Although traditionally pain has been categorized as acute or chronic based on duration, a more contemporary approach considers pain as adaptive or maladaptive[1] [Table 1]. Adaptive pain is a normal response to tissue damage. Adaptive pain includes inflammatory pain. Inflammation is a major component of many pain states (including acute pain following surgery or trauma) and some chronic pain states such as osteoarthritis. Inflammatory mediators sensitize neural pathways, increasing the perception of pain.

If adaptive pain is not appropriately managed, physical changes occur in the spinal cord and brain, leading to pain that is termed maladaptive. Examples of maladaptive pain are neuropathic and central pain. For instance, the thalamus typically serves as a relay station sending nerve impulses from the periphery to the cortex but may become a spontaneous pain generator if adaptive pain becomes maladaptive, central pain.

An awareness that acute and chronic pain can convert from adaptive to maladaptive pain helps veterinarians understand why pain is so difficult to control in some patients. The pain-induced changes in the nervous system cause it to become more sensitive, rather than less sensitive. The longer pain is unmanaged, the more likely the neurophysiologic processes involved will cause a switch from adaptive to maladaptive pain, which is more serious and difficult to control. When that happens, some patients require specific drug therapy—such as N-methyl-D-aspartate (NMDA) receptor antagonists (amantadine) and gabapentin —aimed at restoring normal central transmission. Patients may also require multiple therapies (pharmacological as well as nonpharmacological) to manage their pain.

"Wind-up pain" is a heightened sensitivity that results in altered pain thresholds, both peripherally and centrally, such that pain is experienced in areas unrelated to the original source. Wind-up causes a worsening of acute pain and has been used to describe the processes that result in maladaptive pain.

Allodynia is pain caused by a stimulus that does not normally result in pain and can be a component of maladaptive pain. For instance, a cat with long-standing, untreated vertebral osteoarthritis may not tolerate even light stroking across its back.

Patients may experience both adaptive and maladaptive pain. As an example, a cat undergoing onychectomy (declawing) experiences inflammatory pain with the potential to develop long-term neuropathic or central pain if the pain is inadequately managed during the perioperative and healing periods. Effective, early, multimodal perioperative pain management is essential to minimize the development of these events.[a]

Anticipation and Early Intervention

An understanding of the underlying conditions that can result in pain better equips the practitioner to anticipate and potentially intervene or modulate pain development. Preventing risk factors early in life reduces the development of pain later in life. For example, providing lifelong dental care reduces the development of oral pain, and preventing obesity reduces the incidence and severity of osteoarthritis.[2]

Overlooked or Unrecognized Source of Pain

Unintentional pain or discomfort associated with veterinary procedures is easily overlooked. Procedures that might cause discomfort or pain include IV catheterization, ear cleaning, manual stool evacuation, and anal sac expression (especially in cats). Evaluate in-hospital procedures where unintentional pain can occur, and reduce or eliminate those causes. If necessary, use an opioid to reduce the pain or discomfort of some procedures. If an animal must be restrained or handled excessively because of its fear, aggression, or preexisting pain, use anxiolytics, sedation, and/or anesthesia as needed to prevent struggling, subse-

Table 1

Definitions Associated with Pain and Pain Management

Type of Pain	Definition
Adaptive pain—inflammatory*	Spontaneous pain and hypersensitivity to pain in response to tissue damage and inflammation. Occurs with tissue trauma, injury, surgery. Causes suffering. Responds to treatment.
Adaptive pain—nociceptive*	Transient pain in response to a noxious stimulus. Small aches and pains that are relatively innocuous and that protect the body from the environment.
Allodynia†	Pain caused by a stimulus that does not normally result in pain.
Analgesia†	Absence of pain in response to stimulation that would normally be painful.
Anesthesia‡	Medically induced insensitivity to pain. The procedure may render the patient unconscious (general anesthesia) or merely numb a body part (local anesthesia).
Distress§	Acute anxiety or pain.
Dysphoria§	A state of anxiety or restlessness, often accompanied by vocalization.
Hospice†	A facility or program designed to provide a caring environment for meeting the physical and emotional needs of the terminally ill.
Hyperalgesia†	An increased response to a stimulus that is normally painful.
Maladaptive pain—neuropathic*	Spontaneous pain and hypersensitivity to pain in association with damage to or a lesion of the nervous system.
Maladaptive pain—functional*	Hypersensitivity to pain resulting from abnormal processing of normal input.
Maladaptive pain—central neuropathic pain*	Pain initiated or caused by a primary lesion or dysfunction in the central nervous system. Often called "central pain."*
Modulation§	Altering or adaptation according to circumstances.
Multimodal analgesia\	Use of more than one drug with different actions to produce optimal analgesia.
Neurogenic pain‡	Pain initiated or caused by a primary lesion, dysfunction, or transitory perturbation in the peripheral or central nervous system.
Nociception¶	Physiologic component of pain consisting of the processes of transduction, transmission, and modulation of neural signals generated in response to an external noxious stimulus.
Pain†	An unpleasant sensory and emotional experience associated with actual or potential tissue damage.
Palliative care†	Care that relieves or alleviates a problem (often pain) without dealing with the cause.

(continued on next page)

Table 1 (continued)

Definitions Associated with Pain and Pain Management

Type of Pain	Definition
Peripheral neuropathic pain†	Pain initiated or caused by a primary lesion or dysfunction in the peripheral nervous system.
Preemptive analgesia\	Administration of an analgesic before painful stimulation.
Principle of analogy§#	A similarity of forms having a separate evolutionary origin. Similar structures may have evolved through different pathways, a process known as convergent evolution, or may be homologous.
Wind-up pain**††	Heightened sensitivity that results in altered pain thresholds—both peripherally and centrally.

* Woolf CJ. Pain: Moving from symptom control toward mechanism-specific pharmacologic management. Ann Intern Med 2004;140:1441–1451.
† IASP (International Association for the Study of Pain): www.iasp-pain.org.
‡ MSN Encarta Dictionary: www.encarta.msn.com.
§ Random House Webster's College Dictionary. New York: Random House, 1997.
\ Gaynor J, Muir W. Handbook of Veterinary Pain Management. St. Louis, MO: Elsevier Publishing, 2002.
¶ Vet Clin North Am Small Anim Pract 2000;30(4):704.
# Wikipedia: http://en.wikipedia.org/wiki/Main_Page.
** Hansen B. Managing pain in emergency and critical care patients. Proc Atlantic Coast Veterinary Conf. 2005.
†† Muir WW, Hubbell JA. Handbook of Veterinary Anesthesia. 4th ed. St. Louis, MO: Elsevier Publishing, 2006.

quent pain or injury, and aversion.

Conditions in which it is unclear how much pain the animal experiences include some visceral, gastrointestinal, and urogenital diseases; central nervous system disorders; and dermatologic disease. Table 2 lists conditions and procedures that may be overlooked or underestimated as causes of pain. Specific management for these conditions and procedures may include pharmacologic and/or nonpharmacologic management or simply a different or more careful approach to handling the animal.

Some procedures and conditions that are commonly recognized as causing pain in dogs may be overlooked in cats. For example, osteoarthritis, intervertebral disc disease, and spondylosis are common in older cats, and yet many of the behavioral changes related to these diseases have been ascribed to "old age" rather than pain.

Cats and dogs with behavior problems often have an underlying medical condition that may be painful. For example, the cat that urinates inappropriately may have painful lower urinary tract disease. In these kinds of cases, pain management plays an important part in the animal's treatment.

Anticipating and Reducing Surgical Pain

The level of pain associated with surgery can be anticipated to some extent. In general, the more tissue trauma, the more pain, because pain is proportional to increasing levels of circulating cytokines.[3] Abdominal surgery generally produces more pain than do superficial soft-tissue procedures, and orthopedic procedures can cause severe and prolonged pain. Keep in mind, however, that even "routine" procedures *are* painful. Repeat surgeries may be more painful than the original surgery due to the changes that occur in the spinal cord and brain with repetitive and prolonged stimulation (maladaptive pain). Good surgical technique and minimal tissue trauma may help alleviate pain.

Resources are available to assist in estimating the degree of pain associated with various conditions and procedures (see page 248). However, the practitioner must be aware that each individual animal will have a unique response to painful stimuli.[4]

To optimize pain management and improve the safety of anesthesia, use a perioperative approach to pain management. The timing of administration of medications to prevent pain is critical. For example, giving an opioid prior to a surgical procedure is much more beneficial than

Table 2

Frequently Overlooked Causes of Pain

Type of Pain	Cause
Cardiopulmonary	Congestive heart failure (pulmonary edema and pleural effusion); pleuritis, cerebral vascular accident, thromboembolism (clot).
Oncologic	Any and all cancer.
Dermatologic	Otitis, severe pruritus, burns, chronic wounds; abscess, cellulitis, clipper burns, urine scalding, severe chin acne.
Dental	Oral tumors, feline oral resorptive lesions ("neck" lesions), fractures (no matter how small), tooth abscess, ulcers, stomatitis.
Gastrointestinal	Constipation, obstipation, obstruction, megacolon; anal sac impaction; hemorrhagic gastroenteritis, pancreatitis, gastric dilatation-volvulus (GDV), foreign body.
Musculoskeletal	Most often overlooked in cats. Muscular soreness, arthritis, degenerative joint disease, tendon or ligament injury, intervertebral disc disease, facet pain of spondylosis, osteodystrophy, dislocations.
Ocular	Corneal disease and ulcers, glaucoma, uveitis.
Urogenital	Uroliths, ureteroliths, queening/whelping, feline lower urinary tract disease/interstitial cystitis, acute renal failure, enlarged kidneys (capsular swelling), lower urinary tract infections, urinary obstruction, vaginitis (especially in obese cats).
Hospital procedures	Restraint (examination, obtaining blood and urine samples, radiographs, and ultrasound; even gentle handling and hard surfaces can increase pain in an already painful animal). Urinary/IV catheterization, bandaging, surgery, thoracocentesis, chest tube placement and drainage procedures, abdominocentesis. Manual extraction of stool and anal sac expression (especially in cats).
Surgical procedures	Ovariohysterectomy, castration, onychectomy,* growth removal, and all other surgical procedures.
Neurologic	Diabetic neuropathy.

* Regardless of method used, onychectomy causes a higher level of pain than spays and neuters.

administering the same dose afterward. An opioid administered as an anesthetic premedication not only helps to dampen the pain response but also decreases the doses of anesthetics required for anesthetic induction and maintenance. Providing adequate intraoperative and postoperative analgesia increases patient comfort and facilitates a smoother recovery from anesthesia. It may also prevent the development of maladaptive pain.

Some opioids have a very short duration of action and have a ceiling effect (e.g., butorphanol), whereas others (e.g., buprenorphine) have a longer duration of action but a delayed onset and time to peak effect. Understanding these pharmacologic differences helps to ensure that medications are used appropriately and with the most efficacy.

Anticipating Changes in Pain Management

Initial pain management should be followed by ongoing reassessment and revision of pain management, titrating treatments up or down to meet patient needs. Anticipate that increased signs of pain may occur following discharge from the hospital, as (for example) when residual sedation or a local anesthetic wears off after the patient has returned home. Furthermore, some animals may mask behavioral signs of pain while hospitalized, and signs of pain become evident only at home. The client should be counseled about this contingency, and pain medications should be made available. (A later section provides more information on educating clients regarding pain management in their pets.)

Analgesic drugs and/or dosages may need to be modified with the patient's changing status. If a dog with osteoarthritis is on a nonsteroidal anti-inflammatory drug (NSAID) and then undergoes intestinal surgery, a different type of drug must be prescribed if the animal becomes hypovolemic.

The practitioner should expect escalating pain management needs in animals with progressive diseases, such as osteoarthritis, cancer, intervetebral disc disease, or spondylosis, as well as in some end-of-life or hospice patients.

Recognition and Assessment

Variations in Pain Response

Although all animals experience pain, expression of pain varies with age and species, as well as among individuals. Neonates have intact neural pathways for pain transmission, but both neonates and senior animals may not express their pain as plainly as other animals. Cats and dogs also tend to hide pain as a protective mechanism. However, a lack of expression or outward evidence does not necessarily indicate that these patients are not experiencing the negative consequences of pain.

Some animals experience residual pain following a surgery or injury, whereas other animals seem to return quickly to normal function with no obvious residual pain. Responses to surgery and injury or to therapy are unique to each individual, and the differences reflect genetic variation in such factors as the number, distribution, and morphology of opioid receptors. [5,6,7]

Anecdotal evidence suggests that certain breeds appear more sensitive to painful stimuli and are more easily aroused than others. Whether this reflects different communication styles, arousal patterns, or actual pain perception is not known.

Individual animals undergoing the same procedure may experience or express their pain differently. In addition, an individual animal can experience more than one type of pain at any given time. For example, the senior patient with osteoarthritis that undergoes surgery to remove a mass may experience musculoskeletal pain due to positioning during the procedure, in addition to the pain associated with the surgery itself.

Differentiating Pain From Other Conditions

Assessing behavior is an integral part of the history-taking and physical examination of any animal [Table 3]. Understanding normal behavior is essential to identifying pain and selecting an appropriate intervention.[8,9] The input of the owner is invaluable in determining abnormal behavior that may be linked to pain.[4]

Behavioral signs of pain, including both loss of normal behavior and development of new and abnormal behaviors, may be subtle and easily overlooked by both owners and the veterinary health care team. A systematic and holistic approach that considers the animal as well as its environment is essential to recognizing changes in behavior and physiologic parameters. Physiologic signs such as increased respiration and heart rate, increased blood pressure, or dilated pupils may be manifestations of pain or stress but should not be relied on as the sole indicators of pain.

The line between "discomfort" and "pain" is imprecise. The practitioner must assess the conditions and procedures that cause sensations ranging from skin irritation to severe discomfort and then determine whether pain management is indicated. Tables 2 and 3 summarize often-overlooked causes of pain and signs of pain, respectively.

The decision-making process can be facilitated by the pain management algorithm shown in Figure 1, which offers a step-by-step approach to determining whether or what intervention is indicated. If a question persists regarding the presence of pain, administer an analgesic and assess the patient's response. Response to therapy is an appropriate and important tool in pain assessment. When pain management is needed, formulate a plan, note it in the medical record (and make a copy for the client), and update the plan as needed.

Differentiating dysphoria from pain can be challenging, especially in traumatic or surgical cases. Pain and dysphoria can occur simultaneously, complicating the picture. However, the observant practitioner can discern clues to differentiate between dysphoria and pain. Dysphoric animals are difficult to distract or calm by interaction or handling. Administering more opioids does not help the situation, and a source of pain is not readily identifiable. In contrast, animals in pain typically can be temporarily distracted and calmed by interaction or handling. Increased or repeated doses of opioids seem to help, and a source of pain can be identified.

Frequency of pain assessment depends on the presenting problem. In patients with surgical or traumatic pain, pain assessment is recommended at least every 2 hours. In patients with chronic pain, assessment is recommended a minimum of every 3 months or whenever control seems to be waning. All patients should be assessed for pain during their regularly scheduled wellness exams.

Scoring tools such as identification and recording of behavioral changes and responses to therapy are useful for standardizing pain assessment. No single accepted pain scale has been developed for use in dogs or cats, and scales

Table 3

Signs of Pain

General Signs	Specific Signs
Loss of normal behavior	Decreased ambulation or activity, lethargic attitude, decreased appetite, decreased grooming (cats). Harder to assess in the hospital.
Expression of abnormal behaviors	Inappropriate elimination, vocalization, aggression or decreased interaction with other pets or family members, altered facial expression, altered posture, restlessness, hiding (especially in cats).
Reaction to touch	Increased body tension or flinching in response to gentle palpation of injured area and palpation of regions likely to be painful, e.g., neck, back, hips, elbows (cats).
Physiologic parameters	Elevations in heart rate, respiratory rate, body temperature, and blood pressure; pupil dilation.

currently in use range from simple to complex.[10,11] Whatever pain scale is adopted, it is essential that it fits the practice; otherwise, the scale will go unused. The pain scoring system should be incorporated into overall patient assessment, treatment, and reassessment protocols, as well as staff and client educational materials.

Pharmacological Intervention

The use and choice of pharmacologic agents is based on a thorough patient assessment that includes a physical exam; an evaluation of the patient's history, underlying or preexisting conditions, and presenting complaint; and a laboratory evaluation of an appropriate database. When choosing medications to send home with patients, client compliance can be enhanced by taking into account such factors as the duration of analgesic action and ease of administration.

Classes of analgesic drugs are listed in Table 4. An exhaustive list of drugs and their indications, contraindications, side effects, and doses is referenced and may be found in other sources.[12,13,14] A multimodal approach to pain management takes advantage of the different modes and sites of action of various analgesic agents [Table 4]. Lower doses of each analgesic often can be used, reducing the potential for side effects and providing superior analgesia. This approach also utilizes the timing of administration of different agents.[15,16]

Perioperative Analgesia

Before an elective surgery, use an opioid that also reduces the anesthetic requirement. Before or during surgery, use a local anesthetic at the incision to block the transmission of noxious stimuli. During anesthetic recovery, use an NSAID to decrease the inflammation from the surgical trauma. This combination of pharmacological agents may help prevent the evolution of maladaptive pain. Regardless of the procedure performed, opioids are anesthetic-sparing and should be used for this effect.

Pharmacological pain management must also be addressed by organizations with a high volume of surgical cases (i.e., shelters, ovariohysterectomy–neuter programs, and feral cat programs) or in situations with little to no opportunity for follow-up. Economic considerations may play a role in these circumstances. The question may be, "What is the minimally acceptable degree of analgesia that should be offered for routine surgical procedures, and how is this most economically achieved?" The answer will change as new information becomes available.

For instance, even when opioids are unavailable, other options exist. In a recent study, a single dose of carprofen given to shelter dogs undergoing ovariohysterectomy demonstrated good analgesia for up to 24 hours in most dogs.[17]

Analgesia for Other Procedures and Conditions

Local or topical anesthetics are useful for managing pain or discomfort associated with a variety of conditions such as clipper burns or urine scalding or procedures such as IV catheter placement. Opioid administration for procedures such as manual extraction of stool and anal sac expression, especially in cats, decreases pain and helps prevent fear and anxiety associated with veterinary visits. Since pain is individual for each patient, if the patient is still in pain, additional analgesia and/or anesthesia are indicated.

Because anxiety and fear can amplify pain, and physical restraint may contribute to pain, anxiolytics should be used for anxious or fearful animals undergoing hospital procedures. Alprazolam is an excellent antianxiety med-

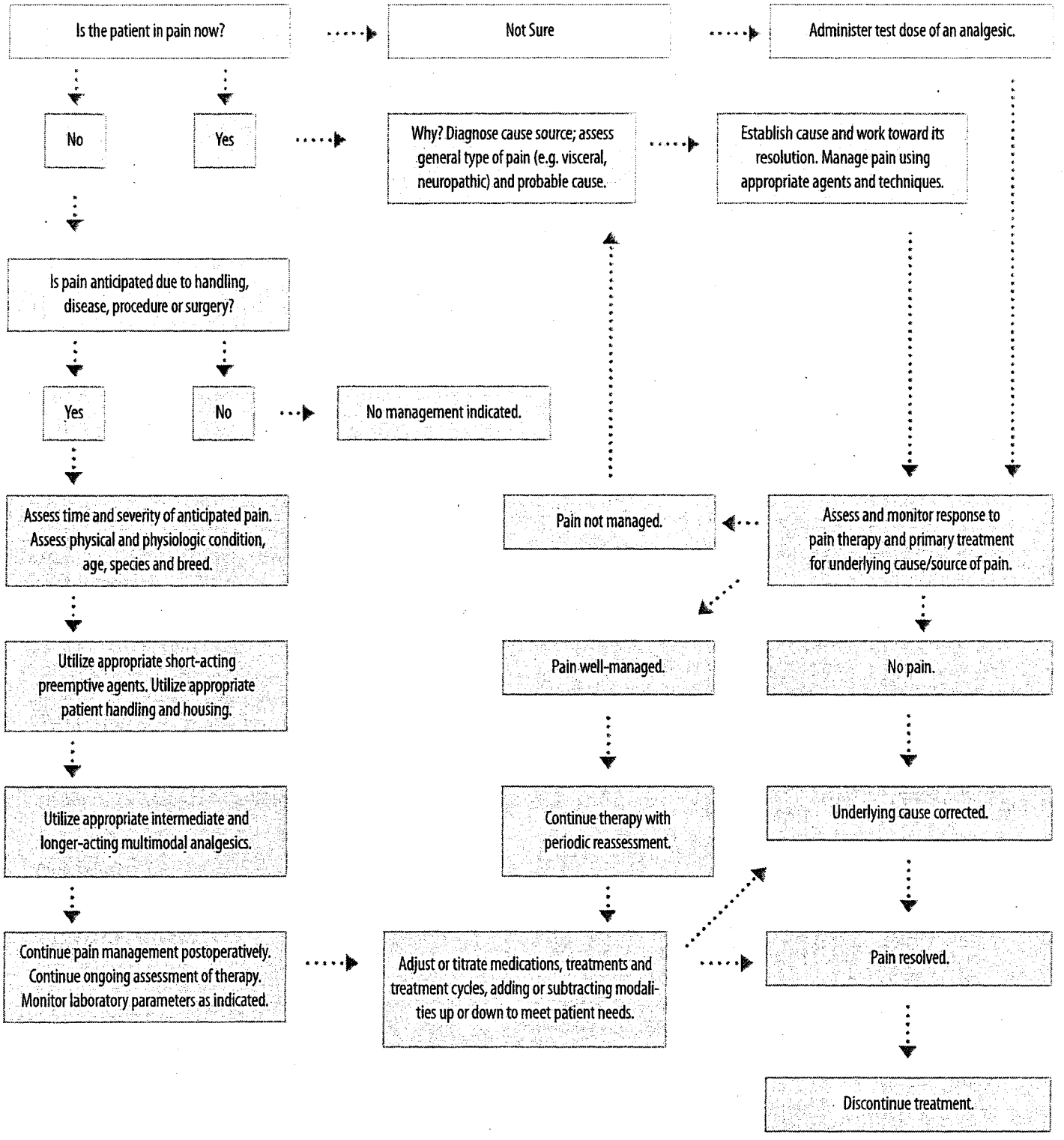

Figure 1—Pain Management Algorithm

Table 4

Drug Classes and Characteristics*†

Drug Class	Comments
Alpha-2 agonists	Analgesic, sedative, muscle relaxant; dose-related duration, reversible.
Anxiolytics	Anti-anxiety (anxiety enhances pain); preappointment or preanesthetic.
Corticosteroids	Analgesic; anti-inflammatory.
Local anesthetics	Analgesic; anesthetic-sparing; blocks pain recognition.
NMDA‡ receptor antagonists	
Amantadine	Reduces "wind-up"; good for chronic pain management in dogs; typically *not* used for adaptive pain.
Ketamine	Somatic analgesia; reduces "wind-up."
NSAIDs§	Analgesic; anti-inflammatory; long duration of action.
Opioids	Analgesic; anesthetic-sparing; reversible; short duration of action.
Topical anesthetics	Dermatologic conditions, anal/genital procedures, hospital procedures (e.g., catheter placement).
Tricyclic antidepressants	Antidepressant and anxiolytic, with analgesic properties. Used as adjunctive analgesic; enhances opioid analgesia. Used in humans to treat chronic and neuropathic pain at lower doses than those used to treat depression.

Miscellaneous Drugs	Comments
Gabapentin	Reduces "wind-up"; good for chronic pain management in dogs and cats; typically *not* used for adaptive pain.
Tramadol	Analgesic; good for chronic pain management in dogs and some cats.

* Gaynor J, Muir W. Handbook of Veterinary Pain Management. St. Louis, MO: Elsevier Publishing, 2002.
† Mayo Clinic Tools Online: www.mayoclinic.com/health/
‡ NMDA—N-methyl-D-aspartate
§ NSAID—nonsteroidal anti-inflammatory drug

ication. Tricyclic antidepressants may be indicated when the practitioner suspects persistent, aberrant pain that is refractory to traditional analgesics (e.g., neuropathic pain). Recall that acepromazine is not an anxiolytic but rather a tranquilizer, causing sedation without decreasing anxiety. Acepromazine may disinhibit aggression, making the patient not only more fearful but also more dangerous. Although acepromazine is useful as part of an anesthetic protocol, it is not indicated for use to control fear or anxiety.[18]

A synthetic feline facial pheromone (FFP) helps reduce anxiety in unfamiliar surroundings, including the veterinary hospital. FFP diffusers can be plugged into each room and sprayed on tables, towels, and hands. Although this approach is beneficial with many cats, occasionally an individual animal may become more agitated.[19,20]

Evaluating and Monitoring Drug Metabolism and Effects

It is important to treat all pain for an adequate period of time. Patients receiving pain management must be monitored via reexamination and laboratory testing at prescribed intervals to assess for efficacy and adverse events.

Drug metabolism varies among species, breed, and individuals. Specific contraindications of drug classes are noted by their manufacturers (for those drugs that are approved for use in dogs and cats) as well as in many texts.

Selection of pain medication for cats requires special attention. Some opioids—such as buprenorphine, meperidine, and methadone—cause fewer behavioral side effects in cats (e.g., less excitement) than do other opioids. With respect to buprenorphine, the oral (transmucosal) route can be as effective as the intravenous route and is more convenient. Hydromorphone has been associated with hyperthermia and agitation in cats at the doses required to provide analgesia.[21]

There is a misunderstanding regarding the degree and duration of analgesia provided by butorphanol. Butorphanol is not as effective or long-lasting as other opioids (although there are individual variations in response to drugs that target different opioid receptors, such as the mu- and kappa receptors, which has been demonstrated in cats).[22,23] Limited uses of butorphanol include anesthetic premedication and prior to minimally invasive procedures.

Pets with transdermal fentanyl patches may be easier for owners to manage, but the absorption of the drug is highly variable and may not reach analgesic levels. If the decision is made to send a cat home with transdermal fentanyl, the client should be educated about how to identify whether the cat is still in pain, such that the use of other opioids becomes necessary.[24]

Because vomiting increases intracranial and intraocular pressure in animals with an eye injury or intracranial mass, opioids such as morphine or hydromorphone should be avoided in these patients. Exercise caution with their use in animals that are obtunded and have an increased risk of aspiration (e.g., brachycephalics).

Nonpharmacological Intervention

Appropriate use of nonpharmacologic therapy as an adjunct to pharmacologic agents can enhance pain prevention, management, and treatment. These methods of pain control typically are used for chronic pain but may also be appropriate adjuncts to treatment of acute pain.

Many basic lifestyle changes can reduce pain. For example, controlled exercise and weight management are used to decrease joint stress and improve muscular support of the joints.[25,26] Although home care varies with the condition, even simple environmental accommodations can benefit the pet and prevent or reduce discomfort. These include easy access to litter boxes (no hood, ramp, or stairs and a low-entry side); soft bedding; raised food and water dishes; nonslip floor surfaces, especially in food and litter areas; baby gates to prevent access to stairs; modified access to outdoors, especially in hot or cold weather; and appropriate warm-up prior to exercise.[8] And lastly, positive, consistent interaction with the pet can improve the animal's demeanor.

Quality in-hospital care may include the use of soft padded bedding during illness or surgery to enhance comfort, warm water or air blankets to decrease pain and facilitate recovery from anesthesia, reduction of patient anxiety by minimizing the length of a hospital stay, and gentle and respectful patient handling. It is also beneficial to decrease visual and auditory stimulation and separate dogs and cats within the hospital setting. Shy or anxious cats should have a box or similar structure in their cage to provide a hiding place.

An array of medical approaches can be grouped under the umbrella of "complementary and alternative medicine." Use of some of these methods is controversial, in part because of the lack of scientific study and published evidence about them. Additional research is needed to elucidate both the benefits and uses of complementary and alternative medicine. Of all the complementary procedures used for pain management, acupuncture is most supported by evidence; its use in humans is endorsed by the National Institutes of Health.[27]

If alternative medical approaches are used, it is essential that the procedure or therapy be performed with the full and informed consent of the client and under applicable state laws. Where training or certification is available, the modality must be administered by individuals trained or certified in its use and limitations.[b] As with administration of pharmacologic agents, patients receiving alternative modalities should be periodically reassessed to determine the efficacy of treatment.

Nutrition is one of the most popular of "alternative" modalities. Nutraceuticals, such as glucosamine and chondroitin, may decrease joint inflammation and assist in cartilage repair, although a large meta-analysis conducted in human medicine indicated the need for further study.[28,29,30,31,32] There is evidence that omega-3 fatty acids decrease inflammation in cartilage of dogs with osteoarthritis, and dietary intervention can improve clinical signs in osteoarthritic dogs.[33,34,35] Chondroprotective agents such as polysulfated glycosaminoglycans have been demonstrated to modify the progression of osteoarthritis by maintaining chondrocyte viability via the inhibition of cartilage degradation pathways.[36,37] At this time, most of the research that has been conducted to assess the roles of nutraceuticals and chondroprotective agents has been conducted in dogs. However, there are anecdotal reports of improved function in cats receiving chondroprotective agents.

Rehabilitation therapy (i.e., the application of physical therapy techniques to animals) may be used to return a patient to normal function following surgery or trauma or as a part of a long-term strategy to manage pain. Rehabilitation includes techniques such as cryotherapy, heat therapy, massage, stretching, passive range-of-motion exercise, hydrotherapy, therapeutic exercise, use of dryland or underwater treadmill, and strength-building.

Additional therapies that fall under the rehabilitation umbrella include low-level laser, ultrasound, and transcutaneous electrical nerve stimulation (TENS). Some veterinary practices have incorporated these therapies on the basis of extrapolation from human medicine and anecdotal reports of their success. Currently there is insufficient published evidence of efficacy in dogs and cats to make specific recommendations about the use of these therapies.

Although chiropractic intervention occasionally has been used to treat chronic pain, chiropractic methods potentially can cause injury through the use of inappropriate technique or excessive force. Currently there are no clear standards for when chiropractic intervention should be applied or who is qualified to use chiropractic manipulations. Practitioners who have received formal training in animal chiropractic manipulation (typically 100–140 contact hours) report positive results in their patients experiencing chronic pain. There is currently insufficient published evidence of efficacy in dogs and cats to make specific recommendations about the use of chiropractic intervention.

Pharmaceutical and nonpharmaceutical intervention can be combined for pain management. For example, a cat with osteoarthritis is given both drug therapy and a reduced-calorie diet for weight loss. The cat also may benefit from acupuncture, massage, physical rehabilitation techniques, and care in handling. In the home, the pet's quality of life can be enhanced by such environmental modifications as soft bedding, ramps or steps that allow the cat to use its favorite places, nonslip floor surfaces, and food dishes raised to the height of the cat's elbow.

When Pain Persists: Referrals, Hospice, and Palliative Care

Due to the complex nature of many pain conditions, consultation or referral may be appropriate in some cases. Situations that warrant consultation or referral include a lack of anticipated response or an unsatisfactory response to treatments despite the use of multiple modalities. Patients may also be referred if their condition requires surgical intervention by a specialist or a procedure not provided by the primary practice, e.g., acupuncture, radiotherapy, or advanced

Table 5

Useful Internet Links

Name of Organization	Web Address	Type of Information Available
American Animal Hospital Association	www.aahanet.org	Pain management standards; analgesic position statement.
American Association of Feline Practitioners	www.catvets.com	Feline Behavior Guidelines, Appendix 1: behavioral assessment; feeding tips to prevent obesity in your cat; how to help your cat have pleasant veterinary visits; environmental enrichment enhances quality of life.
Center for Veterinary Medicine, Food and Drug Administration	www.fda.gov/cvm	Information about specific approved drugs.
Cornell University College of Veterinary Medicine, Feline Health Center	www.felinevideos.vet.cornell.edu	Giving your cat medication, other cat care.
International Academy of Veterinary Pain Management	www.cvmbs.colostate.edu/ivapm	Information for professionals and pet owners.
International Association for the Study of Pain	www.iasp-pain.org	Terminology, definitions.
United States Pharmacopoeia	www.usp.org	Drug information including modes of action and potential adverse effects.

diagnostic workups such as computed tomography (CT) or magnetic resonance imaging (MRI). Practitioners may want to seek consultation for diagnostic confirmation or help in fine-tuning pain management protocols and procedures. Referrals are also recommended for patients requiring more aggressive or complex pain management beyond the scope of most practices.

Many pet owners welcome the possibility of being able to provide hospice or palliative care for their pets when it is made available. Hospice is defined as "a system which provides compassionate comfort care to patients at the end of their lives and also supports their families in the bereavement process. Hospice care for terminally ill patients is characterized by recognition that the life expectancy is less than 6 months."[38,39]

Palliative care is defined as "the active total care of patients whose disease is not responsive to curative treatment. Control of pain is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families."[40] Palliative care maximizes the pet's quality of life while managing pain and discomfort. Providing palliative care treats the patient but not necessarily the disease. Examples of palliative care include palliative radiation (e.g., to decrease pain related to osteosarcoma), appropriate analgesics and other pharmacologic agents, and nutritional support (e.g., esophagostomy or gastrostomy tube).

With both hospice and palliative care, regular client communication is essential. Create client support systems within the practice, using the veterinary team to assist with client education and the most appropriate means of delivery of medications or treatment modalities at home.

It is important to create reasonable expectations for the client. Clients can be helped by the use of decision-making trees and explanations of probable outcomes and by being given choices. Euthanasia can be a gift to relieve pain and suffering and should be included as a reasonable and humane option at some point. A client may not apprehend the level of suffering the pet is experiencing or have any way to gauge quality of life. Quality-of-life indices are being developed to assist pet owners in making these kinds of difficult decisions.[41]

At the onset of an animal's terminal condition, it is beneficial to ask the client to remember what activities the pet enjoyed and have the client compare these to the pet's current status. This process helps to clarify the client's understanding of quality of life. When possible, these issues should be discussed with the client while the pet is still healthy, before the animal is ill or in pain.

Client and Staff Education

A team approach that involves the client, veterinary team, and patient reinforces the doctor–client–patient relationship and strengthens the human–animal bond. The veterinary team serves as the client's source of reliable information regarding identification and management of pain for the pet. The client plays an essential role in the ongoing assessment and success of treatment.

Education is an important component of a comprehensive veterinary practice. Both staff members and clients should be instructed on how to best handle both cats and dogs respectfully and the additional support and respect needed when animals are fearful. It is important to educate owners early in their experiences with their pets. At the first kitten or puppy visit, discuss handling, dental care, weight management, ovariohysterectomy and neuter procedures, semiannual wellness exams, and planned procedures such as ongoing dental prophylaxis, all of which can impact the future onset of pain.

Clients generally need help to recognize the subtle signs of pain and should be advised that methods for the alleviation of pain are available, effective, and generally safe. Even subtle changes in behavior are reasons to contact the veterinary clinic because these are the first signs of illness and pain.

If a pain management plan is required, the client should be given a copy of the plan as well as written, verbal, and hands-on instruction in how to administer medications. To reinforce verbal information about pain assessment, provide the client with handouts with general information about pain in pets as well as any side effects of medication. Owner compliance will be increased if the administration of the medication is tailored not only to the patient but also to the owner's abilities, with regard to both schedule and method of administration.

Many of the medications used for a variety of canine and feline conditions, including pain, are not approved for such use. For example, on the basis of its clinical performance, gabapentin is becoming more widely used to interrupt the cycle of chronic pain in arthritic dogs and cats, yet the drug is not approved by the Food and Drug Administration (FDA) for such use. Nonetheless, veterinarians should not avoid provision of pain management simply because approved drugs are not available. Legal experts advise that informed consent be obtained in these circumstances and that copies of the signed consent form be kept in the medical record. As treatments for alleviating pain continue to evolve, veterinarians can monitor the peer-reviewed literature, veterinary conferences, and appropriate associations for new information.

Team members who are involved in client interactions must be trained to effectively practice active listening. They should be willing and able to address clients' concerns and answer questions via periodic appointments, email, and/or phone support from the practice. Any discussions with clients about specific patients should be documented in the medical record. In shelters, ovariohysterectomy–neuter programs, and feral cat programs, educating veterinarians and staff members about pain management should be a part of the group's long-term strategy to raise the standard of care.

Education needs to address the various learning styles of clients and team members. Veterinarians, veterinary teams, and clients can find useful information from a variety of sources and in a variety of forms, including written, online (text and video), and video or audio recordings. Written and

audio sources include journals and veterinary conference proceedings. Other educational sources include commercial companies, information-sharing groups, and government agencies. Team training resources are available for use both in the veterinary practice and home setting.

Veterinarians should be prepared to direct their clients and staff to websites that provide accurate and current information. When possible, videos, CDs, and/or DVDs should be available in the hospital for either viewing on site or loan to pet owners. Industry and FDA-approved information about medications and their adverse effects is available from each drug manufacturer and at the Center for Veterinary Medicine website at www.fda.gov/cvm/default.html. Table 5 offers a list of useful websites and the kind of information they provide.

In addition to providing extensive information about pain management, the Internet is a resource for materials related to ancillary procedures. Veterinarians can download legal forms for informed consent and refusal of recommendation, client information forms, pain management handouts, discharge instructions, and instructions on administration of medications — all useful tools for implementing a successful pain management plan.[42,43,44,45,46]

Summary

Offering and providing adequate pain management enhances patient quality of life, improves the human–animal bond, encourages the team, and benefits the practice. For veterinarians who wish to improve their approach to pain management, the following strategies are a good place to start.

Use the pain management algorithm [Figure 1] to aid in pain identification, prevention, and management. Develop anesthetic protocols to include pain prevention, using appropriate agents at specific times. Involve and train the whole veterinary team in pain management protocols. Discuss common case examples. Develop and provide scoring and assessment tools. Teach team members to use open-ended questions during their history-taking with clients to maximize the team's understanding of each patient's situation.

Educate pet owners as described previously, starting when the animal is young. Develop written materials for client education. Begin developing the client's awareness of the importance of identifying and treating pain whenever it occurs.

The profession's understanding of pain management is evolving with new agents and techniques and the application of evidence-based medicine. The need to be open to these changes and challenges is essential. It is hoped that this document provides a framework to approaching and managing pain and to understanding the challenges that face the profession in the future.

Footnotes

[a] Declawing is a controversial procedure. However, if it is performed, the procedure should include effective multimodal pain therapy including opioids, an NSAID, and local analgesia, with individualized timing and assessment as described for all surgical patients.

[b] For example, the oldest certifying program in canine rehabilitation is located at the University of Tennessee, Knoxville (www.canineequinerehab.com).

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criteria which have not been met. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the rulemaking, by the Board, the General Assembly and the Governor of comments, recommendations or objections raised.

Public Comment

Interested persons are invited to submit written comments, suggestions or objections regarding this proposed rulemaking to Regulatory Unit Counsel, Department of State, P. O. Box 2649, Harrisburg, PA 17105-2649, or st-physical@state.pa.us, within 30 days following publication of this proposed rulemaking in the *Pennsylvania Bulletin*. Reference No. 16A-6513 (continuing education providers), when submitting comments.

JAMES L. CLAHANE, PT,
Chairperson

Fiscal Note: 16A-6513. No fiscal impact; (8) recommends adoption.

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 40. STATE BOARD OF PHYSICAL THERAPY

Subchapter A. PHYSICAL THERAPISTS

PRACTICE WITHOUT PHYSICIAN REFERRAL

§ 40.63. Continuing education.

* * * * *

(d) *Approved* **[*sponsors; acceptable*]** *courses and programs.*

(1) Courses and programs **[provided by Board-approved sponsors] approved by the Board** will be accepted as satisfying the continuing education requirement. It is the responsibility of the certificateholder to ascertain the approval status of the **[sponsor] course** before undertaking a continuing education activity.

* * * * *

(3) Sponsors of physical therapy continuing education seeking Board approval **of individual courses** shall submit an application **at least 60 days prior to the date the continuing education course is due to take place,** on forms provided by the Board and pay the required fee. The applicant will be notified of approval or disapproval in writing. Notifications of disapproval will set forth reasons. The Board will not approve a **[sponsor] course** unless **[it] the sponsor**:

* * * * *

(5) A sponsor seeking approval who is unable to submit the application at least 60 days prior to the date the course is given, may request a waiver in writing setting forth the reasons why the 60-day requirement could not be met.

(6) Approval of a course will be valid for 1 year after approval. In the event that the sponsor is scheduling multiple courses, the sponsor shall indicate on the application each date the course is to be given.

* * * * *

(h) *Preapproved sponsors.* In addition to sponsors whose specific courses and programs are approved, the Board finds the following entities have currently met the standards for approved courses and programs. Accordingly, courses that otherwise meet all requirements for required continuing education are approved when offered by the following sponsors:

(1) The American Physical Therapy Association (APTA) and its components.

(2) The Federation of State Boards of Physical Therapy (FSBPT) and its jurisdictions.

(3) Graduate education programs accredited by The Commission on Accreditation in Physical Therapy Education (CAPTE).

(4) Postentry level doctorate of physical therapy programs in an academic institution accredited by a regional accrediting organization recognized by the Council of Regional Accrediting Commissions on behalf of the Council for Higher Education Accreditation.

[Pa.B. Doc. No. 09-1720. Filed for public inspection September 18, 2009, 9:00 a.m.]

STATE BOARD OF VETERINARY MEDICINE

[49 PA. CODE CH. 31]
Biennial Renewal Fees

The State Board of Veterinary Medicine (Board) proposes to amend § 31.41 (relating to fees) as set forth in Annex A. The proposed rulemaking would provide for an incremental increase to the biennial license renewal fee for veterinarians and veterinary technicians over the upcoming five biennial renewal cycles.

Effective Date

The amendment will be effective upon publication of the final-form rulemaking in the *Pennsylvania Bulletin*. The increased fees would be effective for the renewal period beginning December 1, 2010.

Statutory Authority

Section 13(b) of the Veterinary Medicine Practice Act (act) (63 P. S. § 485.13(b)) requires the Board to increase fees by regulation to meet or exceed projected expenditures if the revenues raised by fees, fines and civil penalties are not sufficient to meet Board expenditures. In recent years, while considering biennial renewal fee proposals from a variety of boards within the Bureau of Professional and Occupational Affairs, the House Professional Licensure Committee has suggested that the licensing boards set fee increases that are incremental over more than one biennial period. By this proposal, the Board would implement this suggestion. In addition to providing smaller increases for licensees, licensees benefit because the cost of promulgating biennial renewal fee regulations is saved.

Background and Purpose

The Board's current biennial license renewal fees for veterinarians and veterinary technicians were established in 2006. See 36 Pa.B. 4608 (August 19, 2006). At the time

the fee was established, it was anticipated that the new fee would enable the Board to balance its revenues and expenses for at least two biennial periods. Under section 13(b) of the act, the Board is required to support its operations from the revenue it generates from fees, fines and civil penalties. In addition, the act provides that the Board must increase fees if the revenue raised by fees, fines and civil penalties is not sufficient to meet expenditures over a 2-year period. The Board raises virtually all of its revenue through biennial renewal fees.

At Board meetings in December 2007, and May 2008, the Department of State's Bureau of Finance and Operations (BFO) presented a summary of the Board's revenue and expenses. BFO projected a deficit of $105,254.45 in Fiscal Year (FY) 2007-2008, a deficit of $153,361.88 in FY year 2009-2010, a deficit of $374,361.88 in FY 2011-2012 and a deficit of $748,361.88 in FY 2013-2014. According to the information presented, it would appear that BFO's 2005 projections were insufficient. The major reason for the deficits is that the number of complaints against veterinarians, particularly allegations of negligence or malpractice which require substantial resources to investigate, review and prosecute, have increased. As a result of the projected deficits, BFO again recommended that the Board raise fees to meet or exceed projected expenditures, in compliance with section 13(b) of the act.

BFO recommended increasing the renewal fee for veterinarians to $450 and increasing the renewal fee for veterinary technicians to $115. Upon consideration of the HPLC's recommendation that the Board adopt an incremental increase rather than sporadic, large increases, the Board determined that it would accept the HPLC's recommendation such that a figure close to BFO's recommendation would be achieved over three biennial renewal periods rather than immediately. The Board's proposal would create the following fee schedule over the next 10 years:

	Veterinarians	*Veterinary Technicians*
Current	$ 300	$ 75
November 2010	$ 360	$ 90
November 2012	$ 400	$ 100
November 2014	$ 440	$ 110
November 2016	$ 490	$ 120
November 2018	$ 540	$ 130
November 2020	$ 590	$ 140

In spite of the proposed increases, the Board's new fees will be less than some surrounding states, but will be higher than other surrounding states. The Board is not aware of any other state that has adopted an incremental fee schedule.

Description of Proposed Amendments

Based upon the expense and revenue estimates provided to the Board, the Board proposes to amend § 31.41 to increase the fee for biennial renewal of licenses for veterinarians from $300 to $360 for the first biennial period following promulgation of the regulation, and in accordance with the schedule previously listed, over the next five biennial periods. This incremental increase should be less burdensome on the Board's licensees while allowing the Board to meet its statutory obligations.

Fiscal Impact

The proposed rulemaking will increase the biennial renewal fee for veterinarians and veterinary technicians. The proposed rulemaking should have no other fiscal impact on the private sector, the general public or political subdivisions.

Paperwork Requirements

The proposed rulemaking will require the Board to alter some of its forms to reflect the new biennial renewal fees: however, the proposed rulemaking should not create additional paperwork for the private sector.

Sunset Date

The act requires that the Board monitor its revenue and cost on a FY and biennial basis. Therefore, no sunset date has been assigned.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P. S. § 745.5(a)), on September 2, 2009, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis form to the Independent Regulatory Review Commission (IRRC) and to the Senate Consumer Professional Licensure Committee and the House Professional Licensure Committee. A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. Comments, recommendations or objections shall specify the regulatory review criteria which have not been met. The Regulatory Review Act specifies detailed procedures for review, prior to final-form publication of the rulemaking, by the Board, the General Assembly, and the Governor of comments, recommendations or objections raised.

Public Comment

Interested persons are invited to submit written comments, suggestions or objections regarding this proposed rulemaking to Michelle Roberts, Administrative Assistant, State Board of Veterinary Medicine, P. O. Box 2649, Harrisburg, PA 17105-2649, within 30 days of publication of this proposed rulemaking in the *Pennsylvania Bulletin*. Reference No. 16A-5723, Biennial Renewal Fees, when submitting comments.

THOMAS J. MCGRATH, D.V.M.,
Chairperson

Fiscal Note: 16A-5723. No fiscal impact; (8) recommends adoption.

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 31. STATE BOARD OF VETERINARY MEDICINE

FEES

§ 31.41. Schedule of fees.

An applicant for a license, certificate or service shall submit a payment at the time of the request under the following fee schedule:

[*Veterinarians*] *Veterinarian fees for services*:

* * * * *

[Biennial renewal.....$300]

* * * * *

Veterinarian biennial renewal:

Biennial renewal fee for biennial period December 1, 2010—November 30, 2012..... $360

Biennial renewal fee for biennial period December 1, 2012—November 30, 2014..... $400

Biennial renewal fee for biennial period December 1, 2014—November 30, 2016..... $440

Biennial renewal fee for biennial period December 1, 2016—November 30, 2018..... $490

Biennial renewal fee for biennial period December 1, 2018—November 30, 2020..... $540

Biennial renewal fee for biennial period December 1, 2020—November 30, 2022..... $590

* * * * *

Veterinary **[** ***technicians*** **]** ***techincian fees for services***:

* * * * *

[Biennial renewal.....$75]

* * * * *

Veterinary technician biennial renewal:

Biennial renewal fee for biennial period December 1, 2010—November 30, 2012..... $90

Biennial renewal fee for biennial period December 1, 2012—November 30, 2014..... $100

Biennial renewal fee for biennial period December 1, 2014—November 30, 2016..... $110

Biennial renewal fee for biennial period December 1, 2016—November 30, 2018..... $120

Biennial renewal fee for biennial period December 1, 2018—November 30, 2020..... $130

Biennial renewal fee for biennial period December 1, 2020—November 30, 2022..... $140

[Pa.B. Doc. No. 09-1721. Filed for public inspection September 18, 2009, 9:00 a.m.]

[49 PA. CODE CH. 31]
Responsibility to Clients and Patients

The State Board of Veterinary Medicine (Board) proposes to amend § 31.21, Principle 7 (relating to rules of professional conduct for veterinarians, responsibility to clients and patients) to read as set forth in Annex A. The amendment would specify two exceptions to the existing rule that veterinarians may choose whom they will serve. First, the proposal would require a veterinarian to provide humane euthanasia to relieve the suffering of an animal physically presented to the veterinarian's facility during the veterinarian's business hours. Second, the proposal would require a veterinarian to provide notice and a reasonable time to secure alternative services if a veterinarian decides to discontinue treatment of an animal.

In addition, the proposal would clarify an existing provision related to protecting the personal privacy of clients. The proposal would also specifically require veterinarians to practice in accordance with current advancements in veterinary medicine and acceptable and prevailing standards of care, including work with respect to drugs used by a veterinarian. Finally, the proposal would specifically require veterinarians to utilize analgesic drugs and therapies in accordance with current veterinary medical knowledge and acceptable and prevailing standards of care.

Effective Date

The amendment will be effective upon publication of the final-form rulemaking in the *Pennsylvania Bulletin*.

Statutory Authority

Section 21(11) of the Veterinary Medicine Practice Act (act) (63 P. S. § 485.21(11)) provides that the Board "shall suspend or revoke" a licensee or certificateholder who "depart[s] from or fail[s] to conform to the standards of acceptable and prevailing veterinary medical practice." The Board's proposed subsections (d) and (f) are consistent with this provision.

Section 21(12) of the act provides that the Board "shall suspend or revoke" a licensee or certificateholder who is found guilty of "[e]ngaging in practices in connection with the practice of veterinary medicine which are in violation of the standards of professional conduct as defined herein or prescribed by the rules of the board." Section 5(2) of the act (63 P. S. § 485.5(2)) authorizes the Board to "[a]dopt rules and regulations of professional conduct appropriate to establish and maintain a high standard of integrity, skills and practice in the profession of veterinary medicine." The Board's proposed amendment of subsections (a)—(c) and (e) update the Board's rules of professional conduct and set forth standards to maintain high standards of integrity, skills and practice in the profession.

Background and Need for Amendments

The Board published an earlier draft of this rulemaking as proposed rulemaking at 37 Pa.B. 1038 (March 3, 2007). The Board received comments from individual veterinarians and the Pennsylvania Veterinary Medical Association (PVMA). Both the House Professional Licensure Committee (HPLC) and the Independent Regulatory Review Commission (IRRC) provided comments as part of their review of the proposed rulemaking. The Board's original proposal related to the refusal to provide emergency services. Based on the extensive comments received by the Board, in writing and at a public hearing held on March 20, 2008, the Board made extensive revisions to the proposal. Due to the extent of the revisions, the Board determined it should republish as proposed rulemaking.

The act was amended in December 2002; in part, the amendments defined "veterinarian-client-patient relationship." See 63 P. S. § 485.3. Based on this statutory amendment, the Board proposes to rename Principle 7 "Responsibility to clients and patients."

The amendment is needed to conform the Board's regulatory mandates with current expectations for professional practice.

Description of Proposed Amendments

The Board proposes to add exceptions to the general rule that veterinarians may choose whom they will serve, to account for circumstances in which a veterinarian is presented with an animal in grave condition that is physically presented to the veterinarian during the veterinarian's regular business hours. The proposed amendment provides that a veterinarian may not refuse to provide humane euthanasia to relieve the suffering of an animal. The proposed amendment requires a veterinarian

to make a reasonable attempt to identify and contact the owner of such an animal and permits the veterinarian to proceed without client consent if the owner cannot be identified or contacted. This provision would also allow a veterinarian to euthanize an animal brought to the veterinary facility in a life-threatening condition without the owner's consent if, in the veterinarian's professional judgment, euthanasia is the only appropriate option.

When the rulemaking was previously proposed, IRRC asked if this provision would have a disproportionate impact on farm animal veterinarians. The Board does not believe that the provision will have a significant effect on farm animal practitioners because it is unlikely that an owner would be able to load a cow that is in a grave condition into a trailer to transport it to a veterinary facility so that it can be physically presented to the veterinarian during regular business hours.

Second, the proposed amendment would permit a veterinarian to discontinue treatment of an animal after giving notice to the client of the veterinarian's intention to withdraw and after providing the client with reasonable time to secure alternative treatment. The proposal specifies that a reasonable time is based on the condition of the animal and the availability of alternative services. This provision protects the public by ensuring that the public will have a reasonable time to find another veterinarian.

The Board proposes to delete the second sentence of subsection (b) as redundant.

The Board's current provision in subsection (c) requires veterinarians to "protect the personal privacy of clients." This provision has caused confusion among licensees. Therefore, the Board proposes to expand subsection (c) to provide guidance on the provision.

The Board proposes to delete the current text of subsections (d) and (e), which the Board believes is self-evident and does not need to be set forth in regulation.

The Board proposes an amendment to what is currently subsection (e), but will become subsection (d). An individual approached the Board with the suggestion that the Board require veterinarians to provide a "client information sheet" whenever the veterinarian dispenses nonsteroidal anti-inflammatory drugs (NSAIDs). Virtually any drug may cause an adverse reaction. In addition, some drugs and other treatment options are not indicated for use in animals with certain health problems or animals receiving certain other drug therapies. The Board believes that its regulations should provide broad protection to the public in relation to veterinary medical diagnosis and treatment rather than focusing on one narrow class of drugs. The Board finds that public protection will be advanced by requiring veterinarians to inform clients of the benefits, risks and side effects of all recommended treatments, from surgeries to drug therapies, and to document client consent to or rejection of treatment in the animal's veterinary medical record. The latter requirement was promulgated as part of the Board's regulation related to recordkeeping. See, 49 Pa. Code § 31.22(4), published at 37 Pa.B. 3240 (July 14, 2007).

The Board proposes to expand this provision by requiring client signature for euthanasia and other treatments that have significant risks. The signature would not be required prior to performing the treatment, because the client is not always physically present. In such a case, the client may give oral consent, and the veterinarian may subsequently obtain the client's signature.

The former Chairperson of the Department of Agriculture's Animal Health and Diagnostic Commission, Dr. Paul Kneply, submitted comments to the Board on its draft rulemaking. The comments inquired about the implications of proposed subsection (f) for "normal farming activities and practices used in production animal medicine, such as castration and dehorning." Dr. Kneply noted, "A veterinarian may not normally administer anesthesia for these practices," and asked whether the proposed language would "prohibit 'normal animal agricultural practices' without anesthesia and pain medication." The Board is aware that the acceptable and prevailing standard of veterinary medical practice in producing animal medicine does not always include the administration of anesthesia or analgesia for the performance of procedures that, if performed on a companion animal, would require the administration of anesthesia or analgesia, or both. For this reason, the Board amended the draft language of subsection (f) to include language that the expectation of analgesia is consistent with the acceptable and prevailing standards of veterinary medical practice.

Finally, the Board proposes to add to subsection (g) the requirement that the veterinary medical record of an animal be provided to another veterinarian within a reasonable time. The Board declined to propose a specific time because, in many cases, all that is required is a one-page document, for example, of blood test results. In such cases, the document should be faxed upon request. Other requests for records may take longer. In any event, it would not be reasonable to take longer than the 72 hours permitted under the Board's regulations for responding to a request for records from a client.

Compliance with Executive Order 1996-1

In accordance with Executive Order 1996-1 (February 6, 1996), in drafting and promulgating the proposed amendment, the Board sent the text of the draft proposed amendment to interested parties, including State and regional veterinary medical associations and considered the comments made by these interested parties.

Fiscal Impact and Paperwork Requirements

The proposed amendment should not have any financial impact on licensees, the Board or any other State entity. The proposed amendment will have no fiscal impact on the public. There are no additional paperwork requirements associated with the rulemaking.

Sunset Date

The Board continuously monitors its regulations. Therefore, no sunset date has been assigned.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P. S. § 745.5(a)), on September 2, 2009, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to IRRC and to the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC), and the House Professional Licensure Committee (HPLC). A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections must specify the regulatory review criteria that have not been met. The Regulatory Review Act specifies detailed procedures for review of comments, recommendations and objections by the Board,

the General Assembly, and the Governor, prior to final publication of the rulemaking.

Public Comment

Interested persons are invited to submit written comments, recommendations or objections regarding this proposed rulemaking to Michelle Roberts, Board Administrator, State Board of Veterinary Medicine, P. O. Box 2649, Harrisburg, PA, 17105-2649, www.dos.state.pa.us/vet within 30 days following publication of this proposed rulemaking in the *Pennsylvania Bulletin*.

THOMAS J. MCGRATH, D.V.M.,
Chairperson

Fiscal Note: 16A-5722. No fiscal impact; (8) recommends adoption.

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 31. STATE BOARD OF VETERINARY MEDICINE

PROFESSIONAL CONDUCT

§ 31.21. Rules of Professional Conduct for Veterinarians.

* * * * *

Principle 7. **[Veterinarian/client/relationships] Responsibility to clients and patients.**

(a) **[Veterinarians] Except as provided in this subsection, veterinarians** may choose whom they will serve**[. Once they have undertaken the care of an animal, however, they may not neglect the animal], but may not neglect an animal with which the veterinarian has an established veterinarian/client/patient relationship.**

(1) During a veterinarian's regular business hours, a veterinarian may not refuse to provide humane euthanasia to relieve the suffering of an animal that is physically presented to the veterinarian at the veterinarian's facility. A veterinarian may provide humane euthanasia for an animal under this paragraph without a veterinarian/client/patient relationship. If the owner is unknown, the veterinarian shall make a reasonable attempt to determine the identity of the animal's owner. If the owner is known or identified, the veterinarian shall make a reasonable attempt to contact the owner and obtain consent to euthanasia or treatment. If the owner cannot be identified or cannot be contacted, the veterinarian shall exercise proper veterinary medical judgment to determine whether to provide humane euthanasia or other veterinary medical care to the animal.

(2) 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 his intention to withdraw and provide reasonable time to allow the client to obtain necessary veterinary care for the animal. A veterinarian shall exercise proper veterinary medical judgment by determining the length of time that is reasonable based on the condition of the animal and the availability of alternative veterinary medical services.

(b) **[In their relations with clients, veterinarians should] Veterinarians shall** consider first the welfare of the animal for the purpose of relieving suffering and disability while causing a minimum of pain or fright. **[Benefit to the animal should transcend personal advantage or monetary gain in decisions concerning therapy.]**

(c) Veterinarians and their staffs shall protect the personal privacy of clients, unless the veterinarians are required by law to reveal the confidences or it becomes necessary to reveal the confidences to protect the health and welfare of an individual, the animal or others whose health and welfare may be endangered. **Personal information that should be protected under this section includes a client's Social Security number and sensitive financial information and confidential health information about the client. Veterinary medical records of a client's animals shall be released to the Board or its agents upon demand, as set forth in section 27.1(b)(1) of the act (63 P. S. § 485.27a(b)(1)). Any portion of a veterinary medical record relevant to public health shall be released to public health or law enforcement officials upon demand. Veterinary medical records shall be released to the general public only with the written consent of the client, subpoena or court order.**

(d) **[Veterinarians shall be fully responsible for their actions with respect to an animal from the time they accept the case until the animal is released from their care.**

(e) In the choice of drugs, biologics or other treatments, veterinarians should use their professional judgment in the interests of the animal, based upon their knowledge of the condition, the probable effects of the treatment and the available scientific evidence that may affect these decisions.] Veterinarians shall practice in accordance with current advancements and acceptable and prevailing standards of care in veterinary medicine, including using current proven techniques, drugs and scientific research that may affect treatment decisions. Veterinarians shall practice in accordance with advancements and acceptable and prevailing standards of care related to the pharmacologic properties, indications and contraindications of drugs and biologics.

(e) Veterinarians shall explain the benefits and significant potential risks of treatment options to clients. Veterinarians shall document, by client signature, the client's consent for euthanasia and other treatments that have significant potential risks. If the client is not present to provide a signature, veterinarians shall obtain oral consent and subsequently obtain the client's signature.

(f) Veterinarians shall serve as patient advocates especially regarding the alleviation of pain and suffering, consistent with the acceptable and prevailing standards of veterinary medical practice. Veterinarians shall utilize analgesic drugs, dosages, treatment intervals and combination therapies proven to be safe and effective in different species and in various conditions of age, illness or injury in

accordance with current veterinary medical knowledge and acceptable and prevailing standards of care.

[(f)] **(g)** If a client desires to consult with another veterinarian about the same case, the first veterinarian shall readily withdraw from the case, indicating the circumstances on the veterinary medical record of the animal, and shall forward copies of the animal's veterinary medical records **in a reasonable period of time** to other veterinarians who request them.

[(g)] **(h)** If a client requests referral to another veterinarian or veterinary hospital, the attending veterinarian shall honor the request and facilitate the necessary arrangements, which shall include forwarding copies of the veterinary medical records of the animal to the other veterinarian or veterinary hospital.

* * * * *

[Pa.B. Doc. No. 09-1722. Filed for public inspection September 18, 2009, 9:00 a.m.]

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF VETERINARY MEDICINE
Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 783-7134

April 19, 2010

The Honorable Arthur Coccodrilli, Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Final Regulation
State Board of Veterinary Medicine
16A-5722: Responsibility to Clients and Patients

Dear Chairman Coccodrilli:

Enclosed is a copy of a final rulemaking package of the State Board of Veterinary Medicine pertaining to Responsibility to Clients and Patients.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

Robin J. Bernstein, Esquire, Chairperson
State Board of Veterinary Medicine

RJB/TL:rs
Enclosure
cc: Basil L. Merenda, Commissioner
Bureau of Professional and Occupational Affairs
Steven V. Turner, Chief Counsel
Department of State
Joyce McKeever, Deputy Chief Counsel
Department of State
Cynthia Montgomery, Regulatory Counsel & Senior Counsel in Charge
Department of State
Teresa Lazo, Counsel
State Board of Veterinary Medicine
State Board of Veterinary Medicine

TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE REGULATORY REVIEW ACT

I.D. NUMBER:	16A-5722
SUBJECT:	RESPONSIBILITY TO CLIENTS AND PATIENTS
AGENCY:	DEPARTMENT OF STATE STATE BOARD OF VETERINARY MEDICINE

TYPE OF REGULATION

Proposed Regulation

X Final Regulation

Final Regulation with Notice of Proposed Rulemaking Omitted

120-day Emergency Certification of the Attorney General

120-day Emergency Certification of the Governor

Delivery of Tolled Regulation
a. With Revisions b. Without Revisions

RECEIVED
APR 19 2010
9:55 AM
INDEPENDENT REGULATORY REVIEW COMMISSION

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
4/19/2010	Elaine J Nichols	HOUSE COMMITTEE ON PROFESSIONAL LICENSURE
		MAJORITY CHAIRMAN Michael P. McGeehan
4/19/10	Mary Walmer	SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE
		MAJORITY CHAIRMAN Robert M. Tomlinson
4/19/10	K Cooper	INDEPENDENT REGULATORY REVIEW COMMISSION
		ATTORNEY GENERAL (for Final Omitted only)
		LEGISLATIVE REFERENCE BUREAU (for Proposed only)

April 9, 2010