

Letters to the Editor

Thoughts on the use of sodium pentobarbital for lethal injection

Your excellent *JAVMA* news article on lethal injection¹ in the December 15, 2007, issue was right on target and may do a great deal of good in the human field.

As a practicing veterinarian for more than 50 years, it has always been difficult for me to understand the continual problems related to lethal injection of convicted murderers in our various prisons. Many veterinarians of my acquaintance feel the same. Why is such a simple procedure made so complicated?

My choice for euthanasia has always been a simple overdose of sodium pentobarbital, which, in recent years, I have frequently administered in combination with phenytoin sodium for cardiac effect. The injection is given intravenously and sometimes preceded by a tranquilizer, depending on the patient's temperament and condition.

It is such a problem-free drug that sodium pentobarbital can even be used in the presence of the owner, once they have been carefully told what to expect. More times than I can remember, I have been thanked by a grateful owner for making their pet's exit so painless and peaceful.

I am old enough to remember doing many types of surgery in animals anesthetized with sodium pentobarbital administered at a carefully controlled dosage. Used properly, it has virtually no side effects and is quite versatile.

So perhaps it is long past time for our friends in the human field to learn from the veterinary profession. In well-trained hands, when properly administered intravenously, sodium pentobarbital should be an effective, painless, and swift method for lethal injection.

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1. Nolen RS. Lethal injection opponents use AVMA euthanasia guidelines to make their case. *J Am Vet Med Assoc* 2007;231:1784-1786.

Comments on effects of pet insurance on the veterinary profession

I am writing in response to the recent coverage of the November 2007 Executive Board Meeting in *JAVMA*.¹ In reading the Board's comments on pet insurance, I believe we have overlooked two bigger questions. First, are we looking to the pet insurance industry for hope that owners will magically consent to diagnostics and treatments they would normally decline? And second, as a result of such intervention, will the outcome of care change? Indeed, the AVMA's own Executive Board boldly states that it believes a "GHLIT-endorsed pet insurance program would promote quality veterinary medicine and *reduce euthanasia* [italics added]."

Proponents of animal health insurance often argue that you will no longer have to euthanize animals for financial reasons, playing to the heart strings in all of us who have chosen a career in animal health. Suddenly, financial obligations and decisions will melt away in the presence of an insurance policy, and you will be left unencumbered to make diagnoses and treat your patients. And while this may be true in some instances, most cases will still involve the same difficult choices and discussions they always have. If not, then veterinary medicine will have achieved true mimicry of the human health-care

model. Rather than listening to patients (and owners) for guidance in their care, veterinarians will make diagnoses and prescribe treatments because insurance allows it, not because they should. As a result, pet care will begin to cost more, causing insurance companies to pass these added expenses to the owners. These same companies will delay or deny payments, form medical review boards to oversee care, and set reimbursement fee schedules to improve their medical loss ratios.

The proverbial foot is in the door. Owners are currently gobbling up health-care policies for their animal's eventual sick-care needs. Currently, pet insurance clients are reimbursed under the classic fee-for-service arrangement. However, this too will change. Veterinarians will be asked to join the network to retain access to the network's clients but, in doing so, will have to accept the plan's negotiated rates. Later on, veterinarians will be asked to accept assignment of payment from the insurance company rather than from the owner. Medical necessity will have to be justified to ensure payment, and denials (which help maximize insurance company profit) will have to be contested. Accounts receivable will soar in the face of ever-dwindling reimbursements. The cost alone to the profession of the additional manpower, software and

Instructions for Writing a Letter to the Editor

Readers are invited to submit letters to the editor. Letters may not exceed 500 words and 6 references. Not all letters are published; all letters accepted for publication are subject to editing. Those pertaining to anything published in the *JAVMA* should be received within one month of the date of publication. Submission via e-mail (JournalLetters@avma.org) or fax (847-925-9329) is encouraged; authors should give their full contact information including address, daytime telephone number, fax number, and e-mail address.

Letters containing defamatory, libelous, or malicious statements will not be published, nor will letters representing attacks on or attempts to demean veterinary societies or their committees or agencies. Viewpoints expressed in published letters are those of the letter writers and do not necessarily represent the opinions or policies of the AVMA.

equipment, legal fees, and bureaucracy for insurance billing will be staggering.

But the real question remains, will the quality and outcomes of veterinary medicine improve with pet insurance? This has certainly not been the case in human insurance-based medicine. I fear that the same insurance-dependent shortcoming of practicing human medicine will soon besiege the veterinary profession. I also believe this topic requires more discussion among the profession before the AVMA sets policies (see *JAVMA News*, March 1, 2007) and negoti-

ates partnerships with pet insurance companies.

*Casey Brechtel, DVM, PhD
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1. Rezendes AC, Kahler SC. Executive Board Coverage. Board enhances AVMA visibility. *J Am Vet Med Assoc* 2007;231:1788-1790.

Applauds changes to *JAVMA* and addition to staff

Drs. Matushek and Audin are to be commended on the January 1 *JAVMA* editorial.¹ It is appropriate to place more emphasis on evidence-based medicine and the

use of the new headings being implemented. We have long been a laggard to our colleagues in animal, dairy, and poultry science in the publication of scientific data.

Dr. Audin is to be congratulated on the employment of Dr. Sandra Lefebvre as assistant editor. Dr. Lefebvre's commitment to evidence-based research will aid in the quality of papers published in our journals.

*George C. Scott, DVM
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1. Matushek KJ, Audin JH. A new classification for retrospective reviews of medical records. *J Am Vet Med Assoc* 2008;232:6.