

# Letters to the Editor

## Recognition of botanical medicine specialists

Regarding the recent letter from Dr. Peter Eyre<sup>1</sup> discussing the petition before the AVMA's American Board of Veterinary Specialties seeking recognition of the American College of Veterinary Botanical Medicine, I would point out that use of botanical preparations is of increasing interest to pet owners, pet professionals, farmers, and researchers, yet veterinarians themselves have no recognized body of specialists to whom they can turn for education and research to aid these clients. The American Botanical Council reported in September 2015 that annual sales of herbal supplements had risen for the 11th consecutive year.<sup>2</sup> As the authority in the care of animals, veterinarians must become knowledgeable about botanicals. Perhaps more importantly, botanicals may help in the development of alternatives in an era of antimicrobial resistance and other emerging medical challenges.

The AVMA's policy on complementary, alternative, and integrative veterinary medicine<sup>3</sup> (of which veterinary botanical medicine is considered a part) states that "veterinarians should have the requisite knowledge and skills for every treatment modality they consider using." The largest corporate veterinary hospital chain in the United States acknowledges that botanical medicine is a part of veterinary practice but presents outdated information on its website,<sup>4</sup> and the Merck Manual offers a chapter on veterinary botanical medicine that acknowledges the interest in use of botanicals by the profession yet provides little practical guidance on clinical uses of these preparations.<sup>5</sup>

Dr. Eyre suggests that veterinary botanical medicine should be under the purview of clinical pharmacology. Although it is true that defined herbal extracts behave and can be studied like

drugs, the whole plants used in veterinary botanical medicine are complex, much like the foods used in clinical nutrition. However, botanicals are not foods and are traditionally used for different indications and in different ways by animal owners and veterinary herbalists. Thus, in my opinion, herbal medicine is not a branch of clinical pharmacology or nutrition.

Advanced training in veterinary botanical medicine is now being offered. Still, there is no recognized group of experts with in-depth knowledge to whom the profession and industry can turn for help in advancing the research and knowledge base on veterinary botanical medicine or in assisting pet owners in the responsible use of botanicals for their pets. As examples, some oncologists recommend mushroom extracts for their patients with cancer, and some veterinarians find Yunnan Baiyao useful to control bleeding, but the mechanisms of action of these products and whether these products are efficacious are still unknown. An American College of Veterinary Botanical Medicine could support more research to help find satisfactory answers for these and other similar questions.

Experts in veterinary botanical medicine are already consulted regularly by veterinarians and representatives of industry and government for information regarding the appropriate use of botanicals in animals. I believe that

the veterinary profession stands to benefit from veterinarians who are recognized specialists in botanical medicine.

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1. Eyre P. Botanical medicine, homeopathy, and the placebo effect (lett). *J Am Vet Med Assoc* 2017;251:29.
2. American Botanical Council. Herbal dietary supplement sales in US rise 6.8% in 2014. Available at: [cms.herbalgram.org/press/2015/HerbalDietarySupplementSalesinUSRisein2014.html?ts=1448128594&signature=cadbf068182c04983449517442d9d17b](https://www.herbalgram.org/press/2015/HerbalDietarySupplementSalesinUSRisein2014.html?ts=1448128594&signature=cadbf068182c04983449517442d9d17b). Accessed Nov 21, 2015.
3. AVMA. Complementary, alternative, and integrative veterinary medicine. Available at: [www.avma.org/KB/Policies/Pages/AVMA-Guidelines-for-Complementary-and-Alternative-Veterinary-Medicine.aspx](http://www.avma.org/KB/Policies/Pages/AVMA-Guidelines-for-Complementary-and-Alternative-Veterinary-Medicine.aspx). Accessed Jun 26, 2017.
4. VCA Animal Hospitals. Veterinary herbal therapy. Available at: [www.vcahospitals.com/main/pet-health-information/article/animal-health/veterinary-herbal-therapy/660](http://www.vcahospitals.com/main/pet-health-information/article/animal-health/veterinary-herbal-therapy/660). Accessed Nov 21, 2015.
5. Merck Manual Veterinary Manual. Herbal medicine. Available at: [www.merckvetmanual.com/mvm/management\\_and\\_nutrition/complementary\\_and\\_alternative\\_veterinary\\_medicine/herbal\\_medicine.html](http://www.merckvetmanual.com/mvm/management_and_nutrition/complementary_and_alternative_veterinary_medicine/herbal_medicine.html). Accessed Nov 21, 2015.

## Expectations of new veterinary graduates

It was interesting to read the results and discussion in the study<sup>1</sup> of stakeholders' expectations of

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new veterinary graduates' ability to perform various diagnostic and surgical procedures. Although the response rate was quite low (< 16% for all groups surveyed), the results are not surprising, in that the greatest agreement among stakeholder groups (veterinary students, recent graduates, clinical veterinary college faculty, and general practitioners) was generally found for relatively simple procedures.

It would be of interest to see a study comparing students' confidence levels as they progress from the first to the fourth year of veterinary education. As a companion animal practitioner and 1988 graduate, I tell students visiting my clinic that much of what I do day-to-day was learned during my preveterinary experience, not in veterinary school. It is my understanding that preveterinary experience does not receive the

same weight in veterinary college admissions as it did 30 or 40 years ago. Perhaps this is a factor in the confidence level of new graduates?

Given the many challenges of financing a veterinary education today, some of the discussion has naturally centered around encouraging practice owners to offer higher starting salaries to help offset the higher educational debt of new veterinary graduates. I would suggest that before such discussions progress, practice owners must first have some degree of assurance that new graduates will be competent enough in performing basic procedures that they will be able to generate sufficient income to justify those higher starting salaries.

This is not a criticism of the newer generation of veterinarians, only a hard look at the economics of practice ownership and compensation for new associates.

A focus on competency in the performance of routine clinical skills needs to be made a priority if the profession expects practice owners to consider raising starting salaries for new graduates. It is disappointing that these discussions come in response to a financial crisis, rather than as a preemptory consideration, but these issues should be addressed nevertheless. As discussed in this study, more specific metrics related to outcomes need to be developed, along with a more inclusive list of clinical competencies necessary for success in private practice.

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1. Cary JA, Farnsworth CH, Gay J, et al. Stakeholder expectations regarding the ability of new veterinary graduates to perform various diagnostic and surgical procedures. *J Am Vet Med Assoc* 2017;251:172-184.