

THE SCOPE OF VETERINARY PRACTICE: A MODEL FOR REGULATING ANIMAL MEDICAL TREATMENTS BY NON-VETERINARIANS

*Prepared by the Coalition on the Scope of Veterinary Practice
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BACKGROUND

The veterinary medical profession is charged with delivering optimal animal healthcare, advocating for animal welfare, and protecting public health. Legislators and regulators are facing increasing pressure from non-veterinarians who seek legal authority to perform animal medical procedures that currently constitute the practice of veterinary medicine. Treating animals without veterinary involvement or management could harm animal patients and endanger public health. This coalition's intention is to provide guiding principles to state veterinary medical associations that will assist them as they work with licensing boards and legislators on these issues.

Veterinary education usually includes an undergraduate degree, which is always followed by a four-year professional veterinary medical education program that affords a veterinarian expertise in multiple species. By virtue of their education, veterinarians – like other senior healthcare professionals – receive an unrestricted license that is complete in every respect. This professional license provides the means by which the public holds the veterinarian accountable.

UNDERLYING PRINCIPLES

Coalition participants sought to articulate an optimal system for animal healthcare delivery, while recognizing that statutes and regulations will vary in individual states. An optimal system would protect consumer interests, address public health concerns, and advance the welfare of animals. This system rests on a number of underlying and inviolate principles:

- ✍ Veterinarians protect animal health, animal welfare and public health.
- ✍ The practice of veterinary medicine includes, but is not limited to, diagnosis, treatment, prescribing, surgery, and disease prevention.
- ✍ A license to practice veterinary medicine implies that:
 - Veterinarians are unrestricted in their choice of therapeutic options as long as the animal owner provides informed consent
 - Veterinarians know their individual skill levels and limitations
 - Veterinarians who practice beyond their individual skill levels or limitations will be held accountable for their actions by a licensing or regulatory board
- ✍ Statutes have designated the veterinarian as the sole primary care provider in the animal healthcare system.

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- ✍ According to the American Board of Veterinary Specialties (and many state practice acts), non-veterinarians must not use any title, words, abbreviations or letters that induce the belief that the person using them is a veterinarian. Such use is prima facie evidence of the intention to represent oneself as engaging in the practice of veterinary medicine.
- ✍ There may be a role for non-veterinarians in the treatment of animals; however, there are risks associated with the involvement of non-veterinarians.
- ✍ Statutes require veterinary medical procedures to take place in the context of an established veterinary/client/patient relationship.

IMPLICATIONS FOR PUBLIC POLICY

The highest level of animal healthcare is that delivered by the veterinarian. The veterinarian possesses unique qualifications – i.e., comprehensive education, experience, and licensure – to diagnose and treat animal health problems and to recognize and report public health risks.

Furthermore, numerous federal and state government agencies, as well as corporations and businesses involved in the production and distribution of animal health pharmaceuticals and other animal health materials, have long-established channels for communicating with veterinarians about animal health and safety issues and notifying veterinarians of potential public health and food safety problems. Non-veterinarians are neither in a position to receive nor qualified to appropriately act upon such notifications – thus threatening animal health, public health and food safety. For example, in 1997 the Food and Drug Administration issued an alert to remind veterinarians that colloidal silver was not approved for use in the treatment of mastitis in dairy cows. Colloidal silver is sold over-the-counter. Use of it could lead to residues in meat, milk or eggs, which could jeopardize the health of humans.

Risks increase as the involvement of the veterinarian decreases. These risks include:

- ✍ Absence of proper diagnosis
- ✍ Delay in effective treatment of the animal patient
- ✍ Injury or death to the animal patient
- ✍ Increased transmission of potentially fatal and debilitating zoonotic diseases from animals to humans (such as rabies, equine encephalitis, West Nile virus, and Lyme disease)
- ✍ Threats to food safety by transmission of diseases such as salmonella, *E. coli*, cryptosporidium and listeriosis, and
- ✍ Delays in recognizing foreign animal diseases (such as foot-and-mouth disease or BSE) that pose an increased risk of bio-terrorism or economic disaster.

In treating the animal patient, the veterinarian may choose to utilize the services of non-veterinarians as secondary care providers. In this case, state legislatures and regulatory

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boards face the difficult challenge of determining the appropriate level of supervision required to minimize risk when non-veterinarians are involved. This decision must include an assessment of factors such as:

- ✍ Risk to the animal patient and client
- ✍ Impact on public health and welfare
- ✍ Credentials or qualifications of the non-veterinarian
- ✍ Animal owner's recourse through liability coverage if harm or death to the animal results, and the
- ✍ Non-veterinarian's accountability to a veterinary licensing board with disciplinary authority.

TREATMENT PROVIDED BY NON-VETERINARIANS

A progressively higher level of state regulatory authority and oversight is required the more a non-veterinarian treating animals is removed from immediate supervision by a veterinarian. That is, a greater burden rests with the state for licensure or registration of non-veterinarians directly involved in the treatment of animals. To minimize risks, the veterinarian must 1) Provide immediate or direct supervision of a treatment delivered by a non-veterinarian and 2) Manage the delivery of all required care.

Non-veterinarians require supervision by a veterinarian at one of the following levels:

- ✍ Immediate supervision, which means that the attending veterinarian is in the immediate area, within audible and visual range of the animal patient and the person treating the patient. With this highest level of supervision, the veterinarian can best avert harm to the animal and/or the animal owner, intervene if an emergency arises, and respond to injury during care by the non-veterinarian
- ✍ Direct supervision, which indicates that the attending veterinarian is readily available on the premises where the patient is being treated, or
- ✍ Indirect supervision, which means that the attending veterinarian has given either written or oral instructions for treatment of the patient and is readily available by telephone or other forms of immediate communication.

If an animal owner insists that a non-veterinarian treat his or her animal against veterinary recommendation, the veterinarian should inform the animal owner in writing of the applicable requirements for veterinary supervision, the risks to the animal patient, and the non-veterinarian's lack of accountability to regulatory agencies.

Difficult and complex issues surrounding treatment by non-veterinarians must be considered when writing public policy. Examples of such issues are listed below.

- ✍ Adequate protocol should cover items such as the timely provision of records by the non-veterinarian to the veterinarian, limited time lapses from veterinary examination to initial treatment, the number of treatments allowed, and timely follow-up by the veterinarian.

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- ✍ Liability insurance is a significant concern in terms of consumer protection for harm or injury or death to the animal patient. However, in most cases, non-veterinarians are unable to obtain liability insurance to afford appropriate consumer protection. In the cases of non-veterinarians licensed in other disciplines, liability insurance does not necessarily extend to treatment of animal patients.
- ✍ The practice acts of other licensed professions require careful assessment to determine whether those practice acts either limit the professionals' practice to humans, or animals, or are silent on this issue.
- ✍ The legitimacy of "certification" claimed by various non-veterinarian practitioners generates grave concern to veterinarians. In contrast to the rigorous and standardized training completed by every licensed veterinarian, non-veterinarians often advertise that they hold any number of "certifications" or even "board certifications." This leads to confusion among legislators and the general public. The term "certification" in itself is meaningless, as any person or training program can "certify" a practitioner without proof of merit. Furthermore, self-appointed certifying associations have added confusion by developing "board certification" pathways in animal healthcare that are unrecognized by the American Veterinary Medical Association (AVMA). The term "board certification" in veterinary medicine connotes standards and testing that are carefully developed and scrutinized by the American Board of Veterinary Specialties. Self-appointed certifying agencies usually have a financial investment in the training programs leading to certification. Furthermore, graduates of their animal training courses often appear to feel entitled to work on animals without veterinary supervision. The issue of certification should be addressed in public policy so that the public clearly understands the meaning and significance of an AVMA-recognized veterinary specialty organization versus that of a self-appointed certifying body.
- ✍ The issue of accountability for the actions of non-veterinarians who provide direct treatment to animals must rest with the veterinary licensing board so that no confusion exists about the authority to discipline any provider of animal healthcare (whether the provider is unlicensed or licensed by a separate board).

VETERINARY EDUCATION IN INTEGRATIVE THERAPIES

An increasing number of non-veterinarians who utilize alternative therapies are petitioning for direct access to animals without veterinary involvement or management. However, a cadre of veterinarians who are well educated in integrative therapies⁽¹⁾ already exists. Their numbers increase annually. This growing trend should receive support by the veterinary profession in order to ensure that when animals require this type of care, a trained veterinary professional provides it in an appropriate manner and delivers the highest quality care available.

Comment [NR1]: "integrative therapies" would be incorrect here, I think, since it implies the integration of non-conventional modalities into a comprehensive medical approach that includes conventional treatments when appropriate.

Certain veterinarians practicing integrative medicine have already begun the process of seeking specialty recognition through the American Board of Veterinary Specialties (ABVS) for specific modalities. Their efforts are commendable, and the veterinary

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medical profession should encourage such efforts. The standards expected of these integrative specialties are no different from conventional specialties.

Similarly, the number of accredited veterinary training institutions offering integrative therapy education is multiplying, but the need for more programs remains. Veterinary medical associations should deliver continuing education programs which demonstrate that the highest standard of animal healthcare may include integrative therapies.

CONCLUSIONS

- ✍ We reject the suggestion that unlicensed persons may practice veterinary medicine without veterinary involvement or management.
- ✍ If the provision of services to animals by non-veterinarians is deemed to be in the best interest of the animal and protective of public welfare, then non-veterinarians must work under veterinary supervision.
- ✍ Risks to public health and animal welfare increase proportionately to the decreasing involvement of the veterinarian.
- ✍ We encourage more veterinarians to pursue education in integrative therapies.
- ✍ ABVS-recognized board certification in veterinary integrative therapies should be encouraged.
- ✍ Rigorous educational programs in integrative therapies should be offered through veterinary schools and veterinary medical association meetings.

*The Coalition on the Scope of Veterinary Practice prepared this paper, and is comprised of the following associations: *** Tentative list until 1/1/05 ****

- ✍ American Holistic Veterinary Medical Association
- ✍ Colorado Veterinary Medical Association
- ✍ Florida Veterinary Medical Association
- ✍ Illinois Veterinary Medical Association
- ✍ Missouri Veterinary Medical Association
- ✍ Nevada Veterinary Medical Association
- ✍ Ohio Veterinary Medical Association
- ✍ Oklahoma Veterinary Medical Association
- ✍ Texas Veterinary Medical Association
- ✍ Washington State Veterinary Medical Association
- ✍ Wisconsin Veterinary Medical Association

⁽¹⁾ The term “integrative therapies” as used in this paper refers to complementary forms of healthcare that work alongside conventional approaches to expand therapeutic options, speed recovery, optimize treatment effectiveness, and improve patients’ overall quality of life.