



October 2022 Bulletin

Nevada Board of Veterinary Medical Examiners

How to Fire a Client and Not Get Burned

It is often said 90% of practice related headaches come from just 10% of clients. According to the 2022 AVMA Trends Report, 88% of associate veterinarians reported mental fatigue, 73% reported physical fatigue, and 64% reported increased office hours while only 35% reported increased income.

All this data adds up to the simple fact most know intuitively, it's not easy being a veterinarian right now and when you add a client that is obnoxious or even abusive, patience for bad behavior is in short supply.

While there are many things that can and should be done to improve mental health and wellbeing maintaining a healthy work culture is also very important. It is okay to recognize that you cannot appease everyone. When a relationship with a client interferes with rather than facilitates the proper care of a patient, it's time to terminate that relationship. However, a professional relationship requires professional tact when terminating a client relationship. It is important (and often less work in the long run) to act with professional courtesy even if clients do not reciprocate. The primary focus when terminating a veterinarian-client-patient-relationship (VCPR) is to not abruptly end an obligation to patients, especially, if there is ongoing care or the patient is not stable.



Before You Say Goodbye

-Chronic vs. Acute 'Problem Client': Clients aren't on their best behavior for reasons that aren't always clear (we've all acted poorly on a bad day). Ensure that staff is equipped to handle temporarily difficult clients and identify a client relationship that is truly beyond repair.

-Exhaust Other Solutions: Miscommunications, differing expectations, client knowledge, and communication styles can all create frustration between staff and clients. Determine why a client is unhappy and see if things improve.

-Well Being: Investing time in wellness isn't easy when practices are at capacity and staffing is short. Having resources available to staff regarding mental health can help handle stressful clients and avoid burnout.

Immediate Signs That It is Time to Part Ways

- Physical Abuse
- Destruction of Property
- Verbal Abuse
- Threats or Intimidation (Verbal or Physical)
- Makes demands you or staff can't or aren't comfortable providing
- Doesn't respect your team or your time
- Behavior/Relationship isn't improving

According to the AVMA Ethics, in an emergency, veterinarians are obligated to either relieve suffering (including euthanasia) or stabilize the patient while arranging transfer of the patient to another facility that can provide ongoing care. In cases of chronic conditions needing continuing care, it is recommended to provide copies of medical records. Also, if a prescription is needed while the patient is awaiting an appointment with another facility, you should issue a written prescription if it is within a proper VCPR and a delay in administration of medication may result in harm to the patient.

It is highly recommended to provide a written termination letter. Clear, unambiguous, and compassionate language is essential. Phrases like, "maybe you should see another veterinarian" can confuse clients and make it seem like an optional change rather than a decision that has been made. Communicating a termination of services in writing is important, but it is best practice to both talk to our clients and provide a formal letter terminating services. Regardless of which method of communication you use, make sure that it is concise, clear, and has an effective date. Remember to stay calm, rational, and polite.

Feature: Informed Consent and Monitoring with Meloxicam

In 1997, a high school student convinced his classmates to ban a chemical compound that killed millions every year—that compound was dihydrogen monoxide, commonly known as water. Everything can be toxic when it is not administered correctly. Even though dihydrogen monoxide can be considered a ‘low risk substance’, if you are discussing potential side effects with an owner, you still have a duty to ensure informed consent and discuss risks, benefits, and what to look out for with possible adverse reactions.

As veterinarians who regularly have conversations involving informed consent, it can be easy to become complacent when discussing medications. Clients must be fully educated on the risks, benefits, and possible side effects of a medication for their pet. Practitioners should be comfortable prescribing the correct medication; however, informed consent is paramount for client and patient safety. The use of Meloxicam in feline patients, is a repeated subject in recent consumer complaints that has appeared in front of the Board that demonstrates the risks of not educating a client and obtaining robust informed consent.



Meloxicam is approved for use in cats by the FDA as a one-time injection prior to surgery. Other countries have different approved labels of meloxicam in cats. For example, in the United Kingdom the Boehringer Ingelheim product has a label oral dose for cats (0.05mg/kg/day for up to four days). However, repeated injections and all oral preparations of meloxicam are not approved for use in cats by the FDA. Therefore, use of meloxicam to cats in any other way is considered off-label.

The FDA has also issued additional warnings in the US, ominously termed the “Black Box Label”, that states: “Repeated use of meloxicam in cats has been associated with acute renal failure and death. Do not administer additional injectable or oral meloxicam to cats.” Acute renal failure is a known adverse effect of any NSAID in dogs and cats at high doses, but acute renal failure appears to be a specific problem in cats even at what would be a recommended dose in dogs.

The 2004 FDA Cumulative Adverse Drug Event Data showed a 23.3% rate of renal failure in cats receiving meloxicam vs 0.0% rate of renal failure in dogs. Compared to the incidence of renal failure reported in cats receiving carprofen (5.7%) or rodenacoxib (0.0%), there is cause for caution with this specific NSAID in cats.

There are data that support the cautious use of meloxicam in cats. Medicine is complex, and cats are complicated little conundrums. The most recent study showed no difference in renal excretory function in 21 cats administered low-dose meloxicam (0.02mg/kg/day) with concurrent IRIS stage 2 or 3 renal disease compared to placebo control group over six months. However, this same study did show an increased degree of proteinuria in the meloxicam group.

What do we make of all this? What are we to do?

Several cases before the Board involved repeated oral doses of meloxicam causing acute renal failure in cats. Instead of meloxicam, you should consider another FDA labeled NSAID, such as rodenacoxib (Onsior), or another FDA labeled drug of different class, such as buprenorphine (Simbadol). If these drugs fail, consider off-label use of amantadine, gabapentin, or ketamine. Even maropitant has been demonstrated to reduce the minimum alveolar concentration for isoflurane in surgical patients. Additional alternatives could include adjunctive weight management, laser, and acupuncture.

If you still believe meloxicam would be best for your feline patient, consider the following prior to prescribing meloxicam:

- Discuss off-label use with clients and the potential risk of acute renal failure and the FDA warnings
- Discuss the signs of acute renal failure and to seek urgent veterinary attention if any complications are seen
- Obtain baseline BUN, Creatine, SDMA, and Urinalysis
- Make a plan to recheck these kidney indicators within a week and then repeatedly if we plan on long term use
- Document all the above (especially if they are declined by the owner).

Due to its risks, meloxicam does require careful use, that your client is fully informed, the patient is properly monitored and your records are sufficient if a complication occurs.

1) <https://www.fda.gov/animal-veterinary/product-safety-information/information-about-boxed-warning-meloxicam-labels-regarding-safety-risks-cats>

2) <https://www.metacam.co.uk/>

3) NSAID Use in Cats (SA056) WESTERN VETERINARY CONFERENCE 2020, Dawn M. Boothe, DVM, MS, PhD, DACVIM (Internal Medicine), DACVCP

4) J Feline Med Surg. February 2021;23(2):138-148. Effects of low-dose meloxicam in cats with chronic kidney disease.

5) Vet J. 2020 May - Jun;259-260(0):105471. Evaluating the anti-inflammatory and analgesic properties of maropitant: A systematic review and meta-analysis.

(Fired Client Continued) While you may want to make the point that the client's behavior is to blame, it is more important (and less work in the long run) to end on the best terms possible, rather than 'win' the conflict.

Examples of Language to Consider

Include:

- "we will no longer provide services for your pets as of _____",
- "enclosed is a copy of your medical records and a list of hospitals in our area"
- "this decision cannot be appealed"
- "as discussed, we will include 14 days of medication without refill"
- "we feel you may find a hospital that can better meet your expectations and/or needs"
- "due to recent incidents at the facility, we are not longer able to provide services"

Avoid:

- "Your behavior has made it impossible to serve you as a client" (Accusatory)
- "You are unreasonable, and we don't have time for your behavior." (Name-Calling)
- "At some point, you may want to go to another veterinarian." (Ambiguous)
- "We really enjoyed working with you/your pet, but..." (Conflicting Message)

SPECIAL ANNOUNCEMENT! THE IN-PERSON REQUIREMENT FOR CE FOR 2022-2023 HAS BEEN WAIVED.

This means you are able to obtain all CE online for your license renewal due 6/30/2023

Upcoming Board Meetings:

January 19, 2023 Board Meeting (Reno)

April 20, 2023 Board Meeting (LV)

July 19, 2023 Board Meeting (Reno)

Don't Forget: You can get CE for attending our Board meetings virtually or in-person. CE is limited to 4 hours per calendar year for veterinarians and 2 hours for LVTs.



CE CORNER

Please refer to NAC 638.042 for a complete list of the types of courses approved the Board to ensure that CE you are taking is approved.

Searchable CE Sites:

- Free AVMA seminars online: <https://axon.avma.org/page/covid19-courses>
- List of 2022's Best Conferences: <https://tinyurl.com/2022BestConferences>
- VetFolio is offering free CE here: <https://tinyurl.com/2p8r97x4>
- VetMedTeam List of Free CE: <https://www.vetmedteam.com/classes-free.aspx>
- NAVTA's List of Free CE: navta.net/page/continuing_education
- Search for Board approved CE any time at <https://www.aavsb.org/RACE>
- WVC Viticus Group Academy Courses: <https://www.viticusgroup.org/wvc-academy>
- Veterinary Practice News: Webinar and In-Person CE Courses <https://www.veterinarypracticenews.com/events/>

Upcoming CE Courses:

- AVMA Workplace Wellbeing Certificate Program (5 credit hours): <https://tinyurl.com/ye26u4et>
- Free CE with Clinician's Brief: <https://www.cliniciansbrief.com/continuing-education>
- Free CE: Controlled Substance Management in Veterinary Medicine (2 hours): <https://www.vetmedteam.com/class.aspx?ci=947>
- DVM360 Conference-San Diego (December 2-4, 2022): <https://tinyurl.com/yte9b85h>
- AVMA On-Demand Webinars: <https://axon.avma.org/page/on-demand-webinars>
- VIN Open Enrollment Courses: <https://www.vin.com/vinmembers/CE/CourseSearch>
- NAVTA Online Webinars: <https://navta.net/webinars/>
- American Assoc. of Equine Practitioners Conference (Nov 18-22, 2022): <https://convention.aaep.org/>

