



VCPR...WHAT DOES IT REALLY MEAN?

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A Veterinarian-Client-Patient Relationship, or VCPR, has 3 key components, all of which may be interpreted differently under different circumstances. For this reason, defining a VCPR can be difficult, but revisiting the meaning and application of each component can help to clarify what the VCPR means.

1. Presumption of trust and responsibility

The first VCPR component presumes (a) there is trust between you and your client, who has agreed to follow your instructions and (b) that you have assumed responsibility for the health of an animal or group of animals.

When you assume responsibility for a patient, you are in effect promising your client you will practice veterinary medicine to the best of your ability. When your client agrees to follow your recommendations he or she is agreeing to trust your judgement regarding diagnosis and treatment of the patient. This relationship of trust is fundamental to the practice of veterinary medicine and is the veterinarian/client part of the VCPR.

We are fortunate to be part of a profession that has been one of the most trusted for decades. Over the years the term 'vetted' has become part of everyday vernacular as meaning very close to a guarantee that everything is aboveboard, as authentic or genuine as can possibly be determined. Trust in you that you will practice to the best of your ability extends beyond your clients to your colleagues and society in general, everyone is trusting that you have properly 'vetted' your cases.

The flipside of the trust is your responsibility to follow through on it. Because you are trusted, you are responsible for continuing to earn that trust. This responsibility is basic to maintaining your credentials as a professional. Public trust should not be taken for granted. It is our professional responsibility to honour it by continuing to earn it.

2. Sufficient knowledge

The second component of a VCPR is you have sufficient knowledge of the patients. This is the veterinarian/patient piece of the VCPR. Sufficient knowledge is specific to the medical situation or case at hand.

During an annual visit for examination and vaccination, information about the health of a pet is collected by taking the history and doing a physical exam. If there are no health concerns, the pet will be inoculated and the VCPR ends when that appointment is ended. However, if a diagnostic work up is recommended, and the client agrees to your recommendation, the VCPR will continue until diagnosis, treatment and resolution of the problem are complete. Should the client choose not to accept your recommendation for the workup, the VCPR once again ends at the end of the appointment.

Sufficient knowledge of groups of patients may be acquired by means other than a physical examination. In herd health situations, your sufficient knowledge may be gained from discussions with your client, submitting

samples to a lab and/or reviewing post mortem results. In this situation, sufficient knowledge is established through your having made previous periodic visits to the barn and having gained an understanding of the producer's husbandry practices. If over time you have developed adequate knowledge about your client that allows you to trust in his or her ability to recognize disease symptoms, administer drugs and follow treatment plans, there is no expectation that each individual animal in a herd needs to be examined.

Even so, we must remember that sufficient knowledge is not satisfied by previous contact for an unrelated medical situation. It is expected to be related to the current case.

Consider the following scenarios:

- A. *A producer whose premise you have never visited and for whom you did a couple of C-sections 2 years ago in your clinic stops by to pick up a prescription antibiotic for a calf with navel ill. He says he doesn't need to have you look at the calf either at the clinic or on his farm because he knows very well what navel ill looks like. You have never visited his farm and don't know anything about his husbandry practices.*

Do you have sufficient knowledge of this specific calf through examination to make a medical diagnosis? If not, do you have sufficient knowledge of the husbandry practices of the producer to be responsible for a medical diagnosis based on his say so? Do you have sufficient knowledge in this case to dispense medication?

- B. *A client has a sick kitten in the clinic for examination. It is one of five in a litter, all of whom have snotty noses and discharge from their eyes. The owner says this one is the sickest. You diagnose an URTI and recommend treatment with an antibiotic.*

Do you need to see each of the other kittens in order to treat the whole litter? Is it reasonable to send the owner of the sick kitten home with enough medication to treat the whole litter? Whatever your decision, you are responsible for the medical care you are providing.

- C. *You diagnosed an overweight, middle aged Beagle as having diabetes last month. The owner readily agreed to the diagnostic workup but commented the costs were quite high. The treatment is working well but now the owner's Bichon is urinating around the house. Coincidentally, that was the presenting complaint for the Beagle so the owner is convinced the Bichon is diabetic and wants to go ahead and treat her with insulin. In her mind and by her observation the Bichon has DM. She sees no reason for a diagnostic workup and is irate you will not tell her a dose for the insulin, which by the way she knows she can purchase OTC at the local pharmacy.*

Your client believes it is reasonable to treat her Bichon for DM. Remember, she used to trust you but now is convinced you are 'only in it for the money'. How can you explain the VCPR in this case? This is a time to have a discussion about two important things: first, another unrelated animal in the home is completely different from a herd situation and should not necessarily be treated as such. Second, the VCPR and the reasons for it must be carefully explained to the client. Hopefully your client will then understand the safety of the patient is your first priority, it is unsafe for you to prescribe insulin without examining the patient, and it is unsafe for the client to administer insulin to an animal without a diagnosis.

- D. *A client calls your emergency line early on a Sunday in October wanting antibiotics for his feedlot full of calves, many of which he says are coughing. You semen tested the client's bulls at another premise last spring but that is the only service you have done for him in the last five years. You assume he now buys his medications and vaccines from another practice that is closed on Sundays.*

Do you have sufficient knowledge to diagnose and prescribe treatment for this producer's feedlot calves? Does the VCPR from the bull testing cover the calves? Could you justify to all those 'A&W patrons' your dispensing

antibiotics to the feedlot owner or the producer who has self-diagnosed navel ill under the circumstances described in the scenarios?

Whether or not you have a valid VCPR with a client may at some point in your career be judged by a jury of your peers, aka the discipline committee. Would your colleagues find it to be reasonable if you dispensed medications in any of these scenarios?

3. Accessibility

The third component of the VCPR is your responsibility to be readily available or to have arranged for a colleague to be available should your client need advice.

Does the veterinarian who provides the feedlot owner with medications and vaccines in case (D) hold a valid VCPR with the client if he provides veterinary services from Monday to Saturday only? The answer is yes if he has arranged for another veterinarian to provide services on Sundays.

The VCPR is not black and white. The fact that it has a beginning and an end helps us put some boundaries around it. In the end, how you establish a VCPR in your practice is your own responsibility and will be interpreted by others based on the specific circumstances of each case. We want to practise proper veterinary medicine but our clients frequently pressure us into crossing the line. They know they can get their hands on prescription and nonprescription medications from a few other clinics that sometimes will dispense medications without first establishing a valid VCPR.

All of us need to remain aware of the circumstances under which we practise for each and every case, for the safety of our patients and for the image of our profession in the eyes of the public. If you apply the VCPR appropriately, the public may balk at your refusal to dispense drugs in the types of circumstances such as those described above, but in the larger picture, we are protecting them, their animals and the profession by refusing to be pressured into practising irresponsibly.