

GUIDELINE 9

OBLIGATION TO PROVIDE TREATMENT

Registered veterinary practitioners should ensure they are familiar with the contents of this Guideline. The Board considers this Guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals.

Practitioners should read this Guideline in conjunction with the Definitions listed in the introductory pages.

9.1 PREAMBLE

9.1.1 Each year, the Veterinary Practitioners Registration Board of Victoria receives a number of complaints regarding the refusal of some registered veterinary practitioners to treat animals that are either sick or injured.

9.1.2 Some of the complaints involve owned animals, while others involve stray or wild animals.

9.1.3 While it is recognised that there is no statutory requirement compelling registered veterinary practitioners to accept an animal for veterinary treatment under all and any circumstances, it is extremely important that all registered veterinary practitioners understand their specific legal and ethical obligations regarding the treatment of sick and injured animals.

9.2 LEGAL AND ETHICAL CONSIDERATIONS

9.2.1 The legal obligations and responsibilities of a registered veterinary practitioner to consider the welfare of sick and injured animals are covered under subsections 9 (c) and (i), of the Prevention of Cruelty to Animals Act 1986 (the PCA).

9.2.2 The power of a registered veterinary practitioner, to destroy an animal is covered under subsection 21(1)(c) and subsection 22(1) of the PCA.

9.2.3 A registered veterinary practitioner who provides a direct veterinary service to the public, either in a self-employed or salaried capacity, has an obligation to ensure that the provisions of the PCA are not contravened.

9.2.4 All registered veterinary practitioners should be cognisant of the PCA.

9.2.5 Subsection 9 (1) (c) of the PCA defines the committing of an act of cruelty as;

"(a person who) does or omits to do an act with the result that unreasonable pain or suffering is caused, or is likely to be caused, to an animal "

9.2.6 Subsection 9 (1) (i), further defines the committing of an act of cruelty as;

"(a person who) is the owner or the person in charge of a sick or injured animal and unreasonably fails to provide veterinary or other appropriate attention or treatment for the animal".

9.2.7 Both subsections apply to all members of the community, including registered veterinary practitioners. For example;

Subsection 9 (1) (c) may apply to a registered veterinary practitioner who fails to provide veterinary or other appropriate attention or treatment to a sick, injured or stray animal to reasonably alleviate the animal's pain and suffering. Note that this is a very broad provision that is not limited to custody, ownership or the person in charge of an animal;

and,

Subsection 9 (1) (i) covers an act of forbearance towards a sick or injured animal and may include the refusal of a registered veterinary practitioner to treat the animal.

9.2.8 A registered veterinary practitioner should take appropriate measures to minimise or alleviate the pain, suffering or distress of any animal presented for treatment as far as is reasonably possible, irrespective of the prospect of receiving payment for the treatment rendered. Such measures must not be unreasonably delayed or withheld while financial negotiations take place. There is a minimum ethical obligation to provide emergency treatment, including euthanasia, whether or not the animal is owned, or whether or not the owner is a client of the practice.

9.2.9 Refusal by a registered veterinary practitioner to examine or treat sick and injured animals presented for treatment, either in normal hours or as an out-of-hours emergency, may result in prosecution under the PCA and may also constitute an act of Unprofessional Conduct under the Veterinary Practice Act 1997.

9.2.10 A registered veterinary practitioner should endeavour to ensure that an animal does not suffer unnecessary pain or distress because of a client's unwillingness to provide adequate or appropriate veterinary care. The range of options available for treatment of the animal's condition, including the preferred method, should be clearly conveyed to the client, and their legal obligation to provide appropriate care should be carefully explained.

9.2.11 If the owner or custodian of an animal requires time to consider their options for treatment of that animal, appropriate measures to alleviate pain or suffering of the animal should commence immediately, while they consider their alternatives.

9.2.12 If the owner or custodian of an animal refuses to allow the animal under their care to be given appropriate treatment, either on a short or long term basis, the registered veterinary practitioner should convey such information to an Inspector appointed under the Section 18 of the PCA as soon as possible.

9.3 EMERGENCY TREATMENT

- 9.3.1 An emergency case is defined as one which is life threatening or in which delay in the provision of treatment would be likely to cause or prolong pain, suffering or distress to the animal, or one in which an examination of the animal is required at the earliest possible opportunity in order to assess whether or not its condition is life threatening or likely to cause or prolong pain, suffering or distress.
- 9.3.2 When alerted to, or presented with, an emergency case a registered veterinary practitioner should establish clear priorities for action.
- 9.3.3 The first priority should be to assess the animal's condition either by discussion with the informant when the animal is not brought to the clinic, or by proper clinical examination when it is.
- 9.3.4 The range of options available for dealing with the animal including the preferred method should be clearly and concisely communicated to the person presenting the animal or the information.
- 9.3.5 Where assistance from Police, Local Government officers, Royal Society for the Prevention of Cruelty to Animals (RSPCA), Department of Primary Industries (DPI) animal health staff, or another registered veterinary practitioner is required it should be promptly sought.
- 9.3.6 While the PCA would generally require a registered veterinary practitioner to render emergency treatment, it does not explicitly oblige them to attend a reported accident or emergency scene. In some circumstances, it may be reasonable for further enquiry to be made with police or other emergency workers before attending an emergency scene.
- 9.3.7 Occupational Health and Safety considerations may be brought into account when making decisions to attend outside of a registered veterinary practitioner's usual work hours or environment. A registered veterinary practitioner is not obliged to attend a house call, after-hours call or accident/emergency when the practitioner has reason to feel that their personal safety (or that of their staff) may be at risk. The owner or person making the request for treatment of the animal may be asked to bring the animal into the surgery/practice, or may be directed to an available, nearby, alternative veterinary service or animal rescue service so that first aid can be provided. Alternatively, the registered veterinary practitioner may elect to attend only if he/she can arrange to be accompanied by a supportive person(s).
- 9.3.8 Emergency treatment of a case brought to a veterinary clinic should be undertaken as soon as practicable. The registered veterinary practitioner must use professional judgement to establish priorities when faced with more than one case requiring urgent attention.
- 9.3.9 Prior to initiating treatment of an animal, whether the owner is known or not, a registered veterinary practitioner must perform a proper clinical examination. The results of the examination, including the identification of the animal must be recorded. Treatments carried out must also be recorded, particularly the use of schedule 4, 8 or 11 drugs.

- 9.3.10** The emergency treatment of an animal may be considered as the application, at the earliest possible opportunity, of simple medical and other procedures which will provide relief from unnecessary pain, suffering or distress on the part of the animal or which will improve, as far as is practical and reasonable under the circumstances, the prognosis of any life-threatening conditions.

9.4 EUTHANASIA

This section should be read in conjunction with Guideline 10.

- 9.4.1** Euthanasia may be considered a legitimate emergency treatment of an animal (under the definition of an "appropriate treatment" in subsection 9 (i) of the PCA) in those circumstances where it is impossible or impractical to provide for satisfactory alternative treatment, and where indicated by the registered veterinary practitioner's clinical examination.

- 9.4.2** Subsections 21(1)(c) and 22(1), of the PCA provide a registered veterinary practitioner with power to destroy an animal which :

"is behaving in such a manner and in such circumstances that it is likely to cause death or serious injury to any person or animal;

or,

is abandoned, distressed, or disabled if its condition is such that it would continue to suffer if it remained alive."

This section extends the common law on euthanasia of animals to specifically allow a registered veterinary practitioner to destroy an animal in certain circumstances without reference to the owner of the animal, and to indemnify registered veterinary practitioners who act within this power. Clearly, this power would not be exercised if an owner were available to be consulted, but it does enable a registered veterinary practitioner to act in the best interests of an animal when the owner cannot be readily contacted or identified.

9.5 SICK AND INJURED STRAY ANIMALS

- 9.5.1** A registered veterinary practitioner's minimum obligation to sick or injured stray domestic or wild animals is to provide emergency treatment to relieve pain and suffering. This may include euthanasia.
- 9.5.2** Stray domestic animals fall into two categories - those with identification of their ownership and those without identification.
- 9.5.3** Healthy, unidentified stray animals should be sent to the appropriate pound, shelter, or the RSPCA at the earliest possible opportunity.
- 9.5.4** A sick or injured stray animal must be given emergency treatment when indicated, by the attending registered veterinary practitioner, regardless of the prospect of payment for the service.
- 9.5.5** If the animal is unidentified, it should be sent to the pound, shelter, or RSPCA as soon as possible after its condition has stabilised.

9.5.6 If emergency treatment of a stray animal consists of euthanasia, and especially if the animal is away from a veterinary clinic, the body should be placed in a suitable position eg. off the road and verge, and the appropriate authority notified of its position and the method of euthanasia.

9.5.7 Where a sick or injured stray animal carries suitable identification of its owner or custodian and euthanasia is indicated, all reasonable measures should be taken to contact its owners or custodians before this is carried out. If it is not clinically reasonable to provide pain relief until the owner can be contacted, and immediate euthanasia is indicated, the identified owner should be contacted as soon as possible after the euthanasia has been carried out. Thorough documentation of the clinical need for urgent euthanasia (before owner's authority can be obtained) is of the utmost importance.

9.5.8 Declared Pest Animals

Declared pest animals under the Catchment and Land Protection Act 1994 should be immediately euthanased.

9.5.9 Protected and Native Species

- a) Where there is a reasonable expectation that the animal can be treated and released back to the wild without causing unnecessary pain, suffering or distress, the animal should be treated as required and then released or referred to the appropriate licensed wildlife care centre for further necessary care prior to being released. The Department of Sustainability & Environment can provide information about the keeping of native animals with or without a permit, or those which may not be kept even by permit holders.
- b) Where there is not a reasonable expectation that the animal can be treated successfully and released back to the wild, then the animal should be euthanased immediately.

9.6 RIGHT TO REFUSE VETERINARY TREATMENT

9.6.1 A registered veterinary practitioner may be unwilling to provide treatment for animals on behalf of clients because;

- a) they have a history of poor payment or non-payment (bad debt) for veterinary services; or
- b) they are unable to afford veterinary treatment for the animals under their care; or
- c) they have been previously notified in writing by the registered veterinary practitioner concerned that further veterinary services will not be rendered (dismissed by the practice); or
- d) the registered veterinary practitioner has an objection to euthanasia of healthy animals; or
- e) the client usually uses another veterinary practitioner or service.

9.6.2 Under such circumstances, the registered veterinary practitioner requested to treat the animal must always ensure that emergency treatment and pain relief are provided regardless of financial or other considerations.

9.6.3 The registered veterinary practitioner who is unwilling to accept the animal for treatment may respond in one of the following ways:

- a) If an alternative registered veterinary practitioner or animal welfare organisation is readily available and willing to accept the animal for treatment, the client should be referred promptly to that registered veterinary practitioner or animal welfare organisation for the examination of the animal and the relief of unnecessary pain, suffering or distress.
- b) If an alternative registered veterinary practitioner or animal welfare organisation is not immediately available or if immediate treatment is necessary, emergency treatment should be provided by the registered veterinary practitioner before referring the animal to an alternative registered veterinary practitioner or recognised animal welfare organisation for ongoing treatment.

9.6.4 The dismissal of a client does not relieve the registered veterinary practitioner of their obligations and responsibilities to provide emergency treatment.

9.7 TREATMENT OF UNFAMILIAR ANIMALS

9.7.1 Where the registered veterinary practitioner does not normally treat the species of animal presented for emergency treatment, basic medical measures for the relief of any unnecessary pain, suffering or distress should be provided before immediately referring the animal to an appropriate registered veterinary practitioner for ongoing care.

9.8 PROVISION OF EMERGENCY AND AFTER HOURS TREATMENT

9.8.1 All registered veterinary practitioners, who provide a direct veterinary service to the public, should make suitable provision for their clients to obtain alternate veterinary services for their animals when a registered veterinary practitioner is unavailable at their place of business.

9.8.2 Alternate veterinary services

Alternate veterinary services may be provided by redirection to another registered veterinary practitioner or emergency centre, located within reasonable proximity, by means of suitable telephone message and signage on the veterinary premises. The alternate registered veterinary practitioner or emergency centre should be made aware that such redirection is to be made, and accept this arrangement.

9.8.3 Advertising After Hours and Emergency Services

When registered veterinary practitioners advertise their services, including after hours and emergency services, in any medium including the telephone directory, they must ensure that the statements made or implied in their advertising are true and accurate for the advertised business conducted. If a practice does not provide 24 hour attendance (e.g. if they routinely redirect after hours work to an

emergency service) they should not advertise that they provide 24 hour service or care, as this would be misleading. It would be acceptable, however, to advertise a 24 hour contact telephone number where the public may phone to obtain information about service. This information could redirect the client to an after hours service as appropriate.

9.8.4 After Hours Hospitalisation

Guideline 4 is to be followed regarding the manner in which hospitalisation services are provided outside of normal working hours.