Comments on homeopathy resolution

Reading the recent JAVMA News report1 on the AVMA House of Delegates resolution identifying homeopathy as ineffective, I was bewildered by the comment attributed to Dr. Kenneth Bartels, House Advisory Committee vice chair, that the resolution could put the AVMA on a slippery slope toward examining many other medical modalities.

One wonders where we would be if, throughout our history, the veterinary profession had not routinely examined the medical modalities it used. Would we still be using bloodletting? Firing horse’s shins? Scientific scrutiny should be the default for all medical practices, with the objective of ending those, regardless of how popular, that aren’t supported by evidence.

The comment by Dr. Bartels would seem to suggest that we’re fine as we are and we should never examine any medical practice again. Of course, without such examination, there’s an additional bonus: we can save money on publication costs of AVMA-sponsored journals as well.

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As a supporter of the AVMA House of Delegates resolution identifying homeopathy as ineffective, of course I was disappointed it was not adopted.1 I appreciate the intentions of those who opposed the resolution, and I believe that most are smart people who care about the welfare of their patients. However, I also believe that, as stated in the materials supporting the resolution, homeopathy is no more than a placebo. If this is so, then using homeopathy without informing clients of this would be unethical; good intentions alone cannot legitimize homeopathy if it is not effective.

Even though the resolution was not adopted, it did accomplish one of its purposes, which was to initiate a discussion of the scientific and ethical issues concerning homeopathy. The evidence and arguments of both sides are now available for all to evaluate. Unfortunately, recent comments reported in the JAVMA News article1 on the resolution could be interpreted as mischaracterizing both the resolution and the intent of those proposing it.

For example, the news report summarized AVMA President Douglas Aspros’ comments as arguing that the resolution “is divisive without benefit to the AVMA or AVMA members, and he hopes the AVMA will avoid considering such resolutions in the future” and that “passage of the resolution wouldn’t stop anyone from practicing homeopathy or change the opinions of those who hate homeopathy.” Dr. Kenneth E. Bartels, the House Advisory Committee vice chair, reportedly objected to the resolution because, in the words of the reporters, it “could put the AVMA on a slippery slope toward examining many other modalities such as acupuncture, low-level laser therapy, and chiropractic care.”

To me, these comments suggest a belief that the resolution was motivated by emotion (hate of homeopathy), was intended to change the opinions of homeopaths or prevent them from practicing homeopathy, and should not have been offered because it was divisive and might lead to the critical evaluation of other alternative therapies. If accurate, such comments misrepresent the purpose of the resolution and imply priorities I find troubling.

It is inappropriate to suggest the purpose of the resolution was anything other than generating a productive discussion about an important issue and protecting the interests of patients and clients. I do not hate homeopathy; I simply view it as ineffective and unsafe.

I also believe the AVMA should act in the interests of the public and our patients even if doing so risks offending some members. We cannot meet our ethical obligations as medical professionals if we prohibit debate on important scientific and ethical questions simply because some might not welcome such a debate.

Finally, the principles of evidence-based medicine require that all medical therapies be subject to critical evaluation on an ongoing basis. Shielding certain therapies from the scientific evaluation conventional practices undergo as a matter of course, solely because they are identified as complementary or alternative, is not in the best interests of our clients or patients.

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Note on federal drug permit fees

In his recent letter to the editor about the current requirement that veterinarians pay a separate US Drug Enforcement Administration permit fee for each state where they prescribe and purchase controlled substances, Dr. James Howard stated, “The DEA allows a single permit fee to cover multiple registered practice sites within a state.” In fact, the DEA requires a separate registration for each site where controlled substances are stored, administered, or dispensed, but not if they are only prescribed there.

The AVMA website includes helpful information on compliance with the Controlled Substances Act, including a flow chart entitled, “Do you need a DEA registration?” and helpful guidance on security and recordkeeping requirements related to controlled substances.

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Opposition to reducing preveterinary education requirements

I was disappointed to read a recent letter to the editor advocating a reduction in the entrance requirements for veterinary schools. Although I agree with the letter writer that the cost of a veterinary education is disproportionately high in relation to the expected income of most new graduates, I disagree with his proposed solution.

First, a bachelor's degree is currently not required for acceptance at many US schools of veterinary medicine. However, given the number of well-qualified applicants for the limited number of available positions, it is more difficult to get accepted without at least a 4-year degree. For the 2012 entering class at the Colorado State University College of Veterinary Medicine and Biomedical Sciences, for instance, 48 of the students reportedly did not have a degree, but 8 had an associate's degree, 73 had a bachelor's degree, and 9 had a master's degree.

Second, the educational debt that many graduates experience comes largely from the cost of veterinary school itself. That was true in my case, having completed a bachelor's degree with no student debt, yet incurring $110,000 of educational debt while attending veterinary school. My associates had similar experiences, with the cost of veterinary school making up 80% of their total educational debt.

Third, and most important, a veterinary degree is a doctoral degree, not a technical degree. That makes each and every veterinarian a doctor, and as such, we are all expected to have an educational background commensurate with that level of education. In more practical terms, veterinarians are expected to be capable of speaking well, writing well, thinking logically, and performing advanced math, with a broad background in the various sciences.

In his recent letter to the editor, Dr. William Kerr suggested that “one of the easiest ways to reduce student debt for veterinary students would be to decrease preveterinary requirements.” He further stated that “[t]he price of a so-called classical education is out of reach for most students.”

As a veterinarian whose career has included participation in academia (internship), private practice (owner and employee), government (APHIS), and industry, I would argue that veterinary medicine cannot afford the costs associated with removing the “so-called classical education” requirements currently included in preveterinary education.

If all veterinarians were going to be clinicians in small, privately owned practices, perhaps (and I say perhaps with trepidation) we could justify removing these wider educational experiences and teach only the technical aspects of medicine. However, many students are going to be competing for careers in areas widely removed from clinical medicine, including areas that require a broad understanding of the humanities to even get a job interview. I doubt that a veterinarian with only a high school understanding of the humanities would survive, let alone thrive, even in the private practice world without a great deal of additional education.

We appear to be headed toward a one-medicine concept of health care and administration. I believe this one-medicine concept will include not only veterinarians but also physicians, dentists, optometrists, public health specialists, zoologists, specialists in vaccinology, and immunologists, among others. Who knows all of the fields that will be directly involved with international health-care plans and programs? Most if not all of these specialists will possess advanced degrees, often at the doctoral level.

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and some will have multiple advanced degrees. If veterinarians do not have a level of education similar to that of these other professionals, they will not be included as participants in the one-medicine concept.

Career areas other than private practice for veterinarians include academia, government, and industry, among others. Ask veterinarians in any of these fields what the biggest part of their job involves, and many if not most will reply communication, including speeches, continuing education seminars, regulatory comments, white papers, project proposals, and scientific reports. Then ask them whether their sophomore speech class was a waste of time and whether their English composition classes were wasted. Positions in many of these career areas can be filled by veterinarians but can also be filled by individuals with a doctoral degree in another scientific area, and if veterinarians do not possess the necessary communication skills—both oral and written—they will not be able to compete.

Finally, in industry, physicians and veterinarians are often paid on different scales, with physicians typically receiving higher pay, and physicians generally have more opportunities for advancement than veterinarians do. This is often true even in those areas where veterinarians are better suited to perform a particular task. I suspect that this is because physicians are considered to have a superior education to veterinarians.

To date, we have been fortunate in veterinary medicine that our leaders have understood and supported the importance of a broad inclusive education as well as a superior technical education. I contend that this philosophy needs to be continued. Veterinary medicine, as a profession, cannot afford to lower the educational standards for acceptance into veterinary school regardless of the costs of an additional year or two of undergraduate education.

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Importance of reducing pain during routine procedures

I want to thank Dr. Perez et al1 for their recent study on the effects of intratesticular and epidural injection of analgesics in dogs undergoing castration. I have performed intratesticular injections in dogs undergoing castration for many years, and even though I felt certain these injections were beneficial, it is always gratifying to see supportive data. Next, I would really like to see a study of the benefits of injecting lidocaine into the round and proper ligaments prior to ovariectomy. Although this takes a few more minutes than intratesticular injection, my experience suggests that it greatly reduces the pain associated with manipulation of the ovary.

A study2 from the human literature illustrates why reducing pain during even relatively minor procedures is so important. In a study of 87 human infants undergoing circumcision who did or did not receive pretreatment with a lidocaine-prilocaine cream, infants who did not receive the analgesic cream had stronger pain responses to subsequent vaccination at 4 or 6 months of age.

This study suggests that pain experienced by infants in the neonatal period could potentially sensitize those individuals to react more strongly to future painful incidents. Not only do we have an obligation to prevent pain, we could be considered negligent if we do not.

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Buying organic

In the past, when people told me they only purchased organic foods, I wondered why they would pay twice as much for something that in my mind was not any better than its nonorganic counterpart. Lately, however, I have begun to have doubts about this way of thinking.

This past November, I saw an advertisement for a commercial formulation of the antimicrobial tildipirosin in a trade magazine. The advertisement touted the fact that this antimicrobial is concentrated in bovine lung tissue and stated that lung tissue concentrations were ≥ 1 µg/g 28 days after treatment. It also said that the meat withholding time is only 21 days.

Similarly, in December, I saw an advertisement for a commercial formulation of the insecticide eprinomectin, which stated that it can provide up to 150 days of persistent effectiveness against a multitude of internal and external parasites. The fact sheet, however, stated that the meat withholding time is only 48 days.

I don’t understand why we have products that continue to exert their antibacterial or anthelmintic effects for days to months beyond their approved withholding times. Why would I want to eat meat from animals treated with these drugs, and how can we claim that our food supply is safe and drug free?

We do not use gentamicin in cattle anymore because according to the Food Animal Residue Avoidance Database, residues can be found in kidney tissue for up to 18 months after injection. Why is it acceptable to slaughter cattle that may have tildipirosin in their lung tissues but not acceptable to slaughter cattle that may have gentamicin in their kidney tissues? As a consumer, how can I be sure that the edible tissues are free from these drugs?

I do not necessarily agree that organic equates with humane, but I am starting to believe that buying organic will help to ensure that my meat will not contain drug residues.

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Veterinary workforce concerns

Over the years, the veterinary profession has been good to me,
and although I am now retired, I had a long and rewarding career helping people and their pets. However, I am concerned about the direction of the profession and the types of careers we are creating for new entrants into the field.

As a group, veterinarians tend to be extremely loyal to their alma maters, but such loyalty, albeit laudable, can also have a downside, particularly when advising young people with a dream of becoming a veterinarian. Educational debt continues to grow, and new graduates face the prospect of salaries so low they may never be able to repay their substantial educational debts, much less raise a family, buy a house, or purchase a practice. Meanwhile, we turn a blind eye to the possible oversupply of veterinarians, without considering the devastating effects that oversupply could have on new graduates, seasoned practitioners looking for young associates or hoping to someday sell their practices, or the owners and their pets that need care.

This is wrong, and I believe that our teaching institutions should decrease the number of new students being admitted and be more honest with potential students about educational debts and starting salaries. Further, these institutions should only be admitting applicants who have a desire to help animals but who also have the business acumen and work ethic that will allow them to successfully balance a rewarding career with a rewarding life. If we fail to do this, the profession as we know it will perish. Reality must be injected into this profession for the sake of posterity.

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