

“might be related to the acceptance of an unpleasant but common reality, availability of methods to work around this (for example, doing an operation at a reduced fee) or possibly that financial constraints are seen as the client’s responsibility and are as a result of their actions (as opposed to the other scenarios that were more directly related to the veterinary surgeons’ actions).”

(Batchelor & McKeegan 2012)

The next two scenarios consider different cases where owners have limited finances available for veterinary treatment.

## SCENARIO

### OWNERS CANNOT AFFORD TREATMENT

▶ You have been presented with Sasha, a three-year-old intact female Labrador. She has weight loss and lethargy, but appears alert and happy. The clients, Mr and Mrs B, are a couple in their late 50s who are generally dedicated to their animals, but of limited financial means. Nevertheless, they agree to screening blood and urine tests, thoracic and abdominal radiographs and a biopsy. The results confirm early-stage cancer. The main treatment options include: immediate euthanasia; doing nothing until Sasha’s quality of life deteriorates, probably in several months, and then euthanasia; or chemotherapy. The latter would have to be performed by a specialist colleague at a referral practice. Her chemotherapeutic regime for this condition has a fairly high probability of remission, which normally lasts about 6–18 months, for most of which Sasha could be expected to have a good quality of life. Just over 20 per cent of dogs on this protocol have survived 2–2.5 years. However, the chemotherapy is associated with a range of unpleasant side effects, which can be managed to varying

degrees using medications. The clients would need to be able to pay £1,500–2,000 in fees, and would need to regularly transport Sasha to the hospital for intravenous injections and blood monitoring, as well as medicate Sasha at home and nurse her through any possible side effects. The clients appear frightened and somewhat confused as you explain all of this. They care a lot about Sasha and seem keen to proceed, but don’t think they can afford it.

## What should you do?

## RESPONSE

### ANDREW KNIGHT

▶ Once appropriate empathy has been expressed and deficiencies of understanding have been corrected, you can progress to addressing the ethical dilemma this case presents. On the one hand Sasha would clearly benefit from treatment, and may suffer poor welfare



△

6.3 Mr and Mrs B care for Sasha but may not be able to afford expensive veterinary treatment.

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and eventually die without it. At three years of age she is only young, and would normally enjoy many more years with her caring human family. Even with her neoplastic diagnosis, chemotherapy has a high probability of giving her 6–18 months of remission, with a generally good quality of life. Hopefully any side effects should be largely manageable with medication.

On the other hand, this situation is placing the clients under considerable financial pressure. Much as they care about Sasha, and would doubtless enjoy spending future months to years with her, extra nursing duties notwithstanding, they may not actually be able to afford her treatment. Regrettably, it appears they have not taken out pet insurance, which would probably have covered treatment costs. They would also face additional duties and perhaps some level of distress, when nursing Sasha. Nevertheless they seem keen to proceed if they can.

Sasha and her owners are the main interested parties, although as a caring veterinarian you probably also have a strong personal and professional interest in ensuring your patient's welfare is appropriately safeguarded: that her life is preserved without suffering for as long as possible, and that when this is no longer possible, she is humanely euthanased. Other parties, notably the veterinary practice, also have interests with varying degrees of legitimacy, such as in maximising revenue generated through treatment. However, the essence of this case is the dilemma posed between the need for treatment, and the inability (despite their keenness) of the clients to pay for it.

The next advisable step would be to see if sources of financial assistance are available that might assist the clients, and your patient, and hence reduce or eliminate this dilemma. As decided by the practice owner or manager, your practice might have a policy of allowing payment via instalments for long-standing clients, or in certain types of cases. You might wish to check

whether the referral veterinarian could offer such a plan. In some locales charities can assist animals in general, or specific breeds. Clients may or may not be financially tested to determine eligibility. CareCredit is a US lending organisation that provides credit to eligible clients to pay for medical, and veterinary, treatment. It would be worth seeing whether any such organisation exists in your region. With sensitivity, you might ask whether friends or family could be called on to assist, and might raise the potential of fundraising efforts such as online “crowdsourcing”, and in particular, “crowdfunding”, which have, on occasion, assisted others. However, if none of these options are available, or within the ability of the clients to achieve, then the fundamental dilemma remains.

Cases such as these often tempt veterinarians to reduce or eliminate their charges. However, while clearly benefiting the patient and client immediately present, such choices may adversely impact future patients and clients. As McCulloch (2011) put it, “Supererogatory acts such as this



6.4 Veterinarians may be in the position of euthanasing animals with treatable conditions.

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can be criticised for encouraging irresponsible behaviour (e.g. unable to afford veterinary fees, no insurance) and might also be construed as unfair to those who pay the normal fee.” In the worst-case scenario, overly sympathetic actions or policies could result in the practice becoming financially unviable, ultimately leaving the patients and clients with no veterinarian to serve them. Hence, an appropriate balance should be struck. In some practices this is achieved by having a limited charitable fund, funded partly from practice profits and also client donations, with clear eligibility policies to prevent abuse, and a monthly limit to safeguard the practice finances and other resources.

Ultimately, if sufficient funds could be found to treat Sasha, the choice that would best protect her interests and those of the clients, veterinarian and practice, would be to treat her as described. If at some point she became refractory to treatment, and the neoplasia recurred and progressed to the point where she was undergoing significant suffering with a poor prognosis for recovery, then the most ethical choice would seem clear: Sasha should then be euthanased to prevent further suffering (and also distress for the clients, and the veterinary staff treating her). The same choice would also apply if the funds could not be found to treat Sasha, after exhausting all the options described above. Sasha is currently alert and happy, and should be left to enjoy her life, and the time with her human family, and vice versa, for as long as she has a good quality of life. When her quality of life declined to the point where she was undergoing significant suffering with a poor prognosis for recovery, then she should be euthanased.

Euthanasing Sasha when these criteria are met would effectively provide the “greatest good for the greatest number” of stakeholders, which represents the most common form of utilitarian ethical decision-making. However, if using a rights-based ethical framework, some might argue that Sasha has a “right” to life. Conversely however, it could

be argued that Sasha has a “right” to be spared serious ongoing suffering. A key question is what Sasha would choose for herself, assuming she was sound of mind and competent to do so. Of course the degree of detail to which Sasha could actually contemplate and choose between alternate futures is unknown, and in any case unable to be communicated. Veterinarians often have to make decisions or recommendations in the best interests of the patient, and, to the greatest extent possible, other stakeholders with legitimate interests such as clients, despite having to deal in probabilities, rather than certainties. Indeed, this burden is one of the key responsibilities of the veterinarian.

SOME of the ethical concerns relating to treating cancer in the veterinary setting are discussed by Moore (2011), including gaining informed consent, use of resources that could be used by humans, euthanasia, unproven therapies, client communication and addressing concerns of the veterinary team. Although these concerns also apply to other treatments, some forms of cancer medicines are perhaps unique in their ability to produce serious short-term side effects. Moore stresses the importance of proper staging and evaluation of the cancer before any decisions are made about treatment, except when the owner cannot afford to, or does not want to, treat their animal under any circumstances.

In the above case there may be a conflict between the interests of the client and the interests of the animal. Managing such conflicts is difficult if the veterinarian sees their role as advocating in the best interests of the animal.

One way of eliminating or reducing conflict is discounting services, explored in the following scenario.