

Letters to the Editor

In favor of standards of care

As a health-care professional and pet owner, I was pleased to read Dr. Gary Block's commentary, "A new look at standard of care."¹ Better defining and enacting standards of care (SOCs) in veterinary medicine should, I believe, be a top priority. Treatment decisions guided by well-defined, evidence-based SOCs—and not subjective beliefs—will improve outcomes, ultimately benefiting pets, owners, and veterinarians alike.^{1,2} Benefits may also extend to state veterinary boards by enabling more objective review of cases appearing to fall outside established SOCs.¹

Although I appreciate that treatment recommendations could vary depending on a host of factors, I believe that all veterinarians, be they generalists or specialists, private practitioners or academicians, should be subject to the same nationally recognized SOCs, regardless of locality. The fact that specialists are held to a higher SOC is, in my opinion, unfortunate. First, this means that variable SOCs are acceptable. Second, it lends a special credence to specialists that may lead to the care provided by specialists to never being questioned, even in instances involving major departures from recognized norms.

Despite being a health-care professional myself, I have, at times, suffered substantial gaps in my understanding of the treatments used on my own pets. Because this adversely impacted their outcomes, I now pay closer attention. Detailed, informed owner consent, including written documentation, should be compulsory in all instances but particularly when care differs from the usual.^{2,3} The informed consent process should focus on ensuring owner understanding through open and honest communication regarding the diagnosis, prognosis, treatment options, level of evidence, risks, benefits, and conflicting interests. Legal releases and

commitments for payment should come secondarily. Ideally, written information and visual aids ought to supplement oral discussions to maximize owner comprehension. Select interventions aside, any reference to informed owner consent is noticeably absent from my state's veterinary licensing act and rules pertaining to the practice of veterinary medicine.

Better defining SOCs within the next decade, as proposed by Dr. Block,¹ seems incumbent on the veterinary profession. I encourage beginning with the most common medical conditions prompting veterinary visits⁴ as well as common medical conditions that are the most expensive to treat, such as cranial cruciate ligament rupture and foreign body ingestion.⁵ Compendia of existing resources can be collated along with expert opinions to help form SOC definitions. Training and testing in a small cohort may be constructive. A potential future step could involve mining data obtained from electronic medical record review. Information derived in this manner certainly has limitations but may well provide real-time, real-world insights to help support or challenge prevailing SOCs.

Americans own hundreds of millions of pets, and most consider them family members.⁶ The pet population and its caregiv-

ers—both owners and veterinarians—are unquestionably worthy of well-defined SOCs. Please consider this my call to action and offer to assist.

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1. Block G. A new look at standard of care. *J Am Vet Med Assoc* 2018;252:1343-1344.
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3. Yeates JW. Ethical principles for novel therapies in veterinary practice. *J Small Anim Pract* 2016;57:67-73.
4. Pet insurer Nationwide reveals annual cost of common health conditions. *Vet Pract News* Mar 2018. Available at www.veterinarypracticenews.com/10-top-pet-health-conditions-cost-96-treat-2017/. Accessed Jun 9, 2018.
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