

Principles of Veterinary Medical Ethics (Equine addendum)

Preamble

The AAEP endorses the 2024 revision of the Principles of Veterinary Medical Ethics (PVME) www.avma.org/resources-tools/avma-policies/principles-veterinary-medical-ethics-avma and accepts both the basic principles of stewardship, integrity and respect as foundational ethical principles and the code of conduct that provides guidance to the practice of equine veterinary medicine. However, equine veterinarians face ethical dilemmas that are unique to equine practice. The following addendum to the AVMA's PVME is intended to provide guidance in those unique circumstances.

Prepurchase Examinations

The equine veterinarian is commonly requested to perform examinations on horses in order to assess health and soundness prior to a sale. It is critical that the veterinarian is able to remain impartial and avoid conflicts of interest in these situations.

1. The veterinarian should make clear to both seller and buyer that they are working for the buyer, and all of the information obtained during the examination will be reported to the buyer at the conclusion of the examination.
2. The veterinarian should encourage the buyer to obtain previous medical records for review.
3. If medical records are requested from a veterinarian by a buyer and released by the seller, the veterinarian must provide full and complete records available to the seller on the horse. Records under previous owners may not be legally available unless already released by the current owner. If the horse is in the veterinarian's record-keeping system with multiple names, all available records must be released.
4. If the veterinarian is familiar with and/or has provided previous medical care for the horse they are asked to examine, both buyer and seller should be informed of the previous relationship, and the veterinarian should ensure that all previous medical records are authorized for release by the seller prior to initiating the examination. In situations where one or more of the buyer, seller, or veterinarian is uncomfortable with the veterinarian's familiarity with the horse, referral to an outside veterinarian should be recommended.

5. If the veterinarian has a personal or extensive professional relationship with the seller, even if the veterinarian has never provided care for the horse to be examined, both buyer and seller should be informed about the relationship between the veterinarian and the seller. In situations where one or more of the buyer, seller or veterinarian is uncomfortable with the existing relationship, referral to an outside veterinarian should be recommended.
6. If a buyer declines a sale, medical records and diagnostics paid for by that buyer should not be made available to a future buyer without authorized release from the original potential buyer.

Third-Party Decision Making

Equine practice commonly involves communication with both trainers and owners when making medical decisions. Trainers may experience a conflict of interest when attempting to balance owner expectations with treatment decisions, and it is important that the veterinarian ensure medical decisions be in the best interest of the horse.

1. The veterinarian should document efforts to communicate directly with owners for timely medical decision making and reporting of diagnostics, prognosis and treatment options.
2. When working directly with a trainer, a veterinarian should confirm and document that owner consent has been given for a trainer to act as the designated person responsible.

Contingency Fees

On occasion, the veterinarian will be requested to enter into an agreement with a client providing that the fee to be charged for certain services will be contingent upon a horse's successful performance on the racetrack or in the show ring.

1. Agreements based on a contingency fee create a conflict of interest and should be avoided. The veterinarian's fee should be directly connected with the services provided and should not be based on a subsequent event.
2. The veterinarian should avoid any agreement that provides a guaranteed outcome of medical care, whether expressed or implied.

Emergency Care

The AAEP recognizes that the provision of emergency care is a common source of ethical dilemmas in equine practice. When entering the profession, equine veterinarians take an oath to *"use my scientific knowledge and skills for the*

benefit of society through the protection of animal health and welfare, the prevention and relief of animal suffering...”

Most veterinarians feel a strong ethical duty to uphold this oath. Additionally, the public expects veterinarians to provide protection and prevent suffering of animals. Provision of emergency care is essential in order to uphold the veterinary profession’s social contract and maintain public trust.

The equine veterinarian’s duty to relieve suffering in emergency situations requires balancing against often unrelenting emergency demands that impact both the quality of life of the individual veterinarian and the health of the profession. This balance is at the core of ethical dilemmas veterinarians experience related to provision of emergency care.

The AAEP code of conduct strongly supports the following sections of the AVMA’s Principles of Veterinary Medical Ethics related to both the ethical duty to relieve suffering in an emergency and limitations that may affect the veterinarian’s ability to provide care.

Section A.4

Emergency Care

- a) When physically presented with an animal suffering from an acute illness or injury affected by a condition that involves extreme pain or suffering and/or poses an immediate risk to the animal’s life as determined by a veterinarian, the veterinarian has an ethical responsibility to provide care for that animal (subsequent to *client* agreement or until such agreement can be obtained when no *client* is present) with the goal of preventing and/or relieving animal suffering. Such care may be limited to stabilization of the patient for transport to another source of veterinary care, or euthanasia to relieve suffering.
- b) A veterinarian should make their best effort to ensure that emergency care is available to manage an adverse event related to a treatment or procedure performed on a patient under their care.
- c) When a veterinarian is not available for any reason, they should make a good faith effort to provide readily accessible information to assist *clients* in obtaining emergency services, consistent with available *resources*. (*Resources are defined as: facilities, equipment, medication and supplies, staff and time to effectively perform veterinary services required for a specific case.*)
- d) A veterinarian is not expected to provide emergency care for an animal when the veterinarian does not possess the expertise or *resources* needed to manage the emergency. The veterinarian should advise the animal owner of same and make a good faith effort to refer the owner to an appropriate provider.
- e) Veterinarians who provide emergency services should offer to send patients and records back to the veterinarian of record and/or the veterinarian of the *clients’* choice as soon as practical to support continuity of care.

Section A.1.e

A veterinarian may decline to establish a *VCPR* or to provide care for an existing patient in certain circumstances.

- (i) The *client* requests care that is beyond the veterinarian's competence or scope of practice, is known to be scientifically invalid, has no medical indication, or cannot reasonably be expected to achieve the intended clinical benefit.
- (ii) The veterinarian lacks the *resources* needed to provide safe and competent care for the patient.
- (iii) The *client* is abusive or threatens the veterinarian or staff.
- (iv) The veterinarian believes the environment, patient, or *client* threatens the safety of themselves or their staff.
- (v) The *client* has indicated that they have lost trust or confidence in the veterinarian to the degree that the veterinarian no longer feels comfortable providing care.
- (vi) The *client* asked the veterinarian to act in an unethical manner.
- (vii) If there is no immediate medical or surgical condition, a veterinarian may terminate a *VCPR* by notifying the *client* that they no longer wish to serve that patient and *client*.
- (viii) When a veterinarian is not available, they should provide readily accessible information to assist *clients* in obtaining needed services.

In addition to these existing sections of the AVMA's PVME, the AAEP supports the following additions to guidelines related to emergency care.

1. Professional conduct includes requesting and ensuring acceptance of emergency coverage by local colleagues or referral centers prior to the time of need.
2. The veterinarian does not have an ethical duty to respond to an emergency in any situation where they have concerns for their personal safety.

Approved by the AAEP Board of Directors (2024)