

Report to Licensees
of the
LOUISIANA BOARD OF VETERINARY MEDICINE
Volume 16, No. 3

June 2007



Welcome New Board Members!

The members of the Louisiana Board of Veterinary Medicine and staff of the Board office would like to welcome returning Board member, Brent Robbins, DVM, and new Board member, John C. Prejean, DVM. Dr. Robbins, a 1986 graduate of LSU-School of Veterinary Medicine currently practices in St. Tammany Parish, Louisiana and has been appointed to serve a 4-year term from February 2007 through July 31, 2010. Dr. Prejean, a 1969 graduate of Texas A&M University School of Veterinary Medicine, currently practices in Abbeville and has been appointed to serve a 5-year term from March 2007 through July 31, 2011. We extend a warm welcome and best wishes for a productive team.

The Board will certainly miss departing member, Glenn Walther, DVM, whose term with the Board expired February 5, 2007. During his 6-1/2 year term, Dr. Walther shared invaluable insight and experience pertinent to veterinary medicine and regulatory functions of the Board, leaving a lasting impression for those who worked with him.

The Board will also miss departing member Lon Randall, DVM, whose term with the Board expired March 9, 2007. Dr. Randall has shared his experience, visions and understanding of statutes, rules and administrative procedures with sincerity and fairness during his five-year+ term.

The Board appreciates their service and wishes them well on future endeavors!

License Renewals to be Mailed Out End of June

All licenses expire September 30, 2007. Prepare now and avoid late fees, stress and hassle.



Emergency Care/Aftercare

The Board has received inquiries regarding a veterinarian's legal obligations to provide emergency care and aftercare. While this article is not intended to be an all inclusive answer, it is intended to hopefully provide a helpful response to a "not so easily answered" question. At the outset, it must be kept in mind that the privilege of practicing your chosen profession, as with any true profession, comes with a responsibility to be available to those who most desperately need your services.

Emergency

With regards to emergency care, please refer to the Practice Act's Section 1518A(9) granting the Board the power to adopt rules of conduct, and Section 1526A(14) regarding unprofessional conduct. Board Rule 1001A does, in fact, adopt the AVMA's Code of Ethics. Principle II.F of the Code of Ethics states, in pertinent part, that "in emergencies, veterinarians have an ethical responsibility to

provide essential services for animals when it is necessary to save life or relieve suffering."

The Board interprets this responsibility, in general, to mean that the veterinarian must stabilize a true emergency condition regardless of whether it is an established patient or not. Such must be done without concern for compensation. In the event services are then needed beyond the stabilization, the veterinarian may demand payment (or arrangement for payment) for further services prior to provision of such services.

Please note that subsections 1 and 2 of Principle II.F provide exceptions to emergency services. Principle II.F 1 states that when the veterinarian cannot be available, he should arrange for colleagues to be available consistent with the needs of the locality. Principle II.F 2 states that when the veterinarian is not qualified to manage and treat certain emergencies, he should arrange

to refer the animal to other veterinarians who can provide the appropriate emergency care. Depending on the facts of the case, a veterinarian could be in violation of this Principle if he failed to refer an animal to the appropriate colleague for emergency services when the facts required such a referral.

Obviously, the services required to stabilize a true emergency condition will be fact specific in any given case, as well as the legitimate application of the exceptions in Principles II.F 1 and 2. In addition, the stabilization of an emergency condition of an established patient will be more closely scrutinized given the presence of the veterinarian-client-patient-relationship (VCPR).

Please understand that it is not the Board's intention to encourage the unnecessary taking of risks to your, and your staff's, safety and welfare. For example, a late night call from a stranger to meet him and his pet at your facility may give pause for thought. It is realized that drugs and, in some cases, money (or the thought of stored money) are kept at the facility. You must use your better judgment when confronted with a situation that may place you in harm's way. Again, each case is fact specific. Perhaps, you may wish to contact local law enforcement to meet you at the facility.

In summary, the Board wishes to remind all its veterinarians that it is part of a professional's legal and ethical duty to attend to and stabilize an emergency condition of an animal, whether prior patient or not, if at all possible without jeopardizing the care being provided to established patients at that particular time, or the safety and welfare of the veterinarian and his staff. Hopefully, this article will prompt you take a closer review of the business and professional protocols of your respective facilities.

Aftercare

Pursuant to the pertinent provision in Board Rule 708C, the attending veterinarian who performs a surgical procedure shall not release the patient from his supervision to the owner/client until the animal is ambulatory, unless it is not ambulatory for reasons unrelated to surgery. As an aside, Board Rule 711C.3 regarding mobile clinics, and Rule 711E.3 regarding wellness programs, mandate that "a veterinarian operating or working in a mobile clinic or wellness program must remain on site until all patients are discharged to their owners."

In a nutshell, any veterinarian who performs a service or procedure on an animal is primarily responsible for the aftercare that may arise even after its discharge to the owner. Obviously, a VCPR has been established. However, if the veterinarian will not be available for aftercare after discharge, then he must have an agreement with a local veterinary hospital/clinic or other veterinarian to provide the aftercare of that animal in the event a complication arises after discharge to the owner. Such an arrangement could be viewed as analogous to being "on call" in human medicine.

For mobile clinics and wellness programs, the agreement addressing aftercare is required to be in writing, with a maximum distance requirement, due to the unique nature of these practices. As an aside, since wellness programs are not equipped by their nature to provide all emergency services, the referenced written agreement also covers this issue.

It would be considered a prudent practice and good business for all such "on call" aftercare relationships to be documented (even by informal letter between the parties), especially if you are queried about the arrangement at a later date. An example may be applicable here. The Board earlier sanctioned a veterinarian (sole practitioner) who provided a routine spay procedure, then properly discharged the ambulatory patient to the owner. However, he was not available (out of state) later that night when an aftercare complication arose. The attending veterinarian also failed to provide the client with any information regarding "on call" aftercare services. When questioned on the notification/availability of "on call" aftercare, the attending veterinarian defended by stating the two (2) other local sole practitioners were available by "loose arrangement." When the other local sole practitioners were contacted regarding their understanding, it was concluded that no such arrangement, verbal or otherwise, was in place. Bottom line----determine where you stand and document.

It is, of course, a business decision whether or not the local veterinary hospital/clinic or local veterinarian wishes to enter into an agreement to be "on call" with another veterinarian regarding aftercare. Additionally, in the absence of an agreement, a local veterinarian (who is not the attending veterinarian providing veterinary care) is not under a legal responsibility to provide "on call"

aftercare to the patients of another attending veterinarian. However, a decision to provide such "on call" aftercare is more in the nature of a business and/or moral one.

In the event, your practice is located in an area which has an established local "after hours" emergency/aftercare facility, then you, as well as the clients/patients, are indeed fortunate. However, under any circumstance, you must make your clients aware of the existence of the local "after hours" emergency/aftercare facility or "on call" veterinarian, and the necessary contact and location information. Such is generally accomplished by advising the client upon patient discharge AND by voice message on the attending

veterinary facility's telephone line in the event there is subsequent client contact.

With all of this said, please keep in mind a veterinarian's legal duties to attend to and stabilize an emergency condition of an animal as discussed in the beginning of this article. Also, the duties to attend to and stabilize an emergency condition can be separate and distinct from "on call" aftercare depending on the circumstances and facts involved in a particular situation. If in doubt, please "take the high road" when addressing these matters in your respective practices. Such actions speak volumes on the character of your profession and its members.

Current Information/Addresses – Many licensees have had changes in address (business and home), as well as employment, since the 2005 natural disasters. Please let the Board office know of any changes, permanent and temporary, to your information. A "Change of Information" form can be downloaded from the Board's website, www.lsbvm.org, under the "Renewals" section.



Disciplinary Cases

Case No. 06-0123V – Based on the Consent Order, the Board found that the respondent veterinarian was in violation of LSA RS 37:1526A(14) and Board rules, Title 46, Part LXXXV, Sec. 1001 et seq., Section 1039E, and AVMA Principle VI.A of Principles of Veterinary Medical Ethics in that the respondent euthanized a boarded dog without consent of the owner. Respondent was fined \$1000 and ordered to pay the amount of cost recovery for the proceedings.

Case No. 06-0728.3V – Based on the Consent Order, the Board found that the respondent veterinarian was in violation of LSA RS 37:1526A and Board rules, Title 46, Part LXXXV, Sec. 1001 et seq., Section 1023, in that the respondent was negligent in failing to properly diagnose and treat the patient. Respondent was fined \$250, and ordered to pay the amount of cost recovery for the proceeding.

Case No. 06-0825V – Based on the Consent Order, the Board found that the respondent veterinarian was in violation of LSA RS 37:1526A and Board rules, Title 46, Part LXXXV, Sec. 1001 et seq., Section 1023, in that the respondent was negligent in failing to properly diagnose and treat the patient by wrapping the wrong leg of the patient. Respondent was fined \$250, and ordered to pay the amount of cost recovery for the proceeding.

Rules Update – Please call or write the Board office for a copy of any Notice of Intent or Rules described below.

Final Rule 400, 403, 405, 409, 413 – Continuing Veterinary Medicine Education – Effective April 20, 2007. Rule alters the requirements and program approval of continuing veterinary medicine education for annual renewal of veterinary medicine license, from 16 credit hours per year to 20 credit hours per year with an expansion in the nature and substance of acceptable credit hours. Rule effective for the period of time (July 1, 2007-June 30, 2008) for the 2008-2008 annual license renewal and every annual license renewal period thereafter.

Limited Equine Dentistry Training 2007 at LSU-SVM & RED Continuing Education

Once again LSU-SVM will host the Board approved training program for limited equine dentistry for laypersons and Registered Veterinary Technicians employed by a veterinarian. (See LA Practice Act, Rule 1515F.)

The training program will be held on Thursday through Saturday, June 28-30, 2007 at LSU-SVM provided there is a minimum of five people who register for the training course at the request of LSU-SVM due to the time spent and

resources used by the school. It will include didactic and practical course material. An examination will be given at the end to demonstrate program completion verification, and a list of the successful attendees will be provided to the Board.

The cost of the training program is set by LSU-SVM at \$800.00 and will be payable to the LSU School of Veterinary Medicine. Registration for the program must be completed by June 11, 2007. LSU-SVM is providing this program as a service and is entitled to recoup its expenses. The Board will not share in the receipt of the tuition monies collected, nor did it participate in setting the amount required for participation. For further information on the program, anyone interested may contact Dr. Charles McCauley at LSU-SVM (225-578-9500).

For specifics as to "limited equine dentistry", please refer to Rule 1515F. In addition, Rule 710D addresses dental operations in general and states that "in the branch of veterinary medicine dealing with equine dentistry, with proper training and under the direct supervision of a licensed veterinarian, lay people and RVTs employed by a licensed veterinarian may perform the rasping (floating) of molar, premolar, and canine teeth and the removal of deciduous incisor and premolar teeth (caps). All other dental operations, including but not limited to the extraction of teeth, amputation of large molar, incisor, or canine teeth, the extraction of first premolar teeth (wolf teeth) and repair damaged or diseased teeth must be performed by a licensed veterinarian."

In addition, LSU-SVM will host the Board approved continuing education program for Registered Equine Dentists on Wednesday, June 27, 2007. The program will meet the 6-hour CE requirements for renewal. The program costs is set by LSU-SVM (\$300.00) and will be made payable to the LSU School of Veterinary Medicine. Registration for the program must be completed by June 11, 2007. For further information on the RED CE, please contact Dr. Charles McCauley at LSU-SVM (225-578-9500).

Reminder: Capture Drugs and Deer Farmers - Per Rule 705.O.7, effective April 20, 2004, ..."The licensed deer farmer must successfully complete a board approved chemical capture course every three consecutive calendar years" prior to obtaining the referenced chemical capture drugs.

This document was published at a total cost of **\$ 955.98**. 1450 copies of this public document were published in this first printing at a cost of **\$955.98**. The total cost of all printing of this document including reprint is **\$955.98**. This document was published for the Board of Veterinary Medicine, 263 Third Street, Suite 104, Baton Rouge, LA 70801, (225) 342-2176, by LSU Graphic Services to inform licensees and other interested parties about regulatory matters relating to the practice of veterinary medicine and other issues falling within the responsibilities of the Board under the authority of LAC 46:LXXXV.101.E. This material was printed in accordance with the standards for printing by state agencies established pursuant to R.S. 43:31.

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