

Newsletter

Veterinary Board of the Northern Territory

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BOARD MEMBERSHIP

Position	Name
President	Malcolm Anderson
(ex-officio - Chief Inspector	
of Livestock)	
Vice President	lan Gurry
(elected veterinarian)	
Member	Shane Bartie
(elected veterinarian)	
Member	Dick Morton
(appointed veterinarian)	
Public Interest Member	Marion Davey
(appointed non-	
veterinarian)	
Administrative Support	Sue Gillis
(Board Registrar)	

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INFORMED CONSENT

A common cause for complaints that appear before the Board involves misunderstandings between clients and veterinarians over costs and treatments; both treatments given and those offered.

Clause 8 of the Veterinary Board of the NT's Code of Conduct states:

"A registered veterinarian must, where it is practicable to do so, obtain the informed consent of the person responsible for the care of an animal before providing veterinary services to the animal. If the informed consent is verbal, a record of the verbal conversation should be kept".

For a veterinarian, informed consent means that all information relevant to the treatment of an animal is made available to allow the client to make the best decision for their animal within their individual limitations. It is therefore important to also refer to clause 17 of the Code when discussing informed consent:

VETERINARY BOARD OF THE NORTHERN TERRITORY - NEWSLETTER

A registered veterinarian must, where it is practicable to do so and before providing veterinary services in relation to an animal, inform the person responsible for the care of the animal of: (a) The nature, purpose, benefits, effects and risks of the veterinary services and option for alternative veterinary services; and

(b) The estimated costs of those services

Wherever possible informed consent should include an explanation of the diagnosis, possibilities for treatment, expected and unexpected outcomes (risks) and costs. Risks should include anesthetic risks, negative outcomes such as death, treatment failure or complications.

Informed consent implies not just that the client was given this information, but also that they were given it in a way they could understand and explanations were offered to clarify areas of confusion. Ideally informed consent will also help vets avoid biasing treatment options to match what they think a client wants or can afford.

The Board accepts that often costs are not fully known, complex medical or surgical conditions may be difficult to explain, or a definitive diagnosis may not yet be made. Under these circumstances it is important that continuing communication with the client occurs and that changes in treatment, outcomes or costs are fully explained when they become known. Consent is not something that is given once at admission, but requires us, to ensure that where practicable the client consents to any changes in the treatment or costs.

Verbal consent is of course acceptable. Written consent has the benefit that it protects both the veterinarian and the client, ensuring a record of the communication between the parties is created, which reduces the likelihood of future misunderstandings. If a complaint does arise it is an invaluable defense for the veterinarian and shows that informed consent was sought and obtained.

It is not necessary to obtain written agreement when changes in patient treatment or costs occur, but the conversation should be recorded in the history.

So often we run through check lists in our minds but don't run through it with our clients. As you are admitting a patient, you might say to yourself, have I;

- Explained my tentative diagnosis?
- Explained a diagnostic plan when needed?
- Explained all treatment options considered appropriate by the profession generally?
- Explained likely outcomes for the treatment options, including reasonably foreseeable complications?
- Explained the costs associated with treating the patient, and when those costs are to be paid?
- Ensured I can contact the client to gain consent for deviations from the treatment plan, costs, or to inform the client of complications?
- Asked the client if they have any questions or concerns regarding the current diagnosis, treatment and costs?

RECORD KEEPING

Contemporary professional standards for veterinary practice require that case notes should provide sufficient details to enable another veterinarian to continue the treatment of the animal at any time.

This includes (but is not necessarily limited to) full details of:

- any condition or injury

- any examination, procedure, treatment
- any provisional or definitive diagnosis
- the results of any diagnostic tests

- estimates on likely extent and cost of treatment, given prior to treatment (as required by clause 17 of the Code of Conduct)



- any drugs prescribed and directions provided
- instructions given when the animal is discharged
- any drugs administered (including amount and route)
- anaesthetics given.

On a cautionary note, veterinarians are reminded that contravention of, or failure to comply with the Veterinarians Act, Veterinarians Regulations or the code of conduct constitutes "misconduct" within the meaning of section 28 of the Veterinarians Act, which is a ground for possible disciplinary action under the Act.

NATIONAL VETERINARY WORKFORCE SURVEY UNDERTAKEN BY THE AVA

In 2013 the AVA conducted a national survey of the veterinary workforce in Australia. The report analysing the results of the survey is available on the AVA website at

http://www.ava.com.au/sites/default/files/AVA_website/pdfs/Australian%20veterinary%20workforce%2 0survey%20report%202013.pdf

The 2014 survey is now available. It is intended that the survey will be conducted on an annual basis to gather the data required to develop relevant insights into workforce trends, educational needs and other issues relating to the future of the veterinary profession.

All veterinarians are encouraged to assist this endeavour by participating in the 2014 on-line survey, which can be accessed directly at: <u>http://bit.ly/1sj7GdX</u> or logon to the Northern Territory Veterinary Board website to access the survey.

EUTHANASIA, DEPRESSION AND SUICIDE IN VETERINARIANS RESEARCH UPDATE

Tran, L., Crane, M. F., & Phillips, J. K. (2014, March 17). The Distinct Role of Performing Euthanasia on Depression and Suicide in Veterinarians. Journal of Occupational Health Psychology.

With the assistance of all Veterinary Boards in Australia, 540 Australian registered veterinarians participated in the study from across Australia. The primary goal was an investigation into moral injury, its impact on performance and mood and how individuals cope. One of the outcomes of the study is to be published in the *Journal of Occupational Health Psychology*. In this paper they report on the association between euthanasia-administered frequency and depressed mood and suicide risks in Veterinarians.

The results found that the more euthanasia performed in a typical week the greater the risk of depressed feelings. While this might initially sound alarming, euthanasia frequency only explained about 1% of depressed moods. The data indicated that there are some very important factors that are critical determinants of wellbeing in veterinarians. With respect to suicide-risk, a greater amount of euthanasia performed in a typical week actually reduced the risk of suicide in depressed veterinarians, the highly frequent (>11 in a typical week) performance of euthanasia may be a protective factor against suicide risk in depressed veterinarians.

To see the full report go to http://dx.doi.org/10.1037/a0035837

ANNUAL RENEWAL NOTICES

Notices regarding the annual renewal of registration to practise as a veterinarian in the NT in 2015 will be posted out on 31 October 2014 to all veterinarians on the NT Veterinary Register (in both categories of primary and secondary registration) to the last known postal address recorded in the Board Register.

If you have changed your address please advise the Board Registrar prior to these notices going out.

PIONEERING SPIRIT OF NORTHERN TERRITORY GOVERNMENT STOCK INSPECTORS AND VETERINARIANS CHRONICLED IN PRINT

Two booklets recently published by the Department of Primary Industry and Fisheries (DPIF) recount the hard work, pioneering spirit, and often amazing tales of the NT Government's early Stock Inspectors and Veterinarians. *Territory Stockies and Government Vets-The Northern Territory Animal Health System From 1965 to 2012,* was coordinated by former NTG Veterinarian <u>Brian Radunz</u>, who compiled stories with contributions from 20 former NTG Stockies and Vets and the era's five major animal health programs.

"A long line of dedicated animal health staff often sacrificed comfort and personal safety to get the job done, sometimes in the Territory's most remote areas," said Dr Radunz, Chief Veterinary Officer from 1999 to 2012. "I wrote the books because I think it's important to remember that the current success of the NT's pastoral industry owes much to the work of those dedicated people.

"The booklets celebrate the achievements of the cattle industry, private sector service providers and DPIF staff in cattle disease eradication. The eradication of contagious bovine pleuro pneumonia and the availability of TB and brucellosis-free Brahman cattle enabled the rapid growth of the live cattle export industry from the early 1990s".

The booklets are filled with larger than life characters including stoic stockmen and tough-as-nails Vets and Stockies. Bruce Tye, a former stock inspector, recalls that Regional Stock Inspector Denis Morgan was such a man:

"A beast bucked in the crush and the scalpel blade injured his fingers. He should have gone straight to town but remembering he was there because we were short-handed, he double-gloved his hand and worked away at the glue and tags until we finished the mob. His fingers must have throbbed all day long. (Vet) Geoff Maher drove him to Alice that night. I believe that the tide was out on the first bottle of rum before they got to Beenleigh bore on the Plenty Highway."

Brian has fond memories of Noel Ross who tragically lost his life at work in 1989 due to a helicopter accident. Noel was the Stockie in Darwin when he started work in the Darwin region in 1972 as a green young vet. Noel was an extraordinary gentleman and a competent horse "Vet", having been trained to do basic horse surgery. As more Vets appeared in the 1970s, Stockies were no longer permitted to do surgery.

Brian also recalls Dave Russell's dedication to work during a job bleeding cattle at a property three hours from Katherine in the mid-1970s. Dave got a very large splinter in his right thumb from the wooden race. As there was only Dave and Brian doing the job he did not want to drive back to Katherine for medical treatment and leave the job short-handed. Dave asked Brian to remove the large splinter with his veterinary equipment. There was a local anaesthetic and horse and cattle needle in the vehicle. The new needles could not penetrate the hard skin on his thumb and so treatment had to be aborted. He struggled on and finished the job and drove back to Katherine. Brian later discovered that the doctor had a similar problem and had to use more advanced human medical procedures.

Contributor and former stock inspector Bruce Tye sums up his work in those early days, "We defeated bovine tuberculosis and brucellosis (in the NT) and that is a mighty big thing to say. Although it was a program that had its challenges, we were lucky to work in some magnificent parts of Australia with some of the best people."



The publications are available from Department of Primary Industry and Fisheries Technical Publications:

(08) 8999 2313, technical.publications@nt.gov.au

FROM 1 JUNE 2014 ALL TYLOSIN PRODUCTS WILL BE PRESCRIPTION ONLY

Previously, products containing low concentrations of tylosin were classified in Schedule S5 and could be sold in retail outlets without a veterinary prescription. These have been rescheduled to S4 (Prescription Animal Remedy) and tylosin products will only be available under veterinary prescription.

Tylosin is a macrolide antimicrobial agent approved by the APVMA for use in poultry, pigs and cattle.

The <u>Scheduling Delegate's decision and rationale (external site)</u> are available from the website of the Therapeutic Goods Administration.

Tylosin will still be available as an injection, water-soluble antimicrobial preparation and as premix, when prescribed by a veterinary practitioner.

Veterinarians are expected to comply with the Australian Veterinary Association's <u>Code of Practice for</u> <u>Prescription and Use of Products which contain Antimicrobial Agents (external site)</u> when prescribing antimicrobial agents.

MEDICINES, POISONS AND THERAPEUTIC GOODS ACT

The *Medicines, Poisons and Therapeutic Goods Act* commenced on 1 May 2014. This Act replaces the *Poisons and Dangerous Drugs Act* and the *Cosmetic & Therapeutic Goods Act*. The New Act can be accessed through the below web site address:

http://notes.nt.gov.au/dcm/legislat/legislat.nsf/d989974724db65b1482561cf0017cbd2/86ef1ca5bf3e81 ec69257ccb007db27c?OpenDocument

WORKING IN OTHER STATES/TERRITORIES

If you intend to practice in another state/territory please ensure that you check their Board's website for specific issues that you may need to be aware of. You can access other Veterinary Board's website through our site at: <u>http://www.nt.gov.au/d/vetboardnt/index.cfm?header=Home</u>

Click on the **Useful Links** tab. This will take you through to all Veterinary Boards in Australia, New Zealand as well as other foreign registering authorities.

UPCOMING ELECTION OF BOARD MEMBERS

Two positions for members on the Board will become vacant in June 2015. In accordance with section 5(1)(b) of the *Veterinarians Act*, these vacancies must be filled by "2 registered veterinarians" who are elected by registered veterinarians by postal ballot "to represent the interests of registered veterinarians".

Notices seeking nominations from eligible, registered veterinarians, who are resident in the Northern Territory, will be despatched to all NT resident registrants at the end of February, with nominations closing on 26 March 2015. Details of the nominations will then be circulated with a requirement for ballot papers to be lodged by 4pm 22 May 2015 for the official count of postal votes.