



THE COLLEGE OF
VETERINARIANS
OF ONTARIO

UPDATE

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(Back row, from left): Mr. James Williams, Dr. Grant Maxie, Dr. Tim Arthur (Front row, from left): Dr. Sheila Etue, Dr. Lois Valli

The College welcomes five new council members: **Drs. Tim Arthur, Sheila Etue, Grant Maxie, Lois Valli and Mr. James Williams.**

Dr. Tim Arthur is from Toronto, Ontario representing constituency #10. He is a small animal practitioner and is the owner of the Coxwell Animal Clinic.

Dr. Sheila Etue is from London, Ontario representing constituency #1. She practices as a diagnostic imaging referral veterinarian.

Dr. Grant Maxie is from Guelph, Ontario representing constituency #4. He is the Manager of the Animal Health Laboratory at the University of Guelph.

Dr. Lois Valli is from Guelph, Ontario representing constituency #6. She works for a pharmaceutical company managing the technical services team.

Mr. James Williams is from Little Lake, Ontario. He will serve as a public member with the CVO.

Welcome aboard!

Past President's Message

Reflections of your past president...



Melody Mason, DVM

"The only way to make sense out of change is to plunge into it, move with it, and join the dance."

Alan Watts

My year as President of CVO has gone by very quickly, in part due to the whirlwind of issues which has swept us into "the dance"! CVO council, committees and staff have made my position manageable and, at times, downright fun.

Progress Report on Strategic Plan

We have all worked very hard to put a new Strategic Plan in place which will guide us into the future. Our **Vision** is "Complete public trust through professional excellence." The **Mission**, which defines what will be done to fulfill the Vision, is "To protect the public by regulating and enhancing the veterinary profession in Ontario." Our **Core Values**, the principles by which we live, are "Integrity, Equity, Transparency & Responsiveness."

The **Key Result Areas** are "Government Relations, Quality Assurance and Public and Member Communication and Education." This is where we have focused our greatest energy, and using the

Indicators of Progress/Success we've been able to monitor our progress.

Key results achieved under the *Government Relations*, have included meeting with Minister Steve Peters of the Ontario Ministry of Agriculture and Food. This meeting resulted in a conduit for regular contact with his office, and access to a network of people that CVO can consult with as needed. Out of this, we have also arranged for an OMAF representative to attend our council meetings on a regular basis. This has facilitated a more efficient and timely transfer of information. We were also very pleased when Cabinet approved our recommended changes to the regulations under the *Veterinarians Act*.

The second key result area in our Strategic Plan is *Quality Assurance*, and we have entered an exciting new era led by a new Quality Assurance director who brings a wealth of knowledge and experience to CVO.

Last, but definitely not least, is *Public and Member Communication and Education*. Everyone who is directly involved with CVO understands the benefits of self-regulation, and we all strive to carry that message to our membership. A number of *Open Exchanges* have been held, where staff traveled outside of the office to meet and discuss issues of concern with various member groups. Staff and councillors have also attended various regional meetings, conferences and continuing education sessions to discuss current issues that are important to members. By setting an example of professionalism and excellence we are constantly striving to inspire public confidence in the veterinary profession.

Reaching Out to Members

There have been many other exciting things happening this year. We continue to be thankful that we have the Professionals Health Program, which is run by the Ontario Medical Association, to

Past President's Message

assist our members in need. The Ontario Veterinary Medical Association and CVO have partnered with the OMA to bring this program to veterinarians in Ontario.

On another front, the Ontario Association of Veterinary Technicians is currently seeking self-regulated status, and we are working jointly with them as various options are explored.

Internally, we have worked through our **Board Governance** model, and continue to make improvements in the way our council and staff perform their duties. For example, we have a new approach to policy formulation that includes wide circulation of drafts for outside consultation and input. This has made the entire process more transparent, and the results are definitely more acceptable to all parties. Recent position statements passed by council include *Delegating to Auxiliaries in Food Animal & Equine Practice* and *Licensure of Veterinarians in Emergency Situations*.

Other topics affecting us all include compounding and off-label drug use, and antimicrobial resistance. These issues bring home the fact that we are all part of a larger picture.

There were numerous opportunities this year to meet with other veterinary leaders. I had the pleasure of discussing mutual issues of concern with colleagues at the: 2004 Veterinary Summit of Leaders, Summit of the Veterinary Profession at the CVMA Convention in Quebec City, and the 2004 CVMA Leadership Conference in Ottawa.

These events provide a valuable forum for the exchange of ideas and information.

In closing, I feel privileged to have served the public this past year, and I hope that, in some small way, my contribution to the image of the veterinary profession will assist the fulfillment of our **Vision**: "*Complete public trust through professional excellence.*"



The CVO presented certificates of recognition to the departing council representatives. They are (from left): Drs. Cheryl Yuill, Deji Odetoyinbo, Wendy Parker and Steve Stewart.



Mr. Gus Lagerquist

Gus Lagerquist Receives CVO Public Award

The CVO council is pleased to announce the 2004 recipient of the CVO Public Award, **Mr. Gus Lagerquist**. The CVO Public Award was established in 1999 to honour a non-veterinarian who has made a significant contribution to animal husbandry, animal care, and/or the veterinary profession in the course of his or her career.

Mr. Lagerquist, along with his son John, owns a company that is a distributor of products to the veterinary industry. The company was established in 1953 and Mr. Lagerquist remains active in it and attends many veterinary association meetings.

Mr. Lagerquist served in the Lorne Scots P.D.&H regiment for over 50 years and has now retired as Honourary Colonel of the regiment.

Gus has 3 children Jane, John and Mary. He also operates a farm in Caledon where he keeps a few Standardbred horses.

The CVO Public Award was presented to Mr. Lagerquist on November 24, 2004. Congratulations, Gus, on your deserved recognition.

Dr. Timothy Arthur - (Constituency #10)



Dr. Arthur graduated from the Ontario Veterinary College in 1982. He received his externship in Ophthalmology at the Angel Memorial Animal Hospital and Emergency Medicine at the University of Philadelphia. Tim worked at the McCleary Animal Hospital from 1982-1984 and at the Mississauga Emergency Clinic from 1984-1988. He has been practicing at the Coxwell Animal Clinic in Toronto since it was established in 1986.

Dr. Arthur is a member of the TAVM, and the OVMA. In his spare time, Tim enjoys wildlife medicine, flat and white water canoeing and wine appreciation.

Mr. James Williams - (Public Member)



Jim Williams has been appointed, by the lieutenant governor of Ontario, to serve on the Council of the College of Veterinarians of Ontario.

Jim graduated from the University of New Brunswick in 1961 with a B.Sc. degree. In 1970 he received his M.Ed. from the University of Toronto. In 1997 he retired from a 36-year career in education (31 years in Ontario) which included 17 years as a secondary school principal.

He is the current president of the Colborne Rotary Club, a current board member for the Northumberland United Way, a member of the board of the Colborne Seniors Centre, a member of the Northumberland Humane Society, and was a foster parent with the Children's Aid Society of Northumberland for over 11 years.

Jim resides at Little Lake in Cramahe Township with his wife, Adria.



CVO Representative's Report to Members

by *Wendy Parker, DVM*

The NEB has continued to oversee the NAVLE (North American Veterinary Licensing Exam) and CPE (Clinical Proficiency Exam) including scheduling, complaints and appeals. The committee chair, Dr. **Sylvie Latour** and the chief examiner for Canada, Dr. **Peter Fretz** do a remarkable job in representing Canada at the various American meetings.

Various appeals of CPE results were heard, decisions made and procedural improvements suggested where indicated.

At the NEB meeting in Quebec City in July, an information session was presented to provincial registrars, veterinary college Deans, examiners and other interested parties. Dr. Latour gave an extensive

overview of the history and duties of the NEB and a detailed account of examination procedures, problems (e.g., waiting lists for the CPE) and continued improvements both in questions and examiner training. Participants found the session extremely informative and helpful in solving regional problems and suggested that it be repeated annually.

Canada's participation in AVMA veterinary school accreditation teams is ongoing and exciting as more non-North American schools gain accreditation.

The National Examining Board could not function without the able leadership of Dr. Latour, the wisdom of Dr. Fretz and the administrative skills of Mr. **Max Hollins** (CVMA).

Council Meeting: September 29, 2004

- Reviewed, amended and passed the Budget for 2004-2005.
- Approved a possible amendment to by-law 33.(4)(b) that would increase the amount payable for travel by automobile to 40 cents per kilometre from the current 35 cents per kilometre. This will be presented to the membership for consideration at the Annual General Meeting to be held January 19, 2005.
- Approved an amendment to the *Minimum Standards for Veterinary Facilities in Ontario* that removes the requirement for a respiratory stimulant (*see page 13*).
- Approved an amendment to the *Minimum Standards for Veterinary Facilities in Ontario* that will require members who dispense Ketamine and/or targeted drugs to keep registers for those drugs (*see page 13*).
- Received a presentation on the co-ordination of Policy Development and directed staff to conduct a review and revision of the Council Policy Manual.
- Welcomed representatives of the Ontario Cattlemen's Association who put forward a request to amend the Position Statement on Delegating to Auxiliaries in Food Animal and Equine Practice. Council declined the request for amendment at this time.
- Approved, in principle, draft guidelines on Medical Records and directed staff to circulate the draft to stakeholders and interested parties for consultation.
- Approved the development of guidelines and standards for euthanasia.
- Approved the development of guidelines for termination of the veterinarian/client/patient relationship.
- Approved the development of guidelines for effective communication.
- Approved the development of a position statement on animal physiotherapy.
- Decided that the recipient of the 2004 CVO Public Award would be Mr. **Gus Lagerquist**.
- Approved, in principle, the College's continued collaboration with the Ministry of Training, Colleges and Universities to develop a Bridging Program (Access to the Profession by Foreign Trained Graduates).
- Appointed Dr. **Ann M. West** to serve on the Accreditation Committee.
- Approved the nomination of three councillors, Dr. **Arie Vreugdenhil**, Dr. **Ed Doering**, and Dr. **Melody Mason** for possible appointment to the Livestock Medicines Advisory Committee. Directed that Dr. **Phil Garriock** be thanked for representing the College on this committee over the past three years.
- Appointed Dr. **Mark Gemmill** and Dr. **Peter Villhauer** to serve as Deputy Returning Officers for the elections in Constituencies #1 and #10, on October 5, 2004.
- Conducted a Performance Appraisal of the Registrar.
- Directed that legal advice be sought regarding a possible amendment to by-law 3.(3) that would permit a member employed part-time by the University of Guelph to be eligible to stand for election to Council.
- Received reports from the Statutory Committees, the President and the Registrar.
- Received an update from Ms. **Gwen McBride**, Director, Livestock Technology, as part of the regular CVO/OMAF liaison initiative.
- Received a report from Ms. **Susan Winter**, the CVO's Director of Quality Assurance.

Complaints Case

GDV at an Emergency Clinic

The Complaints Committee reviews many cases involving the provision of out of hours emergency care, and one of the most common reasons for emergency presentation is gastric dilatation/volvulus (GDV). The following case is a composite of several cases involving GDV recently before the Committee.

One night, Mr. Owner noted that his five-year-old Great Dane, Rocky, appeared bloated. He contacted his regular veterinary facility, and was directed to the ABC Emergency Clinic.

Dr. X examined Rocky and noted that he was ambulatory but had a distended, painful abdomen and pale mucous membranes. She informed Mr. Owner that Rocky was in “stable but critical condition.” She obtained Mr. Owner’s consent for immediate radiographs, which confirmed GDV. While awaiting the x-ray results, Dr. X trocarized Rocky and removed some gas. Dr. X subsequently informed Mr. Owner of the diagnosis, and that Rocky required immediate intravenous fluid therapy, attempts to pass a stomach tube and likely surgery. When queried about prognosis, Dr. X told Mr. Owner that she has an “80% success rate with these cases.” Mr. Owner signed an estimate and authorization consenting to treatment.

Intravenous fluids were initiated, and unsuccessful attempts were made to pass a stomach tube. Rocky was subsequently taken to surgery. A splenectomy was

performed, and the stomach emptied, lavaged, repositioned and a gastropexy performed. Rocky remained stable through the procedure, which lasted approximately two hours. Unfortunately, he passed away about three hours postoperatively.

Mr. Owner subsequently complained to the College, alleging that improper handling of Rocky’s case led to his death. In particular:

Dr. X ordered x-rays, an unnecessary diagnostic procedure that prolonged treatment and therefore worsened Rocky’s condition.

Rocky was not taken to surgery until almost two hours following presentation. The delay in getting Rocky to surgery contributed to his death.

Dr. X provided an inaccurate prognosis.

In its investigation of this case, the Committee reviewed the written submissions of Mr. Owner and Dr. X, and the medical records of the ABC Emergency Clinic.

The Committee considered Mr. Owner’s first allegation that the abdominal radiographs of Rocky were an “unnecessary diagnostic procedure” which prolonged his treatment and worsened his condition. Mr. Owner stated that the x-rays took “a full 15 minutes.” Dr. X submitted that “there are several diagnoses for a patient that presents with acute abdomen;

therefore, radiographs are essential for proper diagnosis and treatment” and that “veterinary literature recommends the use of a right abdominal radiograph for absolute diagnosis of GDV.” Dr. X also stated she believed Rocky’s condition would not be compromised by taking an abdominal radiograph, and she closely monitored Rocky through the procedure and trocarized him twice while awaiting x-ray results. Rocky was able to walk on his own to the x-ray area and walk back to his owner. Dr. X’s submission included a corroborative statement from the registered veterinary technician in attendance.

The Committee considered that radiography is necessary to differentiate between simple gastric dilatation, and gastric dilatation with volvulus, and that a lateral view of the abdomen with the animal in right lateral recumbency is the radiographic evaluation of choice. This information is key in order to determine whether or not the patient is a surgical candidate and in a busy emergency practice, such information is vital to the effective triage of patients. Moreover, there are other conditions that can appear clinically similar to GDV, such as small intestinal volvulus.

The Committee concluded that Dr. X’s medical judgment in electing to perform an abdominal radiograph was reasonable, and there was insufficient evidence to support the allegation that the radiograph was unnecessary or “unduly prolonged

Complaints Case

Rocky's treatment and worsened his condition." It was uncontested that the time taken for the x-ray procedure was about 15 minutes, and there is evidence supportive that Dr. X made efforts to relieve Rocky's distention and closely monitor his condition during the procedure.

The Committee considered Mr. Owner's further allegation that a two hour "delay" in taking Rocky to surgery contributed to his death. Dr. X submitted that subsequent to confirming GDV radiographically, she conferred with Mr. Owner and explained the critical nature of Rocky's condition and the need for immediate gastric intubation, intravenous fluid therapy and possibly surgery, as well as the attendant costs and prognosis. Mr. Owner agreed to the treatment and signed an authorization form.

Dr. X also stated that prior to commencing surgery, she had to attend to other patients hospitalized with life-threatening conditions, including a seizing patient and another patient in respiratory distress, and provided their patient records as supportive evidence.

The Committee recognized this to be a typical caseload in a busy emergency clinic. It is incumbent on the attending clinician to ensure that the other patients with life-threatening conditions also receive necessary care as he/she prepares to undertake a surgical procedure that can last two hours or more.

The Committee considered the duration of time between Rocky's presentation and the time he was

taken to surgery, based on the computer record of admission time on the estimate/authorization form, and the times noted in the surgery/anaesthetic log. These records indicate that the duration between presentation and induction for surgery was approximately ninety minutes. The records further indicated that over this time, the following procedures were performed: a physical examination, an abdominal radiograph, trocarization of the stomach, a consultation with Mr. Owner to inform him of the radiographic findings, diagnosis and necessary surgical treatment (including an estimate of costs), blood sample collection for complete blood count, serum chemistry and electrolytes, intravenous fluid set-up and administration, administration of sedation and attempts to pass a stomach tube, and organization of care for other critical patients.

It is well recognized in veterinary literature that medical stabilization, primarily treatment of shock and gastric decompression, comprise the primary emergency protocol for a patient presenting with GDV. The Committee found that the emergency care provided by Dr. X was consistent with current protocols for GDV as described in veterinary literature. The Committee also found that the time frame of 90 minutes from admission until induction for surgery indicated that the necessary diagnostic workup and medical stabilization was provided in as timely a manner as is reasonable and expected by an attending clinician in an emergency clinic setting.

The Committee concluded that there was insufficient evidence to support the allegation that an undue delay in getting Rocky to surgery contributed to his death.

Mr. Owner alleged further that he was misled when Dr. X advised him of her "80% success rate," because in subsequent discussions with his regular veterinarian, he was informed "half of these cases die anyway."

The Committee considered that gastric dilatation/volvulus is a potentially fatal condition in which appropriate and expedient medical and surgical treatment and diligent post-operative care are required to optimize the chance of a successful outcome. However, a mortality rate of 15-20% for animals undergoing treatment appears to be commonly described in veterinary literature.

The Committee concluded that despite the unfortunate outcome for Rocky, Mr. Owner was, in fact, provided with a reasonable prognosis.

Comment:

This situation provides further reason for veterinarians to ensure that when an animal presents with an urgent condition, there is accurate and clear communication with the client regarding the animal's diagnostic/treatment plan and prognosis, and that the substance of all client communication, as well as details of all procedures performed, are adequately documented.

MEMBERSHIP RENEWALS 2005

The annual membership renewal forms were mailed in mid-October. If you have not received your form, please contact Karen Gamble at the CVO to avoid the \$100 late payment penalty or cancellation of your licence for non-payment.

Remember to complete the annual renewal form and continuing education form and return the renewal form with your fee payment.

CVO ANNUAL GENERAL MEETING

Wednesday, January 19, 2005

at the

**College of Veterinarians of Ontario
2106 Gordon Street, Guelph, Ontario**

Coffee and Refreshments: 3:00 p.m. to 3:30 p.m.

Meeting Convenes: 3:30 p.m.

**To register call the CVO office by January 14, 2005
(519) 824-5600 / (800) 424-2856**

The meeting agenda will include consideration of any by-laws, report of the CVO Council, acceptance of the financial statements and the appointment of auditors.

Members who wish to receive a copy of the minutes from last year's AGM may contact the CVO office with their request. A limited number of copies will be available at the meeting.

Member Meetings/Committee Positions

Open Exchange Meetings

Open Exchange meetings are a CVO initiative to meet with the membership for open dialogue. The meetings allow veterinarians and CVO staff to exchange information and ideas. To date, the CVO has held four *Open Exchange* meetings.

The latest *Open Exchange* was held in Thorold on September 22, 2004. CVO staff, Dr. **Barbara Leslie**, Dr. **Alec Martin**, Ms. **Susan Winter**, Ms. **Rose Robinson** and Ms. **Beth Ready**, attended on behalf of CVO. Members are asked to select from a list of potential meeting topics prior to the meeting. Those topics of interest to the group are addressed. A portion of the meeting is set aside for member comments and questions.

While these meetings are open to all members, invitations are sent to members located in the constituencies where the meeting is being held.

Watch for further information on the next *Open Exchange*!

The CVO staff will be pleased to attend and speak at any regional veterinary meetings or specially convened meetings. Please call the CVO office for further information.

Complaints Committee Positions

The Complaints Committee will be replacing four of its members over the next year. If you are interested in serving on this Committee and have not already indicated this on your annual registration renewal form, please contact the College and ask for the form:

“Information for Non-Councillors interested in serving on a CVO Committee”

The form is also available from the CVO website: www.cvo.org under CVO Info Sheets - Protocol for Recruiting and Selecting Committee Members.

Letter to the Editor

Update welcomes and encourages letters from members, signed by the author. The CVO reserves the right to edit letters for style, clarity, and length, and may decline to publish letters. Please write to the editor, *Update*, College of Veterinarians of Ontario, 2106 Gordon Street, Guelph, Ontario N1L 1G6 or fax (519) 824-6497, toll free fax in Ontario (888) 662-9479.



Dear CVO:

I have a little story to share with you. On June 28th, 2004 my wife and I took our seven year old daughter Kristen and our three year old daughter Rebecca to a school in our neighborhood to vote for the election. My older daughter asked me, "What are we doing Pappy?" (that's what she likes to call me!). I replied "We're going to choose a government for our country." She then asked, "How come so many people who look different are here?" I responded, "That's what Canada is all about." Our great country, Canada, gives a chance to everyone, regardless of where they are from or what they look like. Everyone is encouraged to participate and to be part of the country that we all live in. We are all Canadians working together towards one common goal. The bottom line is people here get along.

I continued to tell my daughter about how people treated me 16 years ago when I first came to Canada and I was going through my exams to get my license. I told my daughter people were very, very helpful. Everyone did their best to help me out, either by giving me studying tips and notes, or just calling me to see how my exams were going. Support was in abundance. My daughter asked "Is that only among veterinarians or does everybody do that?" And I replied, "No. All Canadians do that. Canada is a peaceful country. As a matter of fact, it's the only country that is welcomed and liked all over the world."

After this conversation I started to think. I thought, in a country as great as Canada, there are still often problems between individuals. In my practice alone, I have encountered a few circumstances that escalate as a result of a lack of communication. But, what if we had a small, communication committee through the CVO that people could refer to, to solve any misunderstanding, be it between vets, or between vets and the public. This committee could also serve to educate veterinarians and the public on ethics and communication. I am personally willing to be on that committee as a volunteer and, at a certain point, if any miscommunication cannot be solved, then it can be referred to any committee deemed necessary. As I'm sure you know, most of the problems that happen among veterinarians and between veterinarians and clients has to do with communication.

Finally, best regards. God bless our great country, Canada.

Ehab Abdelmalik, DVM
Concord, Ontario

By-laws/Minimum Standards

Proposed By-law Amendment

Council approved the following proposed By-law amendment on September 29, 2004 to be presented to the membership at the 2003/2004 Annual General Meeting, on **January 19, 2005**.

(Proposed changes bolded)

33.(4) The amount payable for expenses incurred by councillors and members of committees in the conduct of the council's or committee's business is,

(b) for travel by automobile, **40 cents** per kilometre actually travelled, but payment may be made only once for each trip regardless of the number of passengers and the payment may not exceed the amount which would have been payable if the driver had reasonably been able to travel by common air carrier and had done so, and

Amendments to the *Minimum Standards for Veterinary Facilities in Ontario*

Council approved the following amendments to the *Minimum Standards for Veterinary Facilities in Ontario* on September 29, 2004.

Council of the College of Veterinarians of Ontario accepted the recommendation of the accreditation committee that the requirement for a respiratory stimulant be removed from the *Minimum Standards for Veterinary Facilities in Ontario* (clause 5.5.2 of titles 1, 2, 3, 5, 6, 7 and 9, and clause 4.6.2 of titles 4, 8, 10 and 10.1).

Council of the College of Veterinarians of Ontario agreed to include the following requirement in the *Minimum Standards for Veterinary Facilities in Ontario*, (titles 1, 2, 3, 4, 5, 5.1, 6, 7, 8, 9, 10 and 11).

A member who dispenses Ketamine shall keep a Ketamine register in which is entered,

- (a) the date of the dispensing;
- (b) the name and address of the owner of the animal or animals for which the drug was dispensed;
- (c) the name, strength and quantity of the drug dispensed; and
- (d) the quantity of the drug remaining after dispensing.

A member who dispenses a targeted drug shall keep a targeted drug register in which is entered,

- (a) the date of the dispensing;
- (b) the name and address of the owner of the animal or animals for which the drug was dispensed;
- (c) the name, strength and quantity of the drug dispensed; and
- (d) the quantity of the drug remaining after dispensing.

Professionals Health Program

After the Call

by Michael Kaufmann, MD
Director, Professionals Health Program

The following article written by Dr. Michael Kaufmann contains information originally published in the March 1999 issue of the Ontario Medical Review (Vol. 66, No. 3, p.54 – 56)

The Professionals Health Program is aware that many veterinarians may be uncertain about the implication of self-referral, or referral regarding a colleague, to the program. The following is an example of a situation that may lead a veterinarian to contact the PHP on behalf of a colleague, and the actions that might be taken once a call is received.

Denial

Your colleague has always been the "life of the party." At social events and meetings, he drinks more than everyone else does. And twice, lately, you have had to drive him home. You aren't aware of any problems specifically relating to his drinking, but there are rumours that his marriage is in trouble. You aren't sure what you should do, if anything.

An opportunity arises to talk to him. Despite your discomfort, you take him aside and ask if he has a problem with alcohol. He becomes upset and denies any problem. He says he likes to drink, but never when he is working. He leaves, and you feel nothing has been accomplished.

Veterinarians suffering from drug or alcohol abuse frequently experience such significant denial that they are not capable of seeking out help on their own. In fact, it has been the experience of the PHP that fewer

than 20% of those with substance abuse problems known to the PHP referred themselves.

Intelligent, carefully selected for veterinary medical training, knowledgeable about drugs and therapeutics, some veterinarians may feel immune from the perils of substance dependency.

Once in trouble, embarrassment, shame, and fear of losing one's licence fuel the fires of personal denial. Families may also deny the problem for a time, fearing loss of status and economic stability.

As the illness progresses - finally appearing in the workplace - more denial is encountered.

Colleagues may deny a problem in their midst. They don't want to upset the troubled veterinarian, risk his or her professional status, lose a partner who shares practice costs and workloads, or risk retribution if they do act.

Some colleagues may have personal or family issues that generate uncomfortable feelings when they suspect drug or alcohol problems in a co-worker.

Confidentiality

All calls to the PHP regarding impairment, or even suspected problems regarding a veterinarian colleague, are kept confidential. A

caller's name is never revealed without first obtaining the caller's permission.

The PHP never reports concerns expressed by a caller at the point of intake, to any authority, including CVO. Program staff will simply advise the caller about his or her responsibilities as described above. There is no "down side" to calling the PHP with concerns, or for advice.

Intervention

An intervention may be planned. Documentation is reviewed and participants who share your concerns are selected. Then, joined by a representative of the PHP, you all meet with the veterinarian one morning in the clinic.

By the time a veterinarian appears impaired in the workplace, his or her illness is advanced. The affected veterinarian is using all available energy to maintain an appearance of normal health and job functioning. Family and friends are already bound up with their own losses, pain and denial. Intervention is the necessary process that must be undertaken by colleagues to avoid further enabling this destructive condition.

Presuming the suffering veterinarian is not willing to call for help on his or her own, the PHP works with referral sources towards

Professionals Health Program

a safe and effective intervention. Following is a listing of conditions that help promote a successful outcome.

1. The intervention is conducted by more than one individual (i.e. a team). This team is led by someone knowledgeable about the process and, whenever possible, is also trained and experienced.

2. Other members of the team share concern for the veterinarian, and are respected by him or her.

3. Intervenors are taught that intervention is a caring, compassionate procedure. It is not punitive.

4. Intervenors are screened and prepared so that they understand the documented concerns and are firmly like-minded regarding the intervention outcome goals.

5. The intervention is rehearsed. Defensive responses should be anticipated and prepared for in advance.

6. Time and place selection is critical. Whenever possible, a time should be chosen that minimizes the likelihood that the veterinarian will be intoxicated. The site should be calm, quiet, and available for as long as is required.

7. Specific assessment and/or treatment resources have been previously identified and are made immediately available to the veterinarian following the intervention.

8. A support system of family, friends and colleagues should be identified prior to the intervention,

and made available to the veterinarian upon completion of the intervention.

9. Sufficient time must be taken to gather appropriate documentation of concerns, then to plan and execute the intervention.

10. Appropriate contingencies, if any, for non-compliance with the intervention recommendations must be clearly specified and adhered to.

It is the role of the PHP to facilitate, and participate in, this process. We help identify appropriate intervenors, gather the documentation, and guide the process. We protect the veterinarian's confidentiality by speaking only to those who contact us. We arrange assessment and treatment resources. We work with callers on their terms.

With the veterinarian's permission, the PHP meets with their spouse to explain the assessment process and offer support. A detailed history of the impact of the veterinarian's drinking can now be obtained.

PHP staff understand that this is a very difficult and emotional process for the intervenors as well as the suffering doctor. We will "debrief" intervention participants afterward, and remain available as a support for those who need it. We will offer support to spouses and family members also. We know that successful intervention leads to successful treatment and quality recovery for the majority of veterinarians who suffer from chemical dependency. We know it's worth it.

Barriers

Usually, callers to the PHP are reluctant to do anything more than receive advice. They may feel their concerns are minor. They don't understand, or accept, that even "minimal" signs suggesting drug or alcohol abuse in the workplace may indicate advanced disease. This general lack of understanding about how the problem can be effectively managed is a serious barrier to action.

Reporting veterinarians may fear retribution. They don't understand that outcomes are favourable and that recovering veterinarians express gratitude, not resentment. Litigation following intervention is rare, and not likely to be successful, should it occur after action taken in good faith.

Some veterinarians believe that a suffering colleague must "want help" before intervention is likely to be successful. This is a myth. Waiting allows the disease to progress, and can be fatal.

Colleagues may resist using "clout." They may not want to report an impaired veterinarian to institutional or regulatory authorities for fear that the veterinarian will lose his or her licence and livelihood. They don't understand that clinics and the CVO embrace rehabilitation, and not a punitive approach to dealing with impaired veterinarians.

Sometimes, colleagues may not be able to overcome their personal experiences with alcoholism or drug addiction in their own families. The PHP can help in these cases as well.

Professionals Health Program

Outcome

The assessment process results in a diagnosis of alcohol dependency and the doctor enters treatment. Upon discharge, he enrolls in the PHP monitoring and advocacy program. After the intervention, he returns to work clean and sober.

Intervention works. When properly planned, executed, and with contingencies in place, the majority of health professionals experiencing intervention go on to assessment and, often, treatment. It has been the experience of the PHP that interventions fail mostly when there are no consequences that threaten a professional's right to practise.

Once treated, veterinarians in recovery do very well. Over 90 per cent of the health professionals monitored

by the PHP remain abstinent from drugs and alcohol and are enjoying improving physical, emotional and professional health and productivity. Some of them have caring and compassionate colleagues who overcame the barriers and personal discomfort inherent in intervention in order to help them on their way to recovery.

Where impairment is concerned, intervention can be a life-saving procedure. In this regard, we are indeed our brothers' (and sisters') keepers. Make the call.

If someone you know is in need of the confidential services offered by the Professionals Health Program, contact the PHP at 1-800-851-6606 or (416) 340-2972.

OVMA Conference January 27 - 29, 2005

The Ontario Veterinary Medical Association is holding its annual conference and trade show at the Westin Harbour Castle Hotel in Toronto, Ontario. The conference program will feature concurrent sessions on bovine, equine, small animals and public health, practice management, and hospital personnel. There will be special registration fees for out-of-province delegates.

For further information, contact **Christine Neziol**, Delegate Coordinator, Ontario Veterinary Medical Association, 245 Commercial Street, Milton, Ontario, L9T 2J3, toll free telephone (800) 670-1702, toll free fax (877) 482-5941, or email cneziol@ovma.org.

Summary of Recent Accreditation Committee Hearing

On June 24, 2004, the Accreditation Committee of the College met to consider allegations against Dr. X. In summary, the College alleged that Dr. X breached section 22 of the *Veterinarians Act* by operating a companion animal office without a written agreement with an accredited companion animal hospital as required by the *Minimum Standards for Veterinary Facilities in Ontario*.

The Facts

When Dr. X originally applied for a certificate of accreditation, the Accreditation Committee denied his request to be exempted from this requirement. Instead, it issued a certificate that required Dr. X to have a written agreement with an accredited companion animal hospital. While Dr. X was able to make the necessary arrangements for a short period of time, that arrangement soon ended. However, Dr. X continued practicing in his companion animal office without an agreement with a companion animal hospital, contrary to the Minimum Standards and his certificate of accreditation. Dr. X took the position that there was no longer a need for such an agreement in light of how the practice of veterinary medicine has changed since the time that this requirement was introduced.

At the hearing before the Accreditation Committee, Dr. X admitted that he was operating his companion animal office in the absence of an

appropriate agreement. He also conceded that this breached section 15 of the *Veterinarians Act* (operating a facility contrary to the terms of a certificate of accreditation).

The Committee's Decision

The Accreditation Committee accepted Dr. X's admissions, and found that he breached section 22 of the *Veterinarians Act* by contravening a term, condition or limitation of the certificate of accreditation for his companion animal office, as well as contravening the Minimum Standards. The Committee took into account the fact that Dr. X has been unable to enter into the required written agreement, his objections to this requirement and it considered that it was highly unlikely that he would be able to make these arrangements in the future. However, the Committee did not accept that Dr. X's inability to enter into such an agreement should excuse his non-compliance with the *Veterinarians Act*.

In terms of the penalty, the Committee concluded that, in light of Dr. X's inability to enter into such an agreement in the future, the certificate of accreditation should be revoked. The Committee also accepted the agreement between the College and Dr. X that a summary of the decision be published without identifying the name of the member or his facility.

Accreditation

Registers for Controlled Substances and Ketamine

Members are reminded to record the use of all controlled substances, targeted substances and ketamine in registers. Members should have a register for each of these drugs and for each reconstituted mixture such as those that might contain butorphanol, ketamine and diazepam. Where mixtures are used, members should log out the volume of drug from the appropriate register and log in the same volume to the register for the mixture. The register for the mixture then documents its use in each patient.

Example:

BAG premix contains butorphanol, acepromazine and glycopyrrolate. The volume of butorphanol (controlled substance) logged out in preparation of the mix must be recorded in the butorphanol register (“2 ml out to BAG premix”), logged into the BAG register then the volume of the premix used must be logged out of the BAG register as it is used (“1.7 ml to Fluffy Jones”). The balance remaining must be recorded in the respective registers for both butorphanol and the BAG premix.

Members are also reminded that anabolic steroids are scheduled as controlled substances and their use must be documented in a register as well.

Please note that some changes, as approved by Council on September 29, 2004 (*see page 13*), have been made to the *Minimum Standards for Veterinary Facilities in Ontario*, specifically:

- A respiratory stimulant is no longer required in any veterinary facility.
- A dispensing register for Ketamine is required if Ketamine is dispensed by a member.
- A dispensing register for any targeted drug* is required, if any targeted drug* is dispensed by a member.

For further details please refer to the updated *Minimum Standards for Veterinary Facilities in Ontario* and the updated Sample Inspection Forms, all of which are available on our website.

*e.g. Diazepam, etc.

Balancing Member Privacy and the Public Right-to-Know

by Dr. Barbara Leslie, Registrar and Privacy Officer

Regulating a profession is always a balancing act. Nowhere is this more evident than in two of the titles I happen to possess, Registrar and Privacy Officer. As Registrar, I administer the *Veterinarians Act* under the direction of Council to protect the public interest. As Privacy Officer, I safeguard personal information, particularly personal information about members, in order to preserve their legitimate privacy interests. Consider the following scenario:

Rose Green moved to a small Ontario city. She is looking for a new veterinarian for her dog, Tulip. She had a bad experience with her previous veterinarian who had abruptly closed his office. Ms. Green wanted her previous veterinarian's home address (there being no other address to use) so she could get a copy of those records. Ms. Green also wanted to know the following information about the seven veterinarians in her new city: their names, contact information, area of practice, school of training, country of origin, discipline history, the number of complaints about them that never went to discipline and how often they had been successfully sued by animal owners. What should the College provide to Ms. Green?

Obviously Ms. Green is entitled to know some information about veterinarians from the College. Part of the College's mandate is to provide information to the general public to assist them in choosing veterinarians and in resolving differences with veterinarians. At

what point, however, is the information sought so intrusive or personal that the privacy right outweighs Ms. Green's right-to-know?

This issue was debated at the November Council meeting. Council considered the confidentiality obligations under the *Veterinarians Act*. The statute permits the College to release information "in connection with the administration of this Act", which includes reasonable "right-to-know" information about members. Council also considered the *Personal Information Protection and Electronic Documents Act* (which recognizes certain information from statutory bodies and registries as public) and the privacy principles underlying its privacy policies. In the end, Council deemed the following information about members should be publicly available in order for the College to meet its public interest mandate:

- a member's professional activity (e.g., small animals, large animals, etc.)
- university of graduation
- year of graduation
- year joined College
- licence type (General, General Non-Resident etc.)
- employment function and/or type of employment
- address
- language proficiency
- business telephone number (if available)
- conditions or limitations on a licence and
- any decisions or sanctions imposed on a member's licence.

Applying these criteria to Rose Green's request, she is entitled (unless there are safety factors) to an address to locate her previous veterinarian. To be licensed in Ontario means that the public can contact you. If one's home address is the only one provided to the College, that is the address that will be provided to the public.

In terms of potential new veterinarians for Ms. Green, most of the information she requested appears to be relevant to her choice of provider for Tulip. However, the applicant's country of origin is not relevant to Ms. Green's legitimate needs. Also the College views the privacy interest and lack of relevance to Ms. Green's request for the number of complaints or civil lawsuits to outweigh Ms. Green's right-to-know. That information will not be provided for the time being.

Obviously these are issues with which veterinarians, their employers (another common source of information requests) and members of the public might disagree. Council has agreed to make regulations that will more transparently identify this balance of privacy for members and public right-to-know. The Council and I would appreciate hearing from readers (members, employers and members of the public) as to their views on how best to balance these competing interests as we develop these regulations.

In Memoriam

The council and staff of the CVO were saddened to learn of the following deaths. We extend our sincere sympathy to their families and friends. In memory of deceased members, the CVO contributes an annual grant to the Ontario Veterinary College Alumni Trust.

Cleland, Thomas (Brock) (OVC 1949) - Dr. Cleland passed away December 6, 2003. Dr. Cleland owned a mixed practice in Lucknow, Ontario. From 1977 to 1979, Dr. Cleland undertook a two year CUSO assignment as Chief Veterinary Officer in St. Vincent, W.I. Upon his return, Dr. Cleland practiced in Federal meat inspection. He held Emeritus Status with the College. Dr. Cleland is survived by his wife Helen, five children, ten grandchildren and five great grandchildren.



Landry, Donald Alfred Joseph (Mon 1966) - Dr. Landry passed away October 1, 2004. After graduation, Dr. Landry practiced in O'Leary, PEI for three years before joining BTI Products as Director of Technical Services. In 1973, he joined

the Health Protection Branch of Health Canada where he worked as a drug evaluator until 1987 when he became Chief, Anti-microbial Drugs Division of the Bureau of Veterinary Drugs. He is survived by his wife Emeline and two daughters.

Campbell, John Andrew (Ont. 1950) - Dr. Campbell passed away April 14, 2004. Dr. Campbell was once the owner of Highview Animal Clinic and Meadows Animal Clinic in Thunder Bay. Dr. Campbell was granted Emeritus Status with the College in 1991.

Hess, Gerhard John (OVC 1952) - Dr. Hess passed away November 17, 2004. After graduation he established a practice in New Dundee. In 1968 he moved his practice to Kitchener, establishing the Blue Cross Animal Hospital. Dr. Hess was granted Emeritus Status with the College in 1992. Dr. Hess is survived by his wife Pille, five children, twenty-two grandchildren and two great-grandchildren.

CVO e-news

Have you signed up for the CVO electronic newsletter? To sign up go to the CVO website (www.cvo.org).

Professionals Health Program

Confidential toll-free line:
1-800-851-6606

Update, the official publication of the College of Veterinarians of Ontario, is the principle means of communication between the College and its members. It is the primary means of informing the membership on regulatory issues, with the expectation that members will govern themselves accordingly. *Update* is charged with the responsibility of providing comprehensive, accurate and defensible information.

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