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Tom Garg, VMD
Animal Critical Care and Specialty Group
Veterinary Referral Center
340 Lancaster Ave.
Malvern, PA 19355



Monday, September 21, 2009

Michelle Roberts, Board Administrator
State Board of Veterinary Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

Re: Proposed Regulation #16A-5722 (IRRC #2787): "Responsibility to Clients and Patients"

Dear Ms. Roberts,

I practice as an emergency veterinarian in a very busy specialty practice. I would like to thank the board for their efforts in revising the standards for emergency care. The newly proposed standards are very reasonable.

I have concerns about the following section of the regulations and the effect that they will have on our practice.

"(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."

My concerns relate to the need to 'subsequently obtain the client's signature' when oral consent is obtained. What is the value of obtaining a signature indicating that a client gives consent to a treatment or procedure once that treatment or procedure has been completed? I have two specific concerns regarding this requirement.

1) Emergency veterinarians often obtain consent for euthanasia over the phone. Given the nature of emergency practice, that phone call is often our last contact with the client. Sending them a form to sign after the fact could come across and inappropriate or insensitive on our part. Our current practice is to have the client provide verbal consent to two separate people. I do not know how we could tactfully require them to sign something after the fact. What would we do if the client refused to sign the form after the fact or if they simply failed to return to form?

2) In emergency / critical care practice, we are continually re-evaluating our patients. In critically ill animals, we may end up discussing and revising our treatment plan several times during the course of a day. Many of the things that we routinely do could be considered to have 'significant potential risks.' This could include the administration of products like human albumin, off label use of medication, or performing common but risky procedures. In these situations, the client is rarely present. It is not feasible to obtain a written consent each time the plan is revised. Asking the client to sign a broad consent form ahead of time would not be obtaining truly informed consent. Requiring them to sign a consent form after the fact could be very awkward, especially in cases where the patient does not survive. It could easily be misinterpreted as an attempt to protect ourselves from complaints.

Thank you for taking these concerns under consideration.

Kind Regards,

Tom Garg, VMD

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