



Case Studies – Veterinarians Treating Humans[®]

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The following case studies illustrate a cross section of reported and anecdotal incidences of veterinarians treating human patients.

Abortion

In perhaps one of the most striking cases of a veterinarian treating a human on record, a Kansas veterinarian was found guilty of first degree manslaughter while attempting to perform an abortion.¹¹ The veterinarian was subsequently also found responsible in a wrongful death lawsuit filed by the deceased woman's family.¹² The cases took place in 1957/58, before the precedent-setting *Roe v. Wade* Supreme Court verdict which allowed for elective abortions, though that charge was not pursued in favor of the more serious manslaughter charge.

While these cases may seem to represent an extreme in a veterinarian treating a human, they exemplify the core principles of the argument against such actions. In this case, a person died directly due to the choice of the veterinarian to attempt an already extremely dangerous (and at the time, illegal for even medical doctors) surgery. While one can only speculate as to the reasons for this veterinarian's choice, the fact that he felt competent enough to potentially perform an abortion could indicate he believed himself equivalent to a human medical doctor. Such a level of self-confidence, bordering on arrogance, is hazardous not only to the individual in question, but also to the professional in general. Should the public begin to see veterinarians as practitioners of 'back of the truck' human medicine, their confidence will be eroded.

Bite Wound (self vs others)

Another extremely familiar scenario in veterinary practice is the 'demon cat'; just looking at the carrier elicits a fearsome hiss and scream that warns the attending veterinarian and assistants to enter at their own risk. Despite numerous safe-handling procedures and practices, someone ends up with a bite wound and a few scratches to their hands and arms. As per regulations, the battle-scarred rinses the wounds thoroughly with soap and water, then is helped to apply bandages. This in itself is not practicing human medicine as any 'reasonably competent' individual is capable of applying such dressings. Veterinary clinics often follow a common practice of having at least one staff member certified in standard first aid; dressing wounds is certainly included within the scope of this person's practice. A helpful doctor then offers to dispense some cephalexin, a front-line antibiotic used often in treating anything from animal urinary tract infections to superficial wounds (not unlike those sustained by the employee), in order to save the employee a lengthy trip to the doctor's office. In order to balance the clinic's inventory, the veterinarian writes prescription for the employee's animal

As discussed earlier, this is certainly outside the veterinarian's scope of practice, whether

explicitly stated by the State's Veterinary Act or not, as well as violating several professional ethical tenants. First, there is the fact that the veterinarian is dispensing a medication to a human; this is not allowed. Then there is the fact that the veterinarian is knowingly 'covering their tracks' by writing a prescription for animal. ***

The case can then go one of two ways: the wound heals nicely, without infection and the incident is quickly forgotten; or the wound becomes infected, resulting in the incapacitation of the worker and disability claims. If the latter happens, a likely possibility given the aforementioned propensity for cat bites to become infected, questions will be asked regarding where the employee got the antibiotics. This could lead to an investigation by the State Licensing Board and potential license suspension or other sanctions.

Bite Wound w/ possible zoonosis

A client is attacked by a feral cat in his garage that quickly disappears. The client contacts his veterinarian, who recommends that he visit the local emergency room and contact the public health department with concerns about rabies. The doctors in the ER decide to put the client on amoxicillin and, despite a recommendation from the health department, elect not to start post-exposure rabies treatment. The following day, the client arrives at his veterinarian carrying the body of the attacking cat, as well as sporting a swollen and multicolored arm. The veterinarian decides to submit the head of the cat for rabies testing and then phones the client's attending physician. The veterinarian relates how, based on his personal experience, amoxicillin is ineffective in treating cat bites; the response is polite, but lengthy questioning about the bacteria involved in cat bites that results in the doctor switching the client to a more appropriate antibiotic. Twenty-four hours later, the cat head tests positive for rabies and post-exposure treatment is finally initiated.

In assessing this scenario, one must be cognizant of the fact that over the past 30 years, approximately 75% of new emerging infectious diseases have been zoonotic.¹³ Recognition by the public that infectious disease outbreaks in people can often be attributed to animal contact reinforces the role veterinarians play in preventing zoonoses.¹⁴ As such, veterinarians then have various legal and ethical duties when it comes to the role they have in preventing and treating zoonotic diseases.¹⁴ Although there is no legal precedent to date, it is reasonable to argue that veterinarians' responsibilities to their clients include a legal duty to exercise reasonable care to protect clients from injury caused by zoonotic diseases.¹⁵ This duty may be inferred by a variety of reasons including a requirement for veterinarians to report some zoonotic diseases and the fact that the scope of veterinary practice includes public health.¹⁴ Veterinarians also have ethical duties they must fulfill as a matter of membership in the veterinary profession, embodied in the veterinarian's oath and the principles of veterinary medical ethics.¹⁴ The existence of these ethical duties may provide the basis for an administrative action taken by a state veterinary medical board and could result in a license disciplinary action.¹⁴

The above scenario describes what would be the ideal response to this cat attack. Notifying the public health authorities and sending in the rabies-suspect animal would likely meet the formal legal requirements, though these can differ depending on state. Instead of straying outside their scope of practice and suggesting (or providing) the client take a different antibiotic, the veterinarian takes the time to contact the human physician and educate them about the dangers of cat bites. Unfortunately, this also reinforces the commonly held belief that human doctors know little to nothing about zoonosis and treating animal-related injuries. Because human physicians are minimally concerned with animal disease and veterinarians are minimally

concerned with human disease, there is a gap in the effective control of zoonotic diseases. This gap is further widened by disagreements over who has primary responsibility in advising the public of the risk of disease, insufficient knowledge about zoonotic disease issues among individuals in both professions, and the failure of the two professions to communicate and collaborate.¹⁴ In response to this epidemic of ignorance, the OneHealth initiative is starting to increase awareness about the interconnectedness of human and animal health. While there is still a ways to go, the willingness of both the medical and veterinary profession to work together for the mutual benefit of humans and animals is beginning to yield great results. Taking the time to reach out to human medical professions in your area, whether through phone calls, newsletters, or even information sessions can pay huge dividends in the long run. Not only can it make your life easier when referring human patients who have suffered injuries because of animals, but a working relationship with local physicians can result in sharing of vast amounts of mutually beneficial information.

Breaking leg/arm + use of radiographs

An employee's child injures their arm during a local sporting event, but the employee does not want to 'waste time' waiting in a local emergency room to see if the injury is a break or merely a strain. The employee takes multiple radiographs of the child's arm with the veterinarian's knowledge, but does not ask for an opinion on the films. After the employee concludes that the arm is broken, they take the child to the hospital.

Is this veterinarian considered to be practicing medicine on humans? Yes! Despite the fact that the veterinarian was not the one who specifically performed procedures or provided interpretation of the test results, the State Board of Veterinary Examiners found him guilty of unprofessional conduct.¹⁵ This was specifically related to the fact that the act occurred with his knowledge in his hospital. In fact, the practitioner was enjoined by the State's Board of Healing Arts; in other words he was formally banned from practicing "the healing arts on human beings".¹⁶

Happening on the scene of an accident

A rural veterinarian is returning home after a long day's work out in the field when he happens upon the scene of a collision. The driver of one vehicle is uninjured while one of the passengers of the other vehicle is severely wounded, with multiple lacerations and internal bleeding. Despite not having taken any formal human first aid training, the veterinarian uses his field kit to stop the bleeding before he notices the other driver has gone into cardiac arrest. He then performs CPR until emergency services arrives; ultimately the driver passes away, while the passenger survives. Did the veterinarian do anything wrong?

Likely not. Fortunately, a Good Samaritan's actions are covered by various laws and statutes, as discussed by Mr. Bernard Rollin in an article in the Canadian Veterinary Journal (2003).¹⁷ The protection provided by these laws is consistent with common sense and protects the Samaritan's right to provide first aid, CPR, and minimal medical assistance that many people are likely to have mastered.¹⁷ As mentioned previously, some states specifically include provisions in their veterinary acts for instances where it is acceptable for a veterinarian to practice on a human being. What the Good Samaritan laws seem to say ethically is that citizens should not be discouraged by fear of liability from helping others at a rudimentary level commensurate with their expertise.¹⁷ This seems fairly reasonable as we do not want a society where aiding other in needs is prevented by fear of a lawsuit.¹⁷ However, when the Good

Samaritan is a person who is medically trained, albeit not a physician, the public is entitled to expect more in the way of emergency assistance than it expects of an ordinary citizen.¹⁷ The more training and experience in managing that sort of emergency, the more the public is entitled to expect.¹⁷ Mr. Rollin uses the example of a military medical corpsman or a veterinarian, both trained to control bleeding; they could be expected to accomplish hemostasis in an emergency.¹⁷ As veterinarians often point out, veterinary training for the first 2 years of veterinary school is virtually identical to that of human medical training, some arguing that it is even more extensive.

Where the veterinarian could have gotten into trouble requires a journey into a few ‘what ifs?’ What if the veterinarian had administered an analgesic from his field kit? What if the veterinarian initiated cardiac massage in the driver? Both of these instances would likely result in some kind of reprimand, as they are grossly out of the veterinarian’s scope of practice. As mentioned before, many states and provinces do not look kindly on veterinarians prescribing or administering medication to humans; the practice of surgery would be unthinkable. In sum, the veterinarian may morally and often legally provide emergency help, provided that he or she does not exceed his or her training and comfort level.

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