

ISSUE N°54 MARCH 2024

WEST COAST

VETERINARIAN

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EMERG

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IN FILM

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Editor Corey and designer Karim talk about publishing over lunch.

COREY VAN'T HAAFF
EDITOR

TO THE EDITOR

Letters from members are welcome. They may be edited for length and clarity. Email us at wceditor@gmail.com.

ON THE COVER

Photo supplied by
Adrian Walton

For the first time, the SBCV Board stands at 10 directors. This is a lovely evolution, and it was a pleasure to see our first election, demonstrating that our members want to get involved with providing services to you. Our board, which previously was plagued with not enough directors, had its first election because we HAD more nominations than positions available. Thankfully, because of the flexibility in our ability to appoint regional representatives, we were able to run the election, then offer board positions to two people who wanted to be directors, as well as the two people elected. It was a true win-win situation.

One of the questions we constantly look at within the SBCV is our relevance. What do our members want? We know they love West Coast Veterinarian magazine, which enjoys robust support from advertisers. I am still surprised every issue that we haven't run out of stories. A quick look through this issue proves that we have well-written, timely, relevant, and important things to say to our members. If you'd like to write for us, or have an idea you'd prefer we explore, please send an email to wceditor@gmail.com. We love getting emails from our readers.

Our CE offering continues to be well-received with our spring and fall conferences fully programmed and ready to go. If you haven't already, please save the dates for these great events—Spring Sunday CE Sessions are Sunday, April 7, April 14, April 28, and May 5, 2024, AND our Fall Conference & Trade Show is November 15, 16, and 17, 2024. We've got you covered for a year's worth of CE, from telemedicine to accessible veterinary care, from anesthesia to oncology, cardiology to dentistry, neurology to dermatology, and skinny old dogs to healthy relaxed cats. We will also present a legal refresher, including an opportunity to ask a lawyer your questions. Stay tuned by checking your emails and visiting our website at www.canadianveterinarians.net/sbcv/continued-education-ce-and-events/.

We also wish to express our deep appreciation to RBC, last year's sponsor of our Resiliency Program with its Wellness Wednesday sessions. RBC has again confirmed its sponsorship of our 2024 offering, and the last Wednesday of each month has now been booked with a fabulous speaker to help you maintain and strengthen your mental wellness. Our Resiliency Program is set to expand shortly, and we are keen to provide services how and where we are able to.

We are introducing a new program this year tentatively called Business Briefs. As more rules affecting BC's veterinary landscape come into play, we wanted to pull them together as we are made aware of them and provide you with a one-stop shop of what's new and how you'll need to adapt.

Please take care of yourselves and each other, and we will do our best to take care of all our members. **WCV**

Email: wceditor@gmail.com

Dear CVMA-SBCV Chapter,

I want to thank you so much for providing this leadership award. I was truly shocked when my name was called for winning the award - it is so appreciated to be recognized by my peers for my contributions to student life at WCVMA. It took me a long time to get into vet school, and it is exciting to be supported & recognized by my home province. With the cost of tuition and living so far from home the last 3 years, the money from this award truly goes a long way and helped me pay the rest of my tuition this year! Thank you so much!

Mackenzie Fisher class of 2025

Thank you cards from the two WCVMA BC students who were chosen to receive the SBCV Scholarship and the SBCV Leadership Awards.

Thank you
so much!



Dear CVMA-SBCV Chapter,

Thank you so much for your generous scholarship, it was such an honour to receive it at the WCVMA awards banquet.

I am so proud to be from BC and able to represent BC at the WCVMA. Having a portion of my tuition covered is such a blessing and a stress relief. I'm from Langley BC, and am very much looking forward to being back in my rainy home province for Thanksgiving. There is a lot to be thankful for! Right now I am thinking of becoming an equine veterinarian, but we will see what the future holds! Thank you so much again for your generous scholarship and continued support of BC Veterinary medicine students. Sincerely, Kristiana Van Wouderberg

WCV

MARCH 2024

WEST COAST VETERINARIAN ISSUE 54

West Coast Veterinarian is the quarterly magazine of the CVMA-SBCV



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As a provincial organization, the SBCV recognizes that its members occupy the traditional and unceded lands and territories of BC's Indigenous Peoples and asks its members to reflect on the places where they reside and work.



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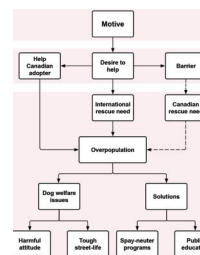
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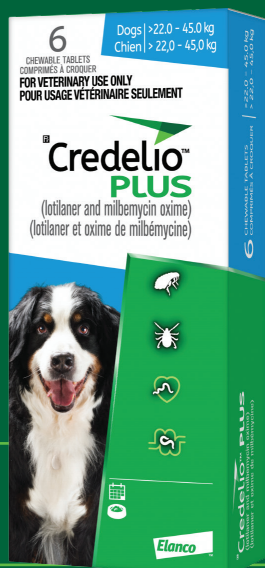


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1. Rufener L, Danelli V, Bertrand D, Sager H. The novel isoxazoline ectoparasiticide lotilaner (Credelio[™]): a non-competitive antagonist specific to invertebrates γ-aminobutyric acid-gated chloride channels (GABAC_ls). *Parasites & Vectors*. 2017 Dec;10(1):1-5.

2. Elanco CVMP assessment report for Credelio Plus CA 2021

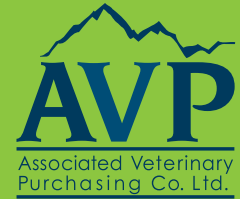
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ANGELICA (ANGIE) BEBEL, DVM, DAVDC, born and raised in Vancouver, began her veterinary career as a registered animal health technician. In 2014, she graduated from the Western College of Veterinary Medicine program and practised general medicine in Vancouver before starting a residency in veterinary dentistry at West Coast Veterinary Dental Services, Vancouver, where she continued working after receiving Diplomate status in July 2018 with the American Veterinary Dental College. Her interests include feline oral medicine and surgery and promoting oral health in companion animals. When not at work, Angie enjoys time with her family and one-eyed cat, Spook.



CHRISTIANA BRATIOTIS, MSW, PhD, is an Associate Professor in the School of Social Work at The University of British Columbia and is Associate Director of the UBC Centre for Collaborative Research on Hoarding. Dr. Bratiotis has two books published by Oxford University Press, *The Hoarding Handbook: A Guide for Human Service Professionals* and *Hoarding: What Everyone Needs to Know*. In 2023, Dr. Bratiotis was recognized for her exceptional university teaching by receiving the national Killam Teaching Prize.



ANDREA DYCK is a veterinary technologist who has worked in emergency medicine since 2006. She had a focus on blood medicine but, when looking for a change, she became involved in film work in 2019. Andrea now splits her time between emergency medicine, film, and her family, which includes a wonderful group of Great Danes.



ELAINE KLEMMENSEN, CEC, DVM, is always up for an adventure, especially if it involves people, pets, and creating connections in veterinary medicine. A self-described nerd about leadership, workplace culture, and organizational development, Dr. Klemmensen is a Certified Executive Coach holding the ACC-level certification with the International Coaching Federation as well as a certificate in Values-Based Leadership. Dedicated to helping veterinarians and their teams move from surviving to thriving, she founded Evolve Leadership Coaching and Consulting and is currently studying visual facilitation and strategic thinking. She lives in the beautiful West Kootenays and when not learning something new is most likely exploring the world by bicycle with her husband, Rob.



NATALIE MUIR is the lead customer service representative at Fairfield Animal Hospital. She was born and raised in Kelowna and graduated from the Centre for Arts and Technology's Veterinary Hospital Assistant program. From there, she joined the veterinary team in 2017 in a reception role and has progressed to front end management. In her spare time, she enjoys creative activities, such as painting as well as days spent reading, alongside her cat Buddha.



ALEXANDRA PROTOPOPOVA, PhD, CAAB, has a doctorate in behaviour analysis from the University of Florida. She is an assistant professor in the University of British Columbia's Animal Welfare Program. Her research focuses on the physiology and behaviour of—and welfare problems experienced by—companion animals housed in shelters and pet homes.



KAI VON RENTZELL, MSc, achieved his master's degree in Applied Animal Biology at the University of British Columbia in 2023. During his program, he explored the unique concerns associated with the importation of rescue dogs to Canada, using both quantitative and qualitative research methods. He now works at an emergency animal clinic where he is further developing his knowledge on companion animal care and is helping dogs and their owners during difficult times.



ADRIAN WALTON, DVM, is a graduate of University of Guelph and has degrees in Marine Biology from Dalhousie University and a master's degree from Simon Fraser University. Prior to moving to Maple Ridge, he was an emergency veterinarian in Seattle. His area of interest is exotic animal medicine and spends a lot of his spare time helping abandoned and neglected reptiles and exotics find forever homes. He owns Dewdney Animal Hospital in Maple Ridge.



HANNAH WEITZENFELD, DVM, is the senior manager of animal health for the BC SPCA. After graduating from Ontario Veterinary College, she made British Columbia her home and has been practising locally for over a decade. In her role at BC SPCA, Dr. Weitzenfeld provides animal health support, training, and oversight to all sheltering branches, including population-level shelter medicine and sanitation protocols. Her role also involves liaising with local veterinarians and connecting with the veterinary community.



NIKKI ZAK is a senior customer service representative and the social media coordinator at Fairfield Animal Hospital. She grew up in Vernon. She worked as a research analyst at Disney Interactive for eight years before deciding to pursue her dream of working with animals. Nikki started working at Fairfield Animal Hospital in 2016 after completing her Veterinary Hospital Assistant course. In her free time, she loves kitty snuggles, reading, and time spent outdoors.

If you are in any way like me, then you are happy to see the tail end of 2023 and the beginning of a fresh year.

There are a lot of you I've met in person and many I look forward to meeting in the future. For those of you I haven't yet met, I'd like to introduce myself so you can get to know me. I was born and raised in Vancouver, I'm a Leo, a big fan of all colours of the visual spectrum, and I love country western and hip-hop (but can tolerate pretty much any music except for techno). I live in Squamish with my amazing and supportive wife, two young children, and 11 household animals. I am a dual citizen of Canada and New Zealand and grew up playing ice hockey and rugby. I studied in New Zealand, after spending some time at UBC, and worked there for a few years before chasing the almighty British pound. After three years, I relocated back to Vancouver in 2010, and now, I own a practice in Squamish, which has just started its third year in operation.

2023 has seen its ups and downs for me personally: expanding my household animal count to 11 (win), watching my kids continue to grow up and develop into awesome human beings (win), getting to coach my son's minor hockey team (win), seeing my wife make huge sacrifices to support other parts of our family life (loss), helping lead SBCV through 2024 (win), continuing to grow and develop a new practice in the amazing community of Squamish (win), and watching the Canucks return to being one of the strongest teams in the league (win).

This past year has also seen a lot of great things for the SBCV as we continue to focus on making our profession as amazing as we all dreamed it would be as fresh-faced undergrads.

We finally received written confirmation that the funding is permanent for the 40 funded seats for BC residents at WCV.

Our Resiliency Program seems to have had two steps forward and then one step back in coming to fruition. However, it is getting very close to jumping the final hurdles and getting to launch.

We've had some great CE events this past year, both in person and online, which also provided a wonderful opportunity to get together with colleagues, sharing stories and building lasting relationships. It was a great pleasure of mine to attend the CVMA conference this past year in Quebec City and watch Dr. Rob Ashburner receive his Distinguished Member Award. After the formal parts of the conference, I was able to spend time chatting with Rob (a fellow father and practice owner) about the trials and tribulations he has faced and how he has managed them. It has been a long-time goal of mine to help create this type of fellowship and camaraderie throughout the SBCV, where veterinarian colleagues can reach out to one another for help and support in all areas of life that may be relevant.

I am incredibly grateful to be a part of the SBCV and look forward to my new position as president. It is wonderful to see the growth of our board since I first got involved four years ago. We now have more regional representation than ever before, a trend which will hopefully continue as more and more of us look to improve opportunities for, and the profile of, our profession.

I have found the SBCV to be an amazing source of professional (and occasionally personal) support. I have to meet with the board by default, something I consider a gift. I want to encourage you all to reach out to your colleagues from time to time too.

We are all clever, caring people with similar challenges and can be fantastic resources for solutions when we support one another.

The SBCV always wants to hear from you, our members and colleagues, and are here to support and serve you. If you see opportunities for us to be better, please don't keep your amazing ideas silent. Through teamwork, we will benefit! [WCV](#)



Fraser Davidson, BVSc, grew up in Vancouver and spent most of his childhood adventuring around the West Coast (mainly the Gulf Islands and Whistler). He is a dual citizen of both Canada and New Zealand, where he trained to become a veterinarian. He graduated in 2005 and spent five years working and travelling around Europe before moving back to Canada in 2010. He and his family moved to Squamish in 2017 and opened Sea to Sky Veterinary Clinic late in 2021. He has two amazing children, 11 animals, and an amazing, loving, and supportive wife.

As your CVMA President, it's my pleasure to update you on some of the CVMA's recent initiatives.

MARCH IS NATIONAL TICK AWARENESS MONTH

National Tick Awareness Month (NTAM) is a client-education initiative introduced in 2016 by the CVMA in partnership with Merck Animal Health. Thanks to the enthusiastic Canadian veterinary community, a growing number of pet owners across the country are now aware of tick exposure risks and are taking measures to protect their pets and families. While the veterinary community may not be able to stop tick expansion, there is a great deal we can do to help change public perceptions and behaviours when it comes to tick control. The 2024 NTAM theme is "Fitter, Better, Faster, Stronger – Infected Ticks Mean More Risk." Visit the Veterinary Resources section of www.canadianveterinarians.net and www.ticktalkcanada.com to access resources, graphics, and tools you can use to educate your clients and find information.

2024 CVMA CONVENTION IN CALGARY, ALBERTA | JUNE 26-30 | REGISTRATION IS OPEN

The CVMA is excited to host our 76th annual convention. The 2024 Convention will feature a keynote speaker who will discuss mental health awareness. A respected voice in his field, Anthony McLean has delivered hundreds of inspiring talks across the world, rocking the stage at conferences, colleges, and corporate events. His clients have ranged from charities and non-profits to Fortune 500s. McLean is passionate about education and credits teachers for making the biggest difference in his life. Delivering research-backed tools and actionable strategies, he leaves audiences inspired to bring their best every day. Visit the Education and Events section of www.canadianveterinarians.net for more information.

REGISTER NOW FOR WINTER/SPRING 2024 THE WORKING MIND COURSES

The Working Mind (TWM) program is a must for all veterinary staff as it addresses workplace mental health issues caused by inherent workplace stresses, such as day-to-day workflow pressures, interpersonal relationships and conflicts, and some unique to veterinary medicine like ethical and moral distress. TWM employee and manager courses use trained facilitators and personal goal setting to enact the coping skills within the program. Employees and managers who take this training have shown an increase in resiliency skills, a decrease in stigmatizing attitudes, and an increase in mental health well-being. Visit the Veterinary Health and Wellness section of www.canadianveterinarians.net to learn more and register.

WEBINAR RECORDING: BUILDING SUSTAINABILITY INTO HUMAN AND ANIMAL HEALTHCARE

Veterinary practitioners and their counterparts in human healthcare are witnessing and experiencing impacts on their clients, patients, and communities from climate change. On the flip side, healthcare practices generate significant carbon emissions and thus contribute to climate change. This webinar will focus on efforts by healthcare providers, including veterinarians, to affect positive change. Learn about how we can make a difference. Visit the Veterinary Health and Wellness section of www.canadianveterinarians.net to watch all recorded webinars. [WCV](#)

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Trevor Lawson, DVM, grew up on a small farm in rural New Brunswick and was heavily influenced by his grandfather, a lifelong small farmer. Dr. Lawson pursued studies at the Nova Scotia Agricultural College, later known as the Dalhousie Agricultural Campus, the University of Manitoba, and the Atlantic Veterinary College where he earned a DVM in 2004. Dr. Lawson is a committed volunteer and has served with the Nova Scotia Veterinary Medical Association (NSVMA), becoming President in 2010, and has served with the CVMA since 2010 on the Animal Welfare Committee, National Issues Committee, Council, and Executive to present. He is a firm believer that the CVMA, as a national and international leader for our profession, must serve all members of our profession no matter their area of practice. Trevor, his wife Tammy, and children Isaac and Charlotte are proud to call Nova Scotia home.

WCVM VETERINARY STUDENTS HELP TACKLE COMMUNITY CAT OVERPOPULATION IN SASKATOON

BY FIONA LAMB, BSc

Cat overpopulation is a challenge in communities across Canada¹, and Saskatoon is no exception. Since 2016, CatSnip has been an invaluable volunteer-based program tackling cat overpopulation within Saskatoon by providing low-cost spay-neuter opportunities. For each event, 100–125 veterinary students from the Western College of Veterinary Medicine participate to practise clinical and surgical skills and to contribute to improving the welfare of cats within the community.

In November 2023, veterinary students, along with other volunteers, participated in CatSnip's 20th event where 36 cats were provided care. Dr. Sarah Bater—an instructor in the Department of Small Animal Clinical Sciences and a veterinarian at Erindale Animal Hospital—has mentored veterinary students involved in CatSnip for the last six years. She says that “CatSnip clinics are a great environment for students to practise their skills because they are allowed to work independently, however, it is a safe environment with lots of support and supervision in case they need it.” In addition to practising clinical and surgical skills, Dr. Bater also considers CatSnip to be a “great opportunity for the senior veterinary students to practise teaching and mentorship among their peers, [as] fourth-year students are often paired with a third-year student for surgical procedures.” Learning to form successful mentorship relationships early on in veterinary careers may be useful after graduation. As future veterinarians, mentorship among colleagues is common and critical as it is a significant predictor of retention within a practice².



Rebecca Novac (left, class of 2025) and Liz Gock (right, class of 2024) performing a spay procedure on a cat in the November 2023 CatSnip event.

For veterinary students, CatSnip is also incredibly valuable due to the challenges in accessing adequate opportunities to practise clinical and surgical skills. “It can be difficult to get significant hands-on time with real patients during our labs due to the usually high student-to-animal ratio that we’re working with in class, so this was a great opportunity to practise taking heart rates, respiration rates, performing a physical exam, and, my favourite part, vaccinating and drawing blood,” said Savannah Jolicoeur (class of 2027, MB). With the support of technicians and veterinarians, many first and second-year students involved at intake exams typically achieve different skills for the first time in their careers. From applying Fear Free principles when handling cats during physical exams, administering vaccines, to collecting blood, there is no shortage of hands-on opportunities for students to apply their knowledge and gain confidence in their abilities.

For veterinary students impacted by BC’s bylaws describing the scope of practice for student veterinary members, the additional surgical experience offered by this program has reinforced their perceived level of surgical proficiency and preparedness. “CatSnip offers invaluable experience, particularly to BC students who are not able to perform surgery as the primary surgeon until their third year, [which leaves] them experientially behind their Saskatchewan and Manitoba peers,” said Alex Hylkema (class of 2025, BC). While veterinary students from any year are permitted equal opportunity to perform various surgical procedures under direct supervision in Saskatchewan and Manitoba, surgical procedures are limited to third-year students entering their fourth year in BC^{3,4,5}. CatSnip is also an additional surgical opportunity for third-year veterinary students unable to perform a cat spay at WCVM. For Hylkema, his “third year surgical experience was a sheep typhlectomy due to the limited number of feline surgeries available. Without CatSnip, it is very possible that a student’s first pertinent surgical experience for a small animal career would be during their fourth-year rotations or [their] OSCE (Objective Structured Clinical Examination).”



Laura Holmes (class of 2025) assessing Tom's vitals post-neuter in the Jan 2023 CatSnip event.



Tom recovering post-neuter at CatSnip in January 2023. Tom is a feral cat caught by Shannon White (class of 2025) and was later adopted into a home.

Volunteering for community spay-neuter programs also prepares veterinary students for their careers ahead. Dr. Karen Sheehan—a wellness veterinarian at WCVM's Veterinary Medical Centre and a member of the CatSnip Organizing Committee—has been heavily involved in mentoring students volunteering for CatSnip. She sees this program as an opportunity for students to understand the spectrum of care, the barriers (e.g., finances) preventing access to veterinary services for pet owners, and the strength of the human-animal bond.

"I think it is important for veterinary students to appreciate the opportunity to work with owners from a variety of backgrounds," said Dr. Sheehan. "I truly believe in the power of the human-animal bond as I have been fortunate enough to have a window into the relationship between an owner and their pet and how much stability and purpose that pet brings into an individual or family's life."

In practice, veterinarians regularly provide care on a continuum to navigate and mitigate financial barriers to veterinary services. The gold-standard may not necessarily be a viable option for owners and learning to provide a wide spectrum of diagnostic tests and treatment options is critical to improve access to veterinary care and animal welfare^{6,7}. While volunteering at CatSnip events and other community outreach initiatives, I have seen an owner-centred approach to providing a spectrum of care, which involves good communication with owners to ascertain outcome expectations for their pets and to determine existing personal barriers to veterinary services. For example, veterinarians have considered foregoing diagnostic tests that do not alter the therapeutic approach or prognosis for owners where a definitive diagnosis is not a priority⁷.

For many veterinary students, volunteering for CatSnip continues to be an incredible learning experience. Engaging with community members and their pets allows veterinary students to practise reframing the clinical and surgical skills taught in classrooms to meet the needs for both pets and their owners. "There is nothing more rewarding than seeing all of our peers working together to provide veterinary services for community members who do not otherwise have access to medical care for their feline companions," said Rebecca Novac (class of 2025, QC). She feels that "slowly but surely, all of us are working towards reducing cat overpopulation and decreasing barriers to animal health services, all while providing future veterinarians and techs with valuable learning opportunities."

To save space, the references and footnotes for this article are made available on the SBCV website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. **WCV**

"...VETERINARIANS
REGULARLY PROVIDE CARE
ON A CONTINUUM TO
NAVIGATE AND MITIGATE
FINANCIAL BARRIERS TO
VETERINARY SERVICES."



Fiona Lamb, BSc, WCVM class of 2025, is from Coquitlam, BC. Before coming to WCVM, she earned her BSc in Biology at the University of British Columbia including a thesis that focused on human relationships with companion animals. After graduation, she looks forward to exploring her interests in small animal medicine, outreach work, and public health.

A STUDY INTO INTERNATIONAL DOG RESCUE

BY KAI VON RENTZELL, MSc, CHRISTIANA BRATIOTIS, MSW, PhD, AND ALEXANDRA PROTOPOPOVA, PhD, CAAB

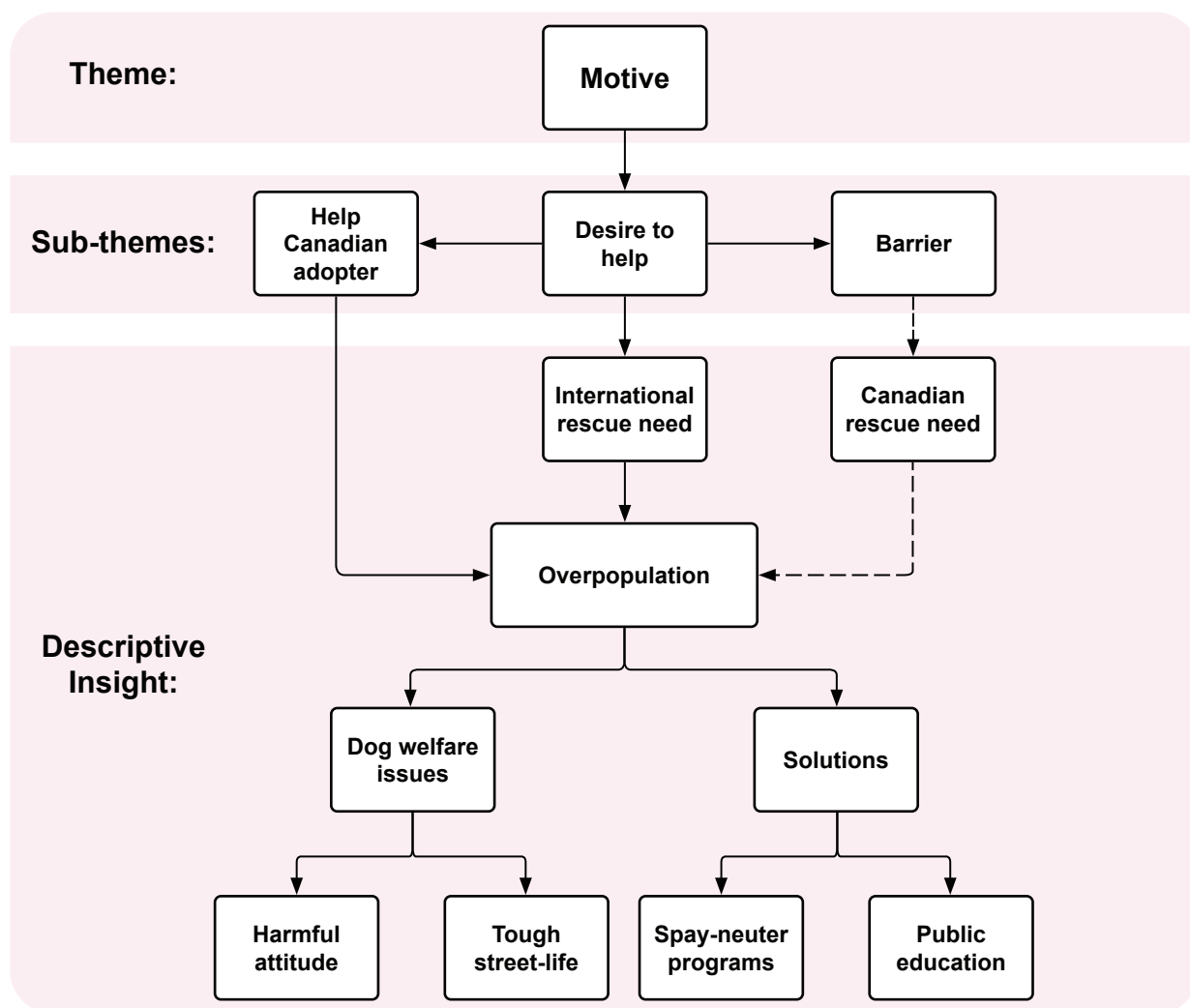


FIGURE 1: Thematic network of Motive, its sub-themes, and its relation to Canadian-based international dog rescuers' worldview of dog rescue efforts.

Why

rescue dogs internationally?

International movement of dogs has become increasingly commonplace over recent years. Many countries around the globe have reported dogs arriving at international airports, not just in greater numbers than in previous years, but also from increasingly diverse backgrounds.

While dogs may be imported for various reasons, veterinary experts have expressed particular concern for the growing popularity of international rescue dogs. Rescue dogs already come from diverse and often unknown backgrounds due to the dog being “rescued” from their original environment; rescuing dogs on a global scale adds further complication and amplifies potential risks. Most veterinary experts suggest the risks outweigh the benefits.

While the perspectives of the veterinary community have received considerable attention in scientific literature, to our knowledge, no study has yet explored the perspectives of those who engage in international dog rescue. Exploring the perspectives of these individuals may provide new angles to view dog import, as well as to understand ways to encourage better importation practices. Therefore, our aim with this project was to explore the perspectives of members of Canadian-based international dog rescue organizations. We selected nine international dog rescue organizations and interviewed those in leadership positions.

PHOTO SUPPLIED BY KAI VON RENTZELL

“...THE ROOT CAUSE FOR DOG-RELATED ISSUES WAS IDENTIFIED AS A RESULT OF DOG OVERPOPULATION.”

The study was qualitative in nature, with the methodology designed for a qualitative data analysis. Semi-structured interviews were used to yield deep, rich insight into the rescuers' beliefs. Six open-ended questions were prepared prior to commencing the interviews, which were used as general guides to navigate the interview process. Questions explored the rescuers' motive for engaging in international dog rescue and common challenges they faced in their line of work. Interviews were transcribed verbatim so we could construct the rescuers' worldviews in the most representative forms.

MAIN FINDINGS

Although findings are presented in themes, we decided to conceptualize participants' worldview of dog rescue (named Descriptive Insight). Participants described, in their worldview, the need for dog rescue operations in both local and international communities. In either community, the root cause for dog-related issues was identified as a result of dog overpopulation. Overpopulation of dogs created difficulties, such as lack of public interest in helping dogs and tough street-life conditions.

Rescuers frequently suggested that public education and coordinated spay-and-neuter programs to be the most effective methods for resolving overpopulation challenges. Individuals participating in the study stated that they started rescue internationally as an effort to raise awareness in those particular areas; however, it became obvious that sterilization of dogs in those international locations was a critical component to achieve the rescuers' objectives. There was the view that Canadians need to provide additional efforts in those locations to control those dog populations.

DESIRE TO HELP

All dog rescuers expressed a desire to help as a core motive for their continued voluntary efforts. The participants we interviewed were all highly committed to dog rescuing and engaged in the act of dog rescue out of good will and a passion to help animals.

HELP (CANADIAN) ADOPTER

Dog rescuers also described their work as not just benefitting the dogs, but also providing humanitarian benefits to Canadian adopters that may be struggling to find adoptable dogs. One participant said, for example, that “if you can't meet the demand, people are going to go and buy from backyard breeders and that's really what I don't want.”

BARRIERS

Over half of participants were engaged in both local and international dog rescue. However, participants identified barriers that made development of local rescue partnerships more challenging, but these barriers seemed absent when developing international partnerships, as the issues faced with obtaining Canadian dogs—not accessible, expensive—simply weren't present elsewhere.

Our study found that members of international dog rescue organizations believed that Canadian and international communities both had areas needing dog rescue efforts, which were a result of dog overpopulation. These members were driven by strong internal desire to provide animal and humanitarian aid, but local rescue efforts were at times constrained by logistical and societal barriers unique to Canada. Rescuers identified that ways to ease dog-overpopulation issues are through increased awareness of the general public and through coordinated large-scale spay-and-neuter efforts. **WCV**

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PHOTO SUPPLIED BY JENNY LOVE

DR. JAMES LOVE | 1940–2023

Provided by Jenny Love

On February 24, 2023, James Alexander Love, BVMS, PhD, MRCVS, of Richmond, BC, passed away peacefully in Richmond Hospital. Jim qualified as a veterinarian from the University of Glasgow in 1964 and was awarded a PhD from the University of Toronto in 1969. He held positions at the University of Guelph, University of Toronto, Sick Children's Hospital in Toronto, Dalhousie University, and the University of British Columbia, from where he retired in 2005. Jim received the Charles River Canadian Association for Laboratory Animal Medicine Lifetime Achievement Award in 1999.

CHARTING THE COURSE FOR RVT EXCELLENCE:

INSIGHTS FROM BCVTA'S STRATEGIC PLANNING RETREAT 2023

BY AMBER GREGG, RVT

As stakeholders in the field of veterinary medicine, it is crucial for us to stay informed and engaged in the ongoing developments within our professional community. In this spirit, we would like to share key insights from the recent Board Strategic Planning Retreat organized by the British Columbia Veterinary Technologists Association (BCVTA). The two-day session, held in November 2023, aimed to solicit feedback, assess performance, and chart the course for the final year of the 2021–2024 Strategic Plan.

The strategic planning session was guided by specific objectives: performance evaluation, board evaluation, strategic priorities, and relationship building. Participants, including BCVTA board members, representatives of the College of Veterinarians of BC (CVBC), and the BCVTA executive director, solicited feedback on the BCVTA's performance over the past year, focusing on accomplishments, areas for improvement, and identified gaps. The group discussed key implications arising from their self-evaluation, ensuring alignment with organizational goals. They also identified key priorities to address in the final year of the current strategic plan, emphasizing the need for adaptability and responsiveness to the evolving landscape of veterinary medicine.

The session commenced with a comprehensive review of the BCVTA's progress, achievements, strengths, and areas for improvement. This interactive roundtable discussion provided insights into the organization's performance and potential areas for enhancement. Highlights of this discussion included a public awareness campaign, improvements to board governance procedures, increased member benefits, and an improved relationship with the CVBC.

The board examined the results of their self-evaluation, engaging in facilitated discussions to discern key implications for the organization. This introspective process ensures the board's continued effectiveness in steering the BCVTA. The board has identified key areas for improvement, including the onboarding process, increased board knowledge and understanding of the association's financial practices and position, and enhanced training for board members in areas, such as governance and diversity, equity, and inclusion.

Delving into the strategic plan, participants discussed areas of distinction, values, vision, mission, and the progress made towards achieving goals. This facilitated discussion aimed to identify gaps and set the direction for the upcoming year. Following a review of strategic priorities, participants engaged in breakout groups to develop implementation plans. This collaborative effort allowed for a comprehensive exploration of progress and identification of potential gaps in the current strategy.

The session concluded with a review of board committees, the identification of high-level actions for the remainder of 2024, and recruitment priorities. This governance refresh ensures the BCVTA operates efficiently and aligns with its strategic goals. The involvement of Dr. Jane Prichard, CVBC president, and Dr. Stacey Thomas, CVBC acting co-registrar, provided a valuable external perspective, fostering collaboration between the BCVTA and the CVBC.

Overall, the BCVTA's Strategic Planning Retreat served as a forum for collaboration, introspection, and forward-thinking. The outcomes of this session will undoubtedly influence the trajectory of veterinary practice in BC. We encourage all members of the veterinary community to stay engaged with the BCVTA's initiatives and look forward to seeing the positive impact on our profession. [WCV](#)



Amber Gregg, RVT, is the executive director and past president of the BCVTA. She graduated from the Thompson Rivers University veterinary technology program in 2007 and spent eight years in mixed animal practice before gaining experience in not-for-profit management. She joined the BCVTA board of directors as vice-president in 2020 and served a one-year term as president in 2021 before being appointed to the executive director position in 2022. Amber is grateful for everyone who made the BCVTA the strong and healthy organization it is today, and she is proud to work with the board of directors and members of the BCVTA to continue to advance the veterinary technology profession.

RECENT STUDIES FOUND THAT 95% OF CATS AND 85% OF DOGS HAD BEHAVIOURAL PROBLEMS.^{1,2}



To make matters worse, pet parents may miss the early signs and underreport behavioural issues to their veterinarians.³ This may lead to minor issues escalating and becoming chronic problems that could lead to pets being abandoned or euthanized.

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A NIGHT IN EMERG

BY NATALIE MUIR AND NIKKI ZAK

In a 24-hour veterinary hospital, the role of a receptionist is to help people. Most often, people imagine that this means answering the phone and assisting potential clients in deciding if they need to come in on an emergency basis with their pets, but those are only a few aspects of the role. It can also look like giving clear navigational directions over the phone to a panicking client that needs to arrive safely; lifting an extremely large and unresponsive dog out of a vehicle for immediate medical attention; running a critical patient from the reception area to the treatment area, all the while the family is frantic because they don't know what is going on with their beloved pet; bringing a glass of water to a room of grieving family members; or watching a child while their parents have a difficult discussion with the veterinarian in an exam room. It can also mean celebrating with a family who is bringing home their pet after a long hospital stay. Every day is different, and every situation is different, so we must have great people skills and understand how to calmly manage groups of people in a stressful environment.

As a receptionist at an emergency hospital, you need to be able to pivot immediately between situations. You may find yourself having a light-hearted exchange with a client one minute, aiding them in deciding the best pet food for their first-ever puppy, and the next minute, you may find yourself assisting a family in making an impossible decision about care of the remains for their lifelong companion, and in between, you are sending off a referral so a patient can be seen by a specialist. There is no breathing room between situations, as emergency care is fast-paced 90 per cent of the time. This means that you need to be able to put your game face on and be sympathetic, enthusiastic, somber, or joyful on rotation, based on the appropriate circumstance.

A night in an emergency veterinary clinic is much like putting your hand into a bag full of unknowns and trying not to get bitten in the meantime. You never know what you are going to get walking into a shift, which means you need to prepare for anything that could walk through the door. We will always have a gurney on standby for larger patients that cannot walk on their own, and a watchful eye for those emergencies that come racing into the parking lot unexpectedly. We can see a wide array of emergencies each day, often varying greatly in severity. We follow a triage system, with each patient classified as either green, yellow, or red. The green triage level are the patients that, in a perfect world, could wait until the following day to be seen at the client's regular veterinary clinic. We say "in a perfect world," because we are all too familiar with staff shortages in the veterinary industry, which often impacts immediate appointment availability. Green triage level emergencies can range from a broken toenail to skin issues to an irritated ear. The yellow triage level can be anything from acute vomiting or diarrhea, sudden loss of appetite, lacerations with minimal bleeding, allergic reactions, and some toxin ingestions. These are pets that should be seen as soon as possible but may still be looking at a wait time depending on the hospital's current case load. The red triage level is reserved for true emergencies, such as any patient in respiratory distress, sudden collapse, male cats that are straining to urinate, animals that are actively having a seizure, severe trauma cases, such as an animal that has been hit by a car, and the list goes on. Some days, you come in and your schedule is flooded with red level emergencies, ultimately setting the tone for how the evening is going to play out. Other days, you may have had a couple of greens and yellows, and you feel as if you are waiting for the other shoe to drop.

On a busy evening, it is not unheard of to have a three-to-four hour wait time. On these evenings, you will probably have a lobby full of people wishing they were somewhere else, because—let's face it—no one enjoys going to the ER (although the Labrador Retriever who was previously inappetent but now ecstatic about taking treats from your hand may say otherwise). This is usually when tensions run high because everyone wants the best for their pet, and they don't always understand why another pet is being seen before theirs. As the first chain of communication, the role of the receptionist in an emergency facility is vital. We are the first and last face seen by the clients visiting the clinic, and we are often the first impression of people calling into the clinic. We must be able to communicate clearly, making sure people feel heard and seen, that they understand why they might be waiting, and what to expect if their pet is taken directly to the treatment area to be assessed by the veterinarian and techs. People are entrusting us with a member of their family and as pet owners ourselves, we don't take that lightly.



When speaking with clients, our job is to ask questions and get as much information as possible about what has been going on with their pet at home, so that we can advise them accordingly, as well as to have a better idea of what to expect upon the animal's arrival. Is the patient stable? Will the patient need to be rushed immediately to the treatment area? Should we have a critical form inquiring about CPR status and other life saving measures ready to be discussed? If a patient comes in that is unstable, the reception team is the bridge between the client and the veterinarian that is going to be hands-on with their animal. This means we need to be able to help inform them of the severity of the situation while also keeping them calm enough to provide vital information that the veterinarian may need. Sometimes a client may come out of an examination room, completely overwhelmed after speaking with the doctor, having just been presented with a substantial treatment plan. We are the helping hand that goes over financial options they may require to lessen this burden. They may be anxious about their pet staying in the hospital because this is the first time they have ever been away from them. We are the voice of reassurance letting clients know we'll be a phone call away if they need and ensuring them that their pet is in great hands.

One of the worst types of calls we receive are the ones where you know the outcome is going to be poor within the first few moments of the conversation. Some of these calls may start out with "my cat all of a sudden is dragging their hind end," signaling that you may be dealing with a cat that has a thromboembolism. In these scenarios, the clients are typically unaware of how serious the situation is, as their pet was healthy just moments before. Another curve ball we have faced these past couple of years are highway closures due to landslides or forest fires in our local area. During these times, we have to navigate phone calls from clients with emergencies and no way to get to us. Given that we are the only 24-hour emergency clinic in our area, and family veterinarians have limited availability, you can feel helpless in these scenarios. This requires communication from receptionists, techs, and the veterinarians to provide whatever guidance is possible over the phone until medical attention can be received. One of the better calls we receive,

though, is a thank you call from an extremely grateful owner whose pet was hospitalized for multiple days and who didn't think they would be bringing them home again. These are the calls that help brighten an otherwise gloomy shift.

That brings us to the best part of the job. For a lot of us, this is when you know deep down you provided quality care to an animal and their family in a time of need. To do this, all departments need to work smoothly together so that we can ensure we deliver the best care to all patients coming to see us. Not all stories have happy endings, but the positive impact is felt in the little moments where you know you made a difference. For us, that starts at the front. **WCV**

"ONE OF THE WORST TYPES OF CALLS WE RECEIVE ARE THE ONES WHERE YOU KNOW THE OUTCOME IS GOING TO BE POOR WITHIN THE FIRST FEW MOMENTS OF THE CONVERSATION."

West Coast Veterinarian's "A Year in the Life" is a four-part column written by one veterinary specialist about one topic that has four distinct life phases. Through the course of the year, each instalment highlights how this topic affects animals at a certain life stage and what veterinarians should know about how to treat it. This year's focus is canine and feline dentistry.

DENTISTRY IN THE ADULT PATIENT

BY ANGELICA BEBEL, DVM, DAVDC

As veterinarians continue to see their patients for annual physical examinations, a thorough oral examination should continue to be an essential component of this examination to identify early signs of oral pathology. This will help to provide immediate treatment preventing more serious complications and pain. This article will review some dental problems that can occur in the mature patient.

PERIODONTAL DISEASE

Periodontal disease is one of the most common health issues seen in veterinary patients with a reported prevalence of over 80 per cent in dogs and cats over two-to-three years of age. Small breed dogs have an increased predilection for periodontal disease, likely due to the increased incidence of tooth crowding.

Periodontal disease includes the inflammation and infection of the tissues that surround and support the teeth, also known as the periodontium. This includes gingiva (both attached and free), alveolar bone, periodontal ligament, and cementum. It is caused by the accumulation of plaque bacteria on tooth surfaces and the host's response to bacteria starting the process of inflammation.

Periodontal disease is an insidious, progressive subgingival disease. In many patients, it may not be recognized until more advanced stages of the disease as early signs may not be obvious during a routine awake examination. Therefore, assessment and diagnosis require an anesthetized oral examination with intraoral radiographs allowing for the development of a treatment plan.

The earliest sign and first stage of periodontal disease is gingivitis or inflammation of the free gingival margin. Allowed to persist, this inflammation spreads to the periodontium resulting in inflammation or periodontitis. Over time, inflammation of these structures results in attachment loss, such as gingival recession, alveolar bone loss with periodontal pocket formation, furcation exposure, tooth mobility, periapical abscesses, and eventual tooth loss (FIGURE 1, 2). More severe consequences of these changes may include oronasal communications or fistulas along maxillary teeth (most commonly canines), retrobulbar cellulitis and ophthalmic inflammation (caudal maxillary teeth), mandibular symphyseal separations, or pathological mandibular fractures (FIGURE 3, 4, 5).

The American Animal Hospital Association provides an in-depth online guideline for dental care in dogs and cats. In addition, veterinarians are offered information on dental anatomy, pathology, examination, and staging of periodontal disease and recommended treatments (www.aaha.org/aaha-guidelines/dental-care/dental-care-home/).

As mentioned earlier, a thorough oral examination in an anesthetized patient with dental radiographs is necessary to appropriately stage periodontal disease. Once staged, a suitable treatment plan can be formulated. An awake oral examination alone cannot indicate what stage of periodontitis is present.

STAGES OF PERIODONTAL DISEASE

1. Stage 1 periodontitis involves gingivitis only without attachment loss. Treatment recommendations for this include dental scaling and polishing, with follow-up dental home care (FIGURE 6).
2. Stage 2 periodontitis or early periodontitis presents with <25 per cent attachment or structural loss. Treatment recommendations for this include dental scaling and polishing, and subgingival curettage if there is pocket formation, with follow-up dental home care (FIGURE 7).
3. Stage 3 periodontitis or established periodontitis presents with 25–50 per cent attachment or structural loss. Treatment recommendations for this include periodontal therapy, which can include open and/or closed root planing, periodontal surgery (guided tissue regeneration) or extraction (FIGURE 8).
4. Stage 4 periodontitis or advanced periodontitis presents with >50 per cent attachment or structural loss. Treatment recommendations for this include extraction or aggressive periodontal surgery including osseous resective procedures. Periodontal surgery should be performed by a board-certified veterinary dentist (FIGURE 9).

Regardless of the stage diagnosed, all clients should be sent home with instructions for daily home care and continued monitoring with follow-up evaluations and routine professional cleanings recommended (every 6–24 months depending on the patient). For patients with stage 2–4 periodontitis, clients should be thoroughly educated on how daily home care and continued monitoring is key to the success of periodontal therapy and periodontal surgery. These patients should also be seen for routine follow-ups (every 4–12 months depending on the patient and procedure).

It is recommended that the best time to start professional evaluations with cleanings is the first one-to-two years of life to prevent periodontal disease. Periodontal disease at its earliest stage (stage 1, gingivitis) is reversible whereas stages 2–4 are not and require the treatments discussed earlier.



FIGURE 1: Clinical examination found changes associated with periodontitis and attachment loss: gingival recession (dotted lines), bone loss and furcation exposure (black arrow).

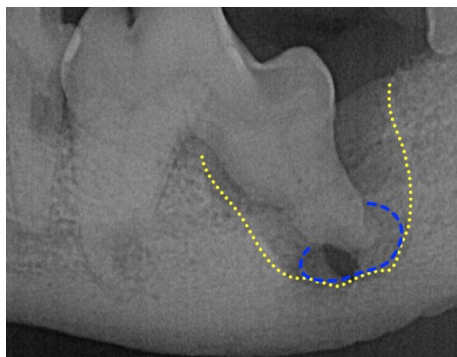


FIGURE 2: Radiographic evidence of advanced periodontitis: marked vertical bone loss (yellow dotted line) and periapical lucency (blue dashed line).



FIGURE 3: Patient presented with an oronasal communication or fistula (ONF) following the loss of the diseased left maxillary canine (204).

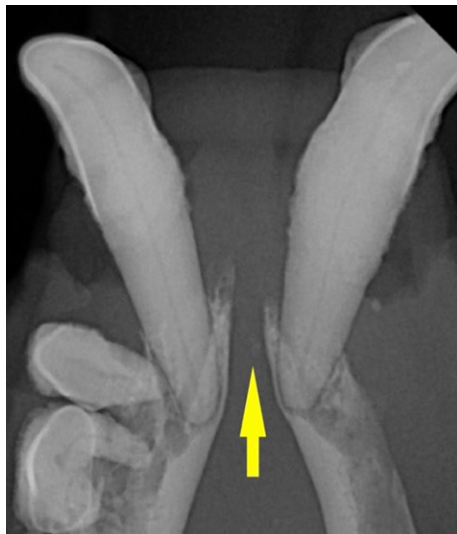


FIGURE 4: Mandibular symphyseal separation (yellow arrow) secondary to advanced periodontitis resulting in severe bone loss along the lingual bone surfaces of both mandibular canines (304, 404) and loss of the rostral mandible.



FIGURE 5: Pathological mandibular fracture at the level of the left mandibular first molar (309) mesial root (yellow arrow).



FIGURE 6: Stage 1 periodontitis: mild (mild swelling, no bleeding on probing) to moderate gingivitis (bleeds on probing) along the left maxillary third and fourth premolars (207, 208) without structural loss, which would be indicated based on oral examination and intraoral radiographs.

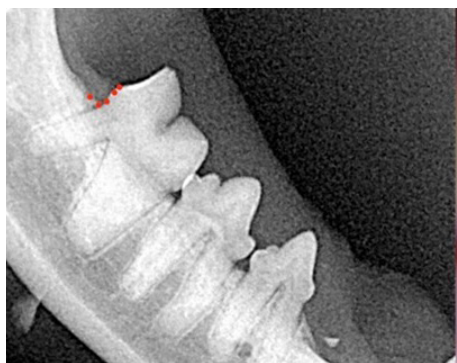


FIGURE 7: Stage 2 periodontitis: early periodontitis presents with <25 per cent attachment or structural loss: horizontal bone loss indicated on intraoral radiographs (red dotted line) and gingival recession found on oral examination.

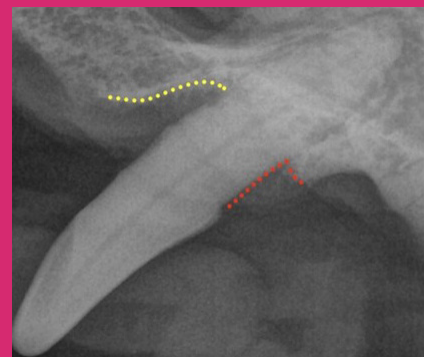


FIGURE 8: Stage 3 periodontitis: established periodontitis presents with 25-50 per cent attachment or structural loss: radiographic evidence of vertical bone loss (yellow dotted line) and horizontal bone loss (red dotted line).

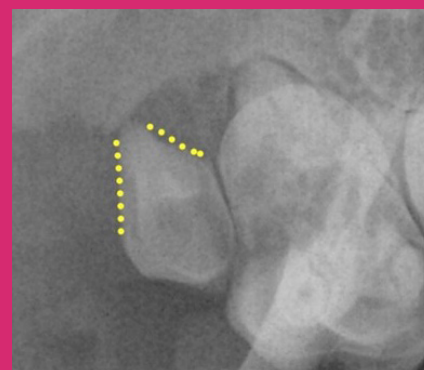


FIGURE 9: Stage 4 periodontitis: advanced periodontitis presents with >50 per cent attachment or structural loss: radiographic evidence of severe bone loss (yellow dotted line) of the right maxillary second molar (110). Extraction would be the only treatment option for this tooth.



FIGURE 10: Complicated crown fracture (CCF) with pulp exposure of the right maxillary canine (104) in a feline patient.

“THE EARLIEST SIGN AND FIRST STAGE OF PERIODONTAL DISEASE IS GINGIVITIS OR INFLAMMATION OF THE FREE GINGIVAL MARGIN.”

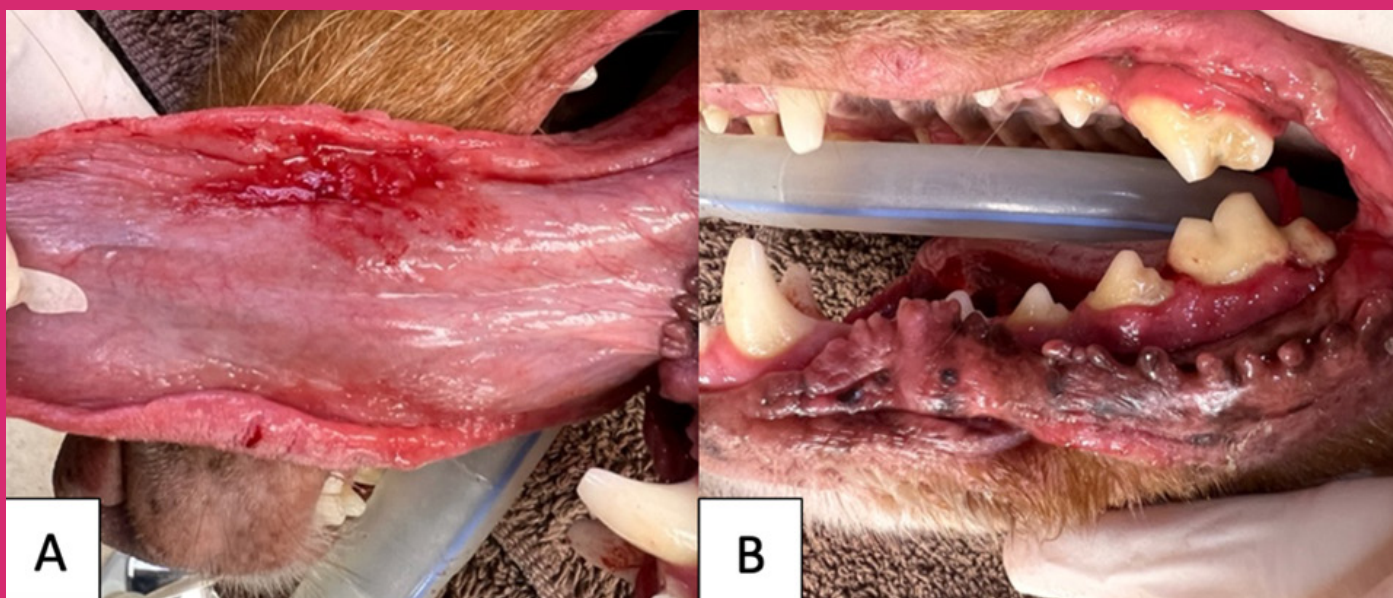


FIGURE 11: Canine chronic ulcerative stomatitis or CCUS in a 9-year-old Nova Scotia Duck Tolling Retriever. Initially this patient was treated with selective extractions, daily home care and medical management. This initial treatment plan did not result in significant improvement and the patient continued to show signs of oral discomfort and was resistant to daily home care. Partial mouth extractions were recommended (extraction of all teeth leaving the mandibular and maxillary canines). A) Lingual oral ulcerative lesions. B) Alveolar and buccal mucositis.



FIGURE 12: Patient presenting with marked buccal mucositis secondary to canine chronic ulcerative stomatitis.



FIGURE 13: Feline chronic gingivostomatitis (FCGS): severe buccal and alveolar mucositis.



FIGURE 14: Feline chronic gingivostomatitis (FCGS): severe caudal mucositis lateral to the palatoglossal folds.

FRACTURED TEETH

As discussed in my WCV December 2023 column, dental fractures result in pulp chamber exposure to the oral bacteria leading to inflammation and infection with subsequent pulp necrosis and pain (FIGURE 10). This can occur at any age. Treatment is necessary, and options include extraction or endodontic treatment (vital pulp therapy to preserve a vital tooth or a root canal therapy). Treatment with a vital pulp therapy will depend on the patient's age and the length of time the tooth has been fractured (ideally less than 72 hours). Causes for tooth fractures include chewing on hard objects or trauma, such as being hit by a car, collision or rough play with another dog, and high-rise syndrome (common in cats). Clients can play an important role in prevention by restricting access to certain items known to fracture teeth. This includes bones, antlers, or yak cheese. Patients should be monitored while they are chewing on specific items, and it is recommended that clients check the patient's mouth following any vigorous chewing or play to catch injuries early as most patients will not show signs of obvious oral discomfort following a fracture.

CANINE CHRONIC ULCERATIVE STOMATITIS (CCUS)

Canine chronic ulcerative stomatitis or CCUS (previously known as chronic ulcerative paradental stomatitis or CUPS) is a painful disease resulting in oral ulcers, foul breath, and excessive salivation with thick, stringy saliva. Oral ulcers may present along the mucosal surfaces of the mouth, ventral and lateral lingual margins, mucocutaneous junctions of the lip, and glossopalatine folds (FIGURE 11). Intraoral radiographic examination of these patients may not necessarily show evidence of additional attachment loss, such as bone loss. Patients often become lethargic and struggle with eating, resulting in weight loss. Certain breeds have been reported to have a higher prevalence including Maltese, Cavalier King Charles Spaniel, Labrador Retriever, Greyhound, and terrier breeds.

A precise cause of CCUS has not been identified, but it is suspected that these patients have an exaggerated immune response to the plaque biofilm along tooth surfaces resulting in a greater than normal level of inflammatory reaction. Initially the inflammation may appear localized and adjacent to just the canines or distal maxillary fourth premolars and molars (sometimes called kissing ulcers). Over time, these changes progress becoming generalized and can include the caudal oral cavity and lingual surfaces. More recently, a publication found mucosal ulcers associated with edentulous areas in 40 per cent of cases suggesting an immune-mediated pathogenesis¹ (FIGURE 12).

Differential diagnosis includes pemphigus and bullous pemphigoid, erythema multiforme, epitheliotropic T-cell lymphoma and Wegener's granulomatosis. Some of these conditions may be associated with lesions of the skin or mucous membranes in other areas of the body. As these treatments are different from the treatment for CCUS, histology and possible immunohistochemistry is recommended.

Treatment recommendations will vary and depend on the severity of the condition and the patient's response to treatment. Plaque control is critical, and more frequent professional cleanings combined with vigorous daily home care in the form of tooth brushing, water additives, dental diets, and chews may be recommended. Unfortunately, daily home care in some patients may not be possible, particularly those with extremely painful oral lesions. Antibiotics and anti-inflammatories provide temporary relief but should not be considered for long-term treatment. For some patients, selective extraction of compromised teeth combined with medical therapy, daily home care, and routine professional cleanings may be effective. Medical therapy includes analgesia and immune-modulatory medications, such as cyclosporine. However, clients should be prepared for the possibility of future additional exactions depending on the patient's response. In severe cases, full mouth extractions may be necessary.

FELINE CHRONIC GINGIVOSTOMATITIS (FCGS)

Feline chronic gingivostomatitis (FCGS) is a severe, immune-mediated, oral mucosal inflammatory disease in cats, resulting in widespread painful ulcerative and/or proliferative lesions throughout the oral cavity including the pharyngeal mucosa beyond gingivitis and periodontal disease. The distribution of this inflammation can vary and can include buccal mucositis, alveolar mucositis (inflammation of the tissues overlying the teeth), caudal mucositis lateral to the palatoglossal folds and lingual mucositis (FIGURE 13, 14).

FCGS is commonly seen in young to middle-aged cats and can affect any breed of cat. However, some breeds may be predisposed including Siamese, Persians, and Maine Coons. Patients may present with a decreased appetite and weight loss, pain or difficulty eating (shown through growling or crying), halitosis, drooling, and an unkempt coat due to lack of grooming. Unfortunately, many cats do not show any obvious signs of problems, and routine oral examinations become vital in diagnosing this condition.

An exact etiology for FCGS is unknown and is likely multifactorial. It is believed that FCGS is an exaggerated immune response to antigenic stimulation for plaque bacteria; however, environmental stressors and infectious causes have been implicated. This includes feline calicivirus, feline herpesvirus (FHV-1), feline immunodeficiency virus (FIV), and feline leukemia virus (FeLV). Patients with FIV and/or FeLV may be at a greater risk of FCGS with a poorer prognosis for resolution.

Treatment options will depend on the severity of the oral lesions. Conservative treatment involves more frequent professional cleanings (four-to-six months) to control plaque bacteria with selective extraction of periodontally compromised teeth followed by vigorous home care (tooth brushing, dental diet and chews, water additive). Unfortunately, most feline patients are painful and daily tooth brushing is not possible. As a result, partial mouth extractions (extraction of all the cheek teeth and incisors leaving the canines) or full mouth extractions provide the best treatment option with the most predictable results.

Due to the ulcerative and proliferative presentation of the oral lesions, histopathology is recommended. Differential diagnosis for the oral lesions includes eosinophilic granulomas, indolent ulcers, and squamous cell carcinoma. The histopathologic results may reveal plasma cells and a diverse number of lymphocytes, mast cells, macrophages, and neutrophils.

Regardless of the treatment option, all patients should be monitored with frequent and routine awake oral examinations. This will help to determine the patient's response to therapy and to determine if any additional surgery (in cases of selective or partial mouth extractions) or medical therapy is necessary. If patients show signs of refractory inflammation, medical management will be necessary and can include analgesia and immune-modulatory medications (cyclosporine). Short-term steroid therapy, used as a rescue therapy, may be necessary in severe, refractory cases used at the minimum effective dose. Medical management used alone is not acceptable.

ORAL TUMOURS

Swelling and masses can occur at any age with most oral tumours occurring in older patients (greater than six years of age). A thorough oral examination is important during every patient's physical examination. The most common odontogenic and non-odontogenic (malignant) tumours will be discussed in the next article.

To save space, the references and footnotes for this article are made available on the SBCV website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. **WCV**

MEMORIAM



PHOTO SUPPLIED BY BRIAN MCONIE

DR. CHRISTOPHER JOHN JOSEPH URQUHART | 1960-2024

Provided by Brian McOnie, BSc (Agr), MPVM, DVM, and Dr. Urquhart's family

On January 20, 2024, Chris Urquhart passed away. Chris was born in Kelowna to John and Betty (nee Riley) Urquhart, he is survived by his soulmate, Susan Stevenson, their beloved children; Stuart, Cameron, and Natalie; siblings Janet (Cam) Duchame, Andrew (MaryLee) Urquhart, and Mary Urquhart; and stepmother, Barbara Urquhart.

After completing a Bachelor of Science at UBC in 1983, Chris earned his DVM from WCV (where he met Susan) in 1988. He and Susan joined the Mill Bay Veterinary Hospital in 1992 and became partners in 1994. Chris became highly proficient in embryo transfer and served as a board member and vice-president of the Canadian Embryo Transfer Association.

Proudest of his children's happiness, Chris modeled compassion, intellectual curiosity, an enviable sense of humour, and resolute courage. After retiring in 2016 (after receiving the life-altering diagnosis of metastatic cancer at just 55 years of age), he focused on travel, hobbies, and family.

The quotation under his WCV graduation photo read, "when I leave this place, I will have obtained a lot of good memories, great friends, and all the gossip I'll ever need." This is certainly how he lived his life, and he will be greatly missed.

REPTILE CARE

BY ADRIAN WALTON, DVM

“MY STAFF WERE FAR FROM THRILLED WHEN THEY DISCOVERED THAT THEIR NEW BOSS HAD SURREPTITIOUSLY INTRODUCED A GIANT SNAKE INTO THE CLINIC...”

X-ray of a Western Painted turtle.

I was aiming for romance on a particular weekend many years ago. The previous four months had been incredibly hectic. I had been dividing my time between locum work at various clinics across the Lower Mainland and finalizing my acquisition of an animal hospital in Maple Ridge. Just two weeks into owning the practice, I mustered the courage to ask a remarkable woman out on a date.

Although it was only our second date, I was determined to create a positive impression. However, fate, guided by the whims of veterinary medicine, had other plans. On this particular day, the BC SPCA called with a pressing issue—a large snake had been abandoned in a storefront on Commercial Drive, near downtown Vancouver. Before I knew it, I found myself extricating a 12-foot Burmese python from a glass enclosure. Despite my request, the two RCMP officers attending declined to assist, leaving me with the responsibility of extracting the massive 30 kg snake from the back end of a cramped cage. A snake that had not been fed in weeks. Did I mention it defecated on me?

Instead of the leisurely afternoon I had planned, my date and I found ourselves racing from Maple Ridge to Yaletown and back again. Our mission? To improvise a large snake enclosure for this snake out of a parrot cage, Co-op brooder lamps to supply heat, and a Canadian Tire tub big enough for the snake to soak in. My staff were far from thrilled when they discovered that their new boss had surreptitiously introduced a giant snake into the clinic, marking the beginning of a journey into unconventional veterinary practices, and validation of my veterinary school nickname of “MacGyver”.

I didn't start out to be a veterinarian who saw exotics. I had always kept reptiles as pets, with my first pet, a three-toed Box turtle, now pushing 65 years old. I was always open to seeing reptiles, with the admonition that I was not a board-certified exotics veterinarian, and that our education in exotics at the Ontario Veterinary College was elementary at best, and nearly non-existent in regard to reptiles, but these animals kept showing up. With a minimal investment in textbooks (Mader's Reptile and Amphibian Medicine and Surgery, BSAVA Manual of Exotic Pets by Anna Meredith and Cathy Johnson Delaney, Handbook of Avian Medicine by Thomas N. Tully, DVM, MS, DABVP (Avian) DECZM, et al.), an amazing mentor in Dr. Hugh Upjohn, and lots of reaching out to other practitioners, I developed a clientele and, with time, experience.

Many veterinarians avoid exotics. There is a thought that owners won't pay for the proper diagnostics, that many animals will come in so far gone that there is very little that veterinarians can do, and that no matter what we do, it will only result in a bad Google review accusing that veterinarian of incompetence. Unfortunately, I can tell you that all of that can be true; a lot of first-time clients will do exactly that, and a quick review of Dewdney Animal Hospitals Google reviews will show you the latter is a reality.



Western Painted turtle next to extracted fishing hook.

One of the most significant hurdles I've faced in my practice is the absence of well-organized reptile and amphibian rescue groups operating in BC. This absence has led to a fragmented approach to rehoming these animals, often relying on various avenues, such as the BC SPCA, general Facebook groups focused on hobbies, or unregulated pet stores and roadside zoos. This piecemeal approach can result in suboptimal outcomes, including animals being quickly resold, disappearing from public view, or not receiving the specialized care they require.

Additionally, the historical involvement of the reptile community in the wild animal pet trade has presented ethical and conservational challenges. The collection of wild reptiles and amphibians for the pet trade can have negative ecological consequences and poses a threat to endangered species. However, it's essential to acknowledge that recent years have witnessed a positive shift within the reptile community towards responsible practices, such as captive breeding programs, which contribute significantly to the conservation of endangered species.

The good news is that there are many ways to help exotic animals, gain valuable hands-on experience, develop your skills, and even gain community goodwill, all while not having to deal with pesky clients. Exotic animal medicine often goes by another name: wildlife medicine. Many of us already help with small mammals and birds, but I am here to say that you can take on reptile cases as well, with a quick trip to the hardware store and your pre-existing knowledge.

THE FISH HOOK AND THE TURTLE

It is not uncommon to get a call from Wildlife or the public saying that a Western Painted turtle has swallowed a fishing hook, the extraction of which can be one of the most satisfying and easy procedures you can do on a reptile. X-rays can show you the location of the hook, with the most common being in the neck, representing a relatively easy repair, or less commonly within the coelomic cavity, resulting in a poor prognosis. Radiographs can tell you whether the hook is barbed or not; that determination will raise or lower the complication factor.

Achieving effective sedation in reptiles requires attention to several key factors. Maintaining an appropriate temperature is crucial, with the ambient temperature ideally set between 28–30°C to ensure metabolic stability.

For sedation and anesthesia, I often use a combination of dexmedetomidine (0.3 mg/kg) and ketamine (10 mg/kg) administered intramuscularly (IM). When necessary, midazolam (2 mg/kg) can be added either IM or intravenously (IV) to reach the desired plane of anesthesia. While my preferred protocol has proven

successful, similar alternatives can be found in resources like the Merck Manual or other authoritative texts. It's essential to explore various options to determine what works best for each individual case.

To provide adequate pain control, I administer meloxicam at a dosage of 0.3 mg/kg IM. This typically ensures sufficient sedation for straightforward procedures. For more complex surgeries, supplemental anesthesia with isoflurane via a red rubber tube and positive ventilation may be required. Be sure to utilize a syringe case or, for larger turtles, a PVC pipe to protect the endotracheal (ET) tube during the procedure.

Visualization is key when dealing with oral hook extraction. I recommend using an otoscope to examine the hook's path within the oral cavity, facilitating extraction planning. It's crucial to be aware of the hook's angle, as hooks facing dorsally (towards the skull or spinal cord) often have a poor prognosis. Additionally, reptiles have major blood vessels on the lateral dorsal aspect of the neck, which are situated more dorsally than in mammals and birds. Caution must be exercised to avoid these vessels during procedures.

When dealing with hooks positioned ventrally, between three o'clock and nine o'clock, you can safely advance the barb through the skin. This approach allows for maximum exposure of the hook before using wire cutters to remove as much of it as possible. To prevent the metal barb from flying and causing injuries to onlookers, use hemostats attached to the tip. Even with this precaution, safety glasses should always be worn.

Following the procedure, reptiles require antibiotics for two to three weeks to prevent infection. You have two options: ceftazidime at 20 mg/kg administered every 48–72 hours IM or oral administration of Baytril at 5–10 mg/ml once daily. It's crucial to avoid IM injection of Baytril, as it can be painful for the reptile. Some of your clients will push for gentamicin due to its frequent use by old school and YouTube reptile breeders (who get it on the grey market). Don't—it will destroy their kidneys.

Keep in mind that reptiles have a renal portal system, so injections should be avoided in the distal half of the animal to prevent first pass effect of the liver. Due to the rising issue of antibacterial resistance in reptiles, I strongly recommend culturing the affected area to determine the most effective antibiotic treatment.

NOT SO ROADKILL

Unfortunately, studies have revealed that turtles often face threats from vehicles on the road, leading to common shell fractures. Upon encountering an injured turtle, the first crucial step is to administer pain control to minimize the animal's discomfort. This not only improves their well-being but also ensures that lower doses of sedatives are required for further procedures. Once the turtle is comfortable, a careful examination is essential, with particular attention paid to identifying shell fractures that cross the dorsal midline. These fractures often indicate spinal cord involvement, leading to a very poor prognosis, even if the animal exhibits deep pain responses.

In cases where fractures are not visible on initial inspection, radiographs are indispensable. These x-rays help detect hidden fracture lines, identify broken limbs, and potentially reveal the presence of eggs. Even if euthanasia is ultimately necessary, it's vital to consider the conservation aspect, especially if the animal is an endangered species like the Western Painted turtle. Radiographs can provide information on the presence of eggs, which may be salvageable and contribute to the species' survival.

After a thorough assessment, it's time to prepare for shell fracture repair. You'll need zip ties, epoxy, and 80-grit sandpaper, all readily available from a hardware store. Similar to procedures involving fish hooks, pain control and sedation are essential for this step. To begin, use a soft-bristled brush or toothbrush with diluted Betadine to clean the fracture lines, removing dirt, dried blood, and algae. Then, lightly roughen the shell surface with 80-grit sandpaper in the areas where epoxy for the zip-tie attachment points will be applied.

Before proceeding with the actual repair, it's advisable to test the epoxy on a broken piece of pottery or a cracked coffee mug to ensure it cures at the right rate. If it cures too quickly, it may generate excessive heat, potentially harming the turtle. Conversely, if it cures too slowly, it won't set in time for the procedure. To plan the repair, mark the shell with a sharpie to indicate where the zip ties will be placed.

Next, cut the locking mechanism of the zip tie to a length of 0.5–1 cm and attach it to one of the fractured pieces using the epoxy glue, while attaching a longer piece of zip tie to the corresponding piece. After the epoxy has cured, the two zip tie segments can be tightened to ensure proper apposition of the broken pieces of the shell. The tension should be carefully adjusted; too loose will still promote healing, albeit at a slower rate, while too tight may hinder proper closure and healing.

For smaller fracture pieces, you can place the zip ties over two larger, nearby pieces and insert gauze or a sponge underneath before tightening. This provides downward pressure and aids in securing the fracture site. To further support the healing process, I recommend "dry docking" the turtles, allowing them daily soaks only deep enough for them to submerge their heads to drink. This practice should be continued for two-to-three weeks, allowing a healthy granulation bed to form. The zip ties can typically be removed around six-to-ten weeks post-repair, depending on the severity of the fracture and the progress of healing. The epoxy will come off with the next shed.

Once you feel comfortable with basic reptile medicine, it's easy to move onto more complicated cases.

What I hope to have shown you is that you can easily delve into wild reptile medicine with relatively low-tech solutions with what you have on hand, or what you can find in any hardware store, while having good results, doing some good, and helping an animal in need.

MITE YOU HELP

Parasite infestations continue to be a recurring concern within the reptile community. In the case of larger snake collections, the presence of heavy snake mite infestations is a common issue. Additionally, bearded dragons and various gecko species are susceptible to infections by coccidia and pinworms.

To identify snake mites effectively, a needle or paper clip can be used to gently lift the ventral scales. Subsequently, a cotton swab can be employed to collect and examine the mites under a microscope. Another technique involves loosely applying scotch tape to the snake's body, which can capture any mites as it adheres. The recommended treatment involves administering ivermectin at a dosage of 0.2 mg/kg PO/SQ/IM every 14 days for two treatments (do not use on tortoises).

Bearded dragons and leopard geckos commonly harbour pinworms, which can be readily detected through a fecal flotation test. Fenbendazole 25–75 mg/kg q14 days for four treatments. As for coccidia infections, they may be present in these reptiles, but treatment is usually reserved for cases where clinical symptoms, such as weight loss or diarrhea are observed, as it distinguishes between coccidiasis (the subclinical infection) and coccidiosis (the clinical infection).

As for the date I mentioned at the beginning . . . her outstanding patience and willingness to put up with the occasional alligator, rattlesnake, pygmy goat, and more have been excellent qualities in the woman I am now lucky enough to call my wife. **WCV**



X-ray revealing fishing hook inside Western Painted turtle.



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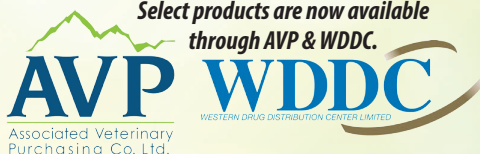
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ANIMAL CARE IN FILM

BY ANDREA DYCK



PHOTO SUPPLIED BY ANDREA DYCK

Chameleon perched on fingers.

I had wanted to be in veterinary medicine for as long as I can remember. Initially, I wanted to be a veterinarian, but in high school, I realized that techs do all the fun stuff (sorry Doc), and I altered my plan. Graduating from tech school with a job already in place and a career ahead of me was amazing. I spent 12 years in emergency medicine, and I was good at it.

Then, something scary happened. I started to realize my passion wasn't there anymore. I was exhausted, frustrated, on my way to that frightening place that veterinary professionals often fall into—burnout. This was what I always wanted to do, so why didn't I like it anymore? I felt guilty that I was no longer loving the career I had poured myself into. I started searching for other jobs, not because I disliked where I worked, but because I needed to take a breather and try something new.

I stumbled upon an ad on a Vancouver site asking for someone to do animal safety for film in Toronto. Being curious, I sent them a message and asked what the job was and why they were advertising in Vancouver. Thus began my weird and wonderful adventure into the world of entertainment with American Humane.

In 1939, during the filming of a western, a horse was deliberately ridden off a cliff to achieve a shot. Understandably, this sparked outrage amongst the public, and people called for change. Out of this, American Humane's Humane Hollywood department was born. American Humane hires veterinary professionals from all over the world to help ensure the safety and welfare of animals that are involved in filming. Following their comprehensive 130+ page guidelines, the "No Animals Were Harmed" program has been watching over the wellbeing of hundreds of thousands of animals in film for over 80 years.

The guidelines produced by American Humane are rigorous, species-specific protocols, which are regularly updated by a committee of independent animal scientists, animal behaviourists, veterinarians, and animal ethicists. The process for any film starts long before they start filming: script reviews, pre-production consultations, and set, location, and environment inspections. On set, the certified animal safety representatives are tasked with making sure the animals have arrived safely, are housed appropriately, are working in safe conditions, and are leaving set in the same condition as they arrived.

Turns out, strangely enough, my experience in emergency medicine meant I was well equipped to work in film. I was already used to long hours and chaos in all its forms and had developed the ability to assess a situation immediately.

"YOU MIGHT THINK THESE CONCEPTS WOULD BE COMMON SENSE, BUT YOU HAVE TO REMEMBER THAT MOST PEOPLE ON SET ARE NOT ANIMAL PEOPLE."

So, after a long interview process, with an incredibly supportive husband and family, I headed off to Los Angeles to learn "the biz".

To start out the day on set, my office will send me a brief rundown of the action I should be expecting to see, any outreach they have already done on my behalf, and a call sheet to tell me when and where I need to be. The routine of showing up at the same clinic every day was gone, and now I had to find a new location, sometimes every day. I get anxiety trying to find places, so this stretched me a lot but slowly turned into an enjoyment of travel. Once I have arrived, I check in with my office and then touch base with one of the assistant directors to let them know I am on set. After that, it's time to find the animals.

As someone who started their career in emergency, I am lucky enough to have at least touched most species that I need to work with on a daily basis; while dogs and cats made up the majority of companion animal emergency medicine, I have also worked with wildlife, exotics, and pocket pets. The most common animals on set are horses, dogs, and cats, but we see it all. You name it—it's been there.

The skills that I developed as a technician in patient assessments have become so helpful on set because I must make sure the animals that have arrived are in good body condition and capable of performing the tasks they are required to do. If I am told a dog is to be running around, doing heavy exercise for prolonged periods, and an obese, older Doberman shows up, well not to be breed-ist, but I may have some further questions I need to ask

to ensure it's safe for that dog to perform those actions. Alternatively, if that same dog shows up and their task is to sit and bark at something, that's a different discussion altogether.

You might think these concepts would be common sense, but you have to remember that most people on set are not animal people. They may be unfamiliar with animal welfare and care. My job is also to educate; something techs get to do a lot in practice. Using my assessment of the animals, I may set limits on the scope of action. While on set, you can impart really great knowledge to the crew to help them understand why these restrictions are in place.

Animal husbandry is also a big part of what I do, ensuring the animals are housed properly while on set. Certain species have temperature or humidity requirements, some need to be fed frequently to maintain proper digestion, some need water available at all times, and others hydrate through the food they eat. Knowing the differences between the species and what they need for care is so important.

Sometimes I do research about a particular species and review my findings with another expert before I arrive on set. This job has taught me skills I never would have dreamed a tech would need to know, such as water current speed calculations, bridge building techniques, and weather monitoring. It's all important to maintain the safety and welfare of the animals.

As part of husbandry and care, I also must know which products used on set may be toxic or otherwise dangerous to a particular species. Smoke products are

dangerous to birds, some dust products can be toxic to horses, too much humidity or using fake weather can kill insects and arachnids, being too cold for prolonged periods can be markedly detrimental for reptiles, and the colouring on the dog toy might be harmful if it flakes off and is swallowed. And don't get me started on fish.

During the filming day, I keep tabs on every animal on set. That means the animal actors, any wildlife in the area, and even strays that happen by. Every animal on or around that set is in my purview. When the animals are working, I write down everything they do. Just like in the clinic setting, my record-keeping skills must be immaculate. I also keep a list of every safety precaution taken, such as keeping dogs on leash, closing the doors to set, or stopping traffic when filming, just to name a few examples.

Last, but most definitely not least, a huge part of my job is mediating perceptions relating to animal welfare. As I mentioned before, most people on a film crew aren't animal people or don't have much knowledge of animals and their care. Incorrect assumptions about animals can be hugely detrimental. For example, a dog sitting in a crate on set may be perceived as being locked up as punishment by an inexperienced crew member, when really that dog is enjoying a rest in their safe place.

The funny thing in all of this was that trying something so out of the box gave me back my love of veterinary medicine. If we protect one animal, we should protect them all, big or small, from the creepy crawlies to the bears and elephants that dwarf us. American Humane has reminded me that all species deserve my care, respect, and the best of me that I can give.

These days, I divide my time between American Humane and emergency medicine. I love both so much that I can't choose one over the other. It's given me balance and freedom. I like emergency medicine because every day is different, but different doesn't begin to describe the amazing things I have seen and done working in film, doing my part to ensure that no animals were harmed.

For more information on American Humane's Humane Hollywood and the "No Animals Were Harmed" program and guidelines, please visit www.humanehollywood.org/. **WCV**



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IDEXX

UNDERSTANDING THE RISK: RADIATION EXPOSURE IN VETERINARY X-RAY PROCEDURES

SUBMITTED BY WORKSAFEBC



Dog getting an x-ray.

PHOTO SUPPLIED BY WORKSAFEBC

“...THE MOST COMMON RISK OF EXPOSURE IS DURING HANDS-ON X-RAYS WHEN WORKERS MANUALLY RESTRAIN ANIMALS OR WHEN USING PORTABLE X-RAY UNITS.”

The use of x-rays is an essential diagnostic tool common in many veterinary practices. While this technology provides sophisticated images to support diagnoses and treatment for animals, workers and employers need to be aware of the potential short-term and long-term health risks associated with exposure to ionizing radiation from x-rays.

WHAT ARE THE HEALTH RISKS?

Using x-ray equipment—whether in a veterinary clinic or at a stable or farm—can expose workers to ionizing radiation when the equipment is energized. While exposure to the operator is generally low, ionizing radiation can affect people at a cellular level, causing acute and/or chronic health effects.

With modern equipment and following accepted work practices, acute over-exposure from radiation is unlikely to occur. The primary risk is chronic low-dose exposure, which may cause serious conditions, such as the following:

- Damage to the lens of the eye (cataracts)
- Cancer and other tumours
- Genetic damage to reproductive cells
- Germ cell damage (male and female), embryo malformation and impaired fetal development

HOW DO EXPOSURES OCCUR?

Staff can be directly or indirectly exposed to ionizing radiation throughout their work. This means that even staff who are not directly using the x-ray equipment may be at risk of exposure.

Exposure to ionizing radiation can occur in three ways:

- From a direct beam—when a worker places part of their body in the path of the x-ray beam
- From scatter radiation—radiation that spreads out in different directions after the beam interacts with the patient (this is the most common source of exposure)
- From leakage—ionizing radiation is unintentionally leaked through the protective shielding on the machine and workers near an x-ray tube in operation can be exposed

Recent WorkSafeBC inspections of veterinary practices found that the most common risk of exposure is during hands-on x-rays when workers manually restrain animals or when using portable x-ray units. The inspections also revealed that, while 60 per cent of sites that did have effective equipment, such as image holders to prevent the risk of ionizing radiation exposure, this equipment is not always being used.

WHO IS AT RISK OF EXPOSURE?

Those at risk of exposure to ionizing radiation include veterinarians, veterinary technicians or technologists, and veterinary assistants. The level of risk depends on how they work with or work near ionizing radiation, and what effective controls are implemented for worker protection.

KEEPING WORKERS SAFE

If you are an employer, you have the responsibility to inform workers about the hazards in their workplace, how they can protect themselves, what controls have been implemented to reduce their risk of exposure, and the safe work procedures they must follow.

Whether operating the equipment, assisting with animal restraint, or simply being in the same room where an x-ray unit is being used, it's important everyone understands what can be done to protect themselves.

CONDUCT A RISK ASSESSMENT

Employers must conduct a risk assessment outlining all the work tasks or activities that put workers at risk of ionizing radiation exposure. The greatest risk of exposure when operating imaging equipment occurs when restraining animals or holding imaging plates. However, any staff near an x-ray device in use can also be exposed.

Once all the potential risks have been identified, controls can be implemented to eliminate or lower the risk to workers. This can be done by:

- Removing the hazard—only take x-rays when medically necessary and eliminate unnecessary exposures
- Replacing the hazard with a safer option—use another medical imaging modality, such as ultrasound when clinically appropriate
- Isolating workers from the hazard—in the clinic, create a dedicated shielded x-ray room with a control booth for the operator and in the field, ensure no other non-essential workers are near the working area, or use hands-free techniques that eliminate the need for staff to restrain the patient
- Changing the way people work—remove non-essential workers from the area/room when using x-ray equipment and install warning lights to indicate when equipment is in use
- Protecting workers with personal protective equipment specifically designed to shield against radiation, such as lead aprons, protective eyewear, and lead gloves

MONITOR EXPOSURE LIMITS

The Occupational Health and Safety Regulation sets the requirements for radiation exposure limits. The CVBC mandates that all veterinary practices in BC monitor radiation exposure to ensure these limits are not exceeded. Dosimetry badges can help inform workers of possible exposure during their work and can confirm that radiation exposure is less than the allowable limit.

CONDUCT A RADIATION SURVEY

Employers must conduct a radiation survey for ionizing radiation in accordance with Health Canada Safety Code 28, as well as whenever the equipment is damaged, modified, replaced, or if there is an indication of an unusually high exposure of a worker to ionizing radiation.

Under Health Canada Safety Code 28, a radiation protection survey is intended to demonstrate not only that the x-ray equipment itself functions properly but also is installed and used in a way that ensures radiation safety for operators and others.

EQUIPMENT MAINTENANCE

The CVBC also requires that x-ray equipment must be assessed every three years to ensure proper functioning and to verify that all equipment-specific safety controls and practices are in place. Exposure controls should also be reviewed regularly and updated as needed.

TRAINING AND EDUCATION

Training and education are vital to ensuring workers remain safe throughout their work. As veterinary assistants can be hired without formal training, their knowledge of job hazards can vary greatly. Employers must ensure that all staff:

- Are trained and qualified in the safe use of equipment
- Understand the risks associated with work activities
- Understand how they can protect themselves and their co-workers from radiation exposure
- Are aware of radiation exposure symptoms and how to report any potential exposures

Ongoing education is also important to ensure that safety best practices are implemented, such as the use of appropriate personal protective equipment and the use of image plate holders and mounting devices when conducting large animal radiology. Education is also needed whenever new technology or strategies are implemented, such as hands-free radiology. Operators and assistants should also receive refresher training, as necessary, specific to the equipment being used and standards of practice.

WE ALL HAVE A ROLE TO PLAY

Involve workers in assessing risks and creating safe work procedures to control the risks identified and ask for suggestions on areas for improvement. Any concerns about radiation or other health and safety issues that are reported must be investigated by the employer and corrected to ensure a healthy and safe workplace.

To save space, the references and footnotes for this article are made available on the SBCV website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. 



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Stop Struggling and Use "Grit" to Find Flow Instead
with Dr. Stephanie Van Deynze-Snell, DVM

WEDNESDAY NOVEMBER 27, 2024

Resiliency and Adversity: Make Each Work For You
with Shahana Alibhai, MD

WEDNESDAY DECEMBER 18, 2024

Thriving People & Flourishing Teams with
Shannon Gander, Mental Health Counsellor

WEDNESDAY JANUARY 29, 2025

Navigating Mistakes with
Colleen Best, CCFP, PhD, DVM



DITCH THE DRAMA

BY ELAINE KLEMMENSEN, CEC, DVM

“WHEN YOU ARE IN A LEADERSHIP POSITION, IT IS EASY TO FORGET THAT YOU ARE PART OF THE SYSTEM—...”

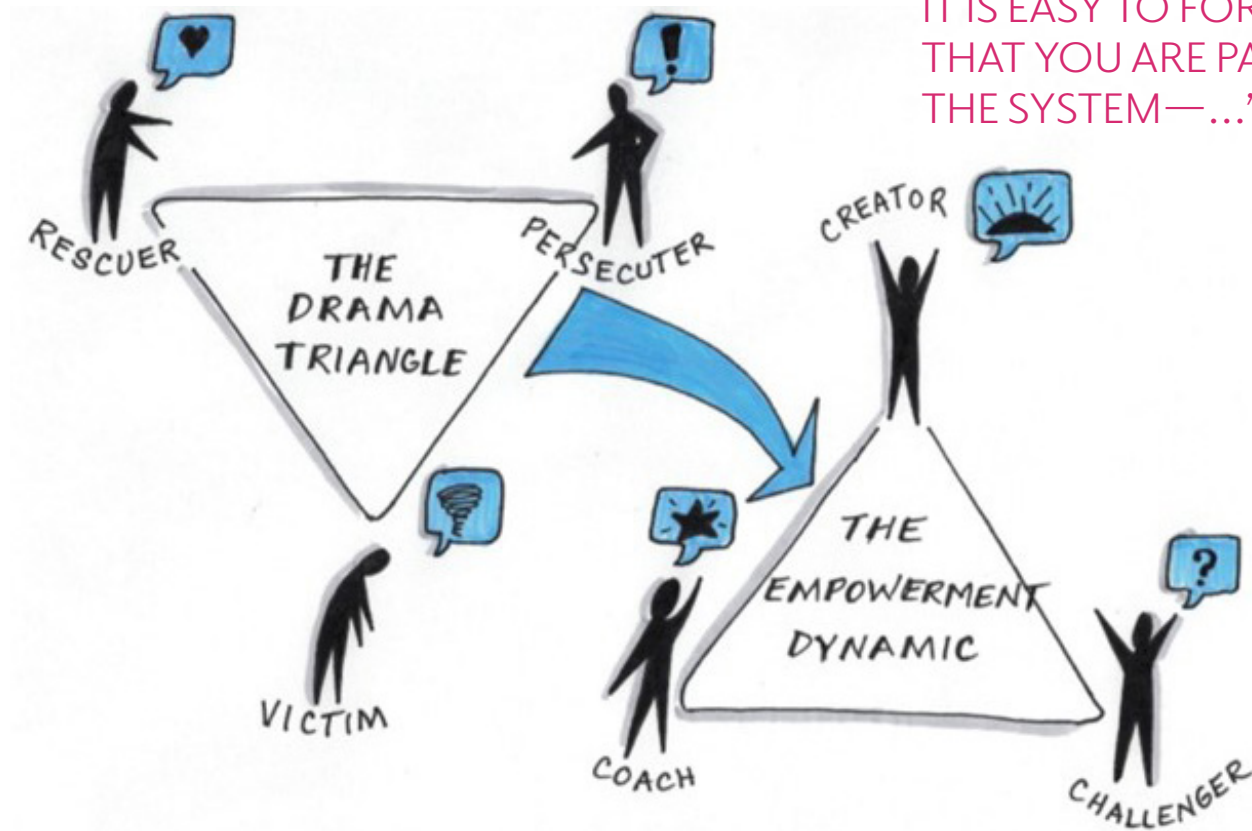


FIGURE 1: Original art by Elaine Klemmensen inspired by *The Power of Ted: The Empowerment Dynamic* (2016) David Emerald.

“Help me fix my toxic team!” When this request lands in my inbox, I stifle a groan, close my laptop, and take a few deep breaths. We all have statements or triggers that instantly set our blood to boil. My trigger used to be “you’re only in it for the money”, but I realized recently this has been replaced by “help me fix my toxic team”. I want to hit reply and respond with, “If your team is toxic, you need to take a look in the mirror, leader!” Instead, I breathe and think back to my own experiences with challenging team dynamics as a practice owner. When you are in a leadership position, it is easy to forget that YOU are part of the system—part of the toxic team. When we are so close to the problem, we get stuck in the details—focused on the who, what, why, and the “how can I fix this?” We are unable to see the forest because we are so focused on the individual trees. As leaders, thinking about our practice and the people working there as a system allows us to step outside of it and see it from a new perspective. This can provide valuable insights before we jump to “fixing”. Are you ready to dig into drama from a holistic perspective?

Cy Wakeman, founder of Reality-Based Leadership and drama researcher, found the average employee spends over two hours per day in drama. She describes drama as emotional waste—any unproductive thought or behaviour that affects productivity or damages trust and safety on a team. Gossip, tattling, excuses,

blaming, shaming, withholding information, and resisting change are examples of drama behaviours. They are also behaviours, if we are honest with ourselves, that we have likely engaged in ourselves. While drama can seem pervasive in our teams, it doesn’t need to be. Recognizing the patterns playing out and understanding the roles people play can help leaders shift the narrative to create individual ownership and accountability.

The Drama Triangle, first described by Stephen Karpman, MD, is a model that helps us understand drama and patterns of social interaction. In this model, players assume one of three roles: victim, rescuer, and persecutor. As complex social creatures, the role we play can shift depending on the situation. Chances are you’ve played each of these roles at some point in your life.

The victim, unwilling to take responsibility for challenging situations, people, or events, feels like life just “happens”. And they are powerless to change their circumstances. Trapped, helpless, and hopeless, they are looking for someone outside to rescue them. They blame the persecutor for their situation.

The persecutor feels that dominating others will move them ahead or help control the situation. The persecutor’s main goal is to find fault, place blame, or discover who caused the problem. Defensive, protective, and self-righteous, their goal is to win at any cost.

The rescuer is someone who strives to solve the victim’s problem or “save them.” They often feel guilty if standing by and watching the

victim struggle. Inadvertently, they foster dependency by relieving the victim from taking personal responsibility.

When exploring drama using this framework, it is important to remember the roles above are not descriptions of who you are. They are descriptions of how you are behaving in a given situation. These are roles that emerge when we feel triggered, threatened, or afraid, and are operating from a scarcity mindset rather than one of presence and possibility. When we step into the Drama Triangle, we end up playing less than effective versions of ourselves.

- Victim: my life is so hard, it's not fair, poor me, it's not my fault, I have no power
- Persecutor: I'm surrounded by idiots, I'm the only one who can get it right, I don't trust anyone, I'm right and they are wrong
- Rescuer: don't worry, I'll do it, it's my fault/responsibility—not yours, people need my help, I'm indispensable, I feel burdened and overwhelmed

If we all play each of these roles at different times, how can we flip the script on the Drama Triangle and find more effective ways to work together? The Empowerment Dynamic, developed by David Emerald, is a coaching tool that helps people recognize where they are acting from in the current situation and consciously shift from victim, persecutor, and rescuer into the more positive and resourceful roles of creator, challenger, and coach.

Victim ► Creator

A Creator claims personal power and takes responsibility to initiate action and achieve the desired outcome(s).

Persecutor ► Challenger

A Challenger provokes others to take action by challenging assumptions and the status quo. The challenger is focused on developing people and holding them accountable.

Rescuer ► Coach

A Coach facilitates self-empowerment through inquiry to help gain clarity. The coach believes the victim is capable, resourceful, and able to solve their own problems.

MAKING THE SHIFT FROM DRAMA TO EMPOWERMENT

The first step in breaking out of the Drama Triangle is recognizing the role you are playing and looking for patterns in how you respond when triggered, stressed, or challenged. Once you understand the triggers and your established patterns, you can start to reshape them. What specifically triggers you to jump into victim, rescuer, or persecutor mode? What happens in your body just before you react? How can you use this to make a conscious shift in your behaviour and disrupt the pattern? As a coach-like leader, you can help your team recognize patterns and triggers that keep people locked in the Drama Triangle.

The next step is to shift into a place of purpose and presence. When we approach our work, our relationships, and our challenges from one of purpose, it reminds us of what matters. Presence is a state of conscious awareness: being aware of what is happening right now, at this moment, in a non-reactive state. It allows us to observe what is happening without judgement and bring sincere curiosity to the situation. When you are fully present, you are interested in learning about the dynamics at play behind an event as well as your role in them.

To better understand shifting into a place of purpose and presence, think of it like stepping out of yourself to take the perspective of an observer watching the situation unfold. What is happening? What are you feeling? What choices are available to you right now? What is one thing you could do to shift out of old patterns and into a more aware and empowering response?

The following is a list of techniques and tools to help shift into presence and step out of the Drama Triangle:

- Breathing exercises—try inhaling slowly to the count of four and exhaling slowly to the count of six. Repeat at least three times.
- Consciously focusing on something you appreciate about the person or situation—what is the gift here?
- Finding the common ground or shared purpose and working backward from there.
- Changing your posture—stand up straight, shoulders back, head up.
- Focusing on your physical body—rub your forefinger and thumb together, feel the

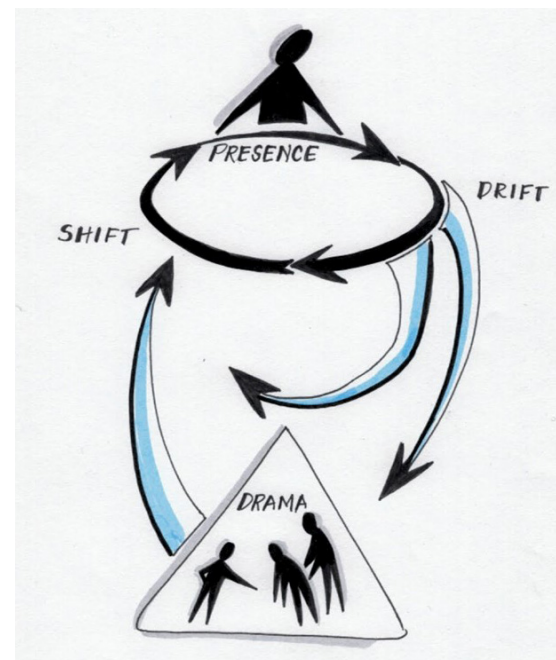


FIGURE 2: Original art of Elaine Klemmensen inspired by The Conscious Leadership Group at www.consciousleadership.com.

ridges in your fingertips. Feel your feet planted on the floor. Feel the warmth of the room on your skin. Listen and see what sounds you can identify.

- Practising conscious listening—what is being said here? What matters in all of this?
- Practising gratitude in the moment—what is one small thing you are grateful for today, right now?
- Getting curious—ask yourself “What can I learn from this?” or “How I am creating this?”
- Taking a moment to name your emotions as they emerge.
- Taking ownership of your part in the drama.

Stepping out of the triangle requires a desire to ditch drama along with a conscious effort to create a new way of being—one of presence. Building new habits takes time and consistent practice. Most of us will fall back into the Drama Triangle throughout our lives. We are human beings with human frailties, and at some point, we will likely play all the different roles—victim, persecutor, and rescuer—depending on the situation and our emotional triggers. It is okay to be imperfect. Give yourself the grace to fail, but don't give up—keep practising. With time, you will get better at recognizing the triggers, the role you are playing, breaking the pattern, and responding more intentionally. Finally, leaders need to remember everyone in the system is part of the system. The team isn't toxic; the system is toxic. Taking a holistic perspective, recognizing the relationships in the system, creating awareness, and exploring the impact we have on the system are critical if we hope to “ditch the drama” on our veterinary teams.

To save space, the references and footnotes for this article are made available on the SBCV website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. **WCV**

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REPORTING REPORTABLE OR NOTIFIABLE DISEASES TO THE BC CHIEF VETERINARIAN

BY THERESA BURNS, MSc, PhD, DVM

SUPPORT SMALLHOLDER CLIENTS

The BC Ministry of Agriculture and Food's Disease Detection Program helps protect BC livestock and poultry from serious disease outbreaks

Veterinary clinics outside the Fraser Valley are eligible for subsidized courier costs for smallholder cases (<100 animals on premises)

Diagnostic testing is subsidized for smallholder pig, poultry, sheep, and goats

We accept portions of animals and carcases up to 40kg *Call to discuss >40kg cases

\$75/case: pigs, sheep, goats

\$25/case: poultry

To submit:

- Follow submission instructions on the [BC Animal Health Centre website](#)
- Complete the Submission Form ([gov.bc.ca](#))
- Discount applied when case received by lab
- Register for subsidized shipping * outside of Fraser Valley

Additional Resources Available on our Website

Contact Us

1-800-661-9903 | PAHB@gov.bc.ca

<https://www2.gov.bc.ca/animalhealthcentre>

The Office of the Chief Veterinarian (OCV) is a branch within the BC Ministry of Agriculture and Food (Ministry) and has a key role in addressing animal health, regulated animal and zoonotic diseases, One Health, and One Welfare in British Columbia. The OCV holds primary or partial responsibility for 11 provincial acts and regulations including the Animal Health Act, the Milk Industry Act, and the Bee Regulation. OCV staff are responsible for provincial dairy, apiary, game farm, fur farm, and veterinary drug outlet licensing and inspections.

The OCV team is responsible for tracking and responding to serious animal diseases in the province, including regulated diseases and emerging diseases. BC's regulated disease list is interesting in that it not only includes named disease (e.g., rabies, West Nile virus) but also includes clusters of unusual illnesses in any animal species, even before the definitive diagnosis is known. The OCV relies on veterinarians and the general public to report diseases. Anyone with reasonable grounds to suspect the occurrence of a regulated disease must make a report to the Chief Veterinarian within 24 hours. A list of reportable and notifiable diseases in British Columbia can be found at www2.gov.bc.ca/gov/content/industry/agriculture-seafood/animals-and-crops/animal-health/reportable-notifiable-diseases. Reports can be submitted via email to chief.veterinarian@gov.bc.ca. When we receive reports, we will respond and may request further information and, in some cases, initiate investigations.

OCV develops and manages surveillance programs for priority food animal diseases, such as avian influenza and Salmonella dublin. We also engage within the province and nationally on important issues, such as access to veterinary services, antimicrobial use and resistance, and One Health. Much of our work involves collaborations with other organizations in BC and across Canada.

“THE OCV RELIES ON VETERINARIANS AND THE GENERAL PUBLIC TO REPORT DISEASES.”

WELCOMING THE NEW ANIMAL WELFARE, EXTENSION, AND EMERGENCY MANAGEMENT VETERINARIAN

The OCV has a small core staff that includes Dr. Theresa Burns (chief veterinarian) and Dr. Chelsea Himsworth (deputy chief veterinarian), as well as dairy and apiary inspectors, and a compliance, data, and operations officer. This core staff works closely with other Ministry experts, including pathologists and laboratory staff, livestock sector agrologists, and emergency managers.

In November 2023, we were delighted to welcome Dr. Gigi Lin to the OCV team as the Animal Welfare, Extension and Emergency Management Veterinarian. Gigi provides leadership in the specialized field of animal welfare, animal health extension, including welfare management in emergency responses. Gigi is a graduate of Western College of Veterinary Medicine and is board certified by the American College of Poultry Veterinarians. Before joining the OCV, Gigi spent seven years working as a private poultry veterinarian, providing diagnostic, consultation, teaching, and field services to all levels of the commercial poultry industry and small flocks in Western Canada. She is excited to be a part of this team and is looking forward to collaborating with various stakeholders.

ANIMAL HEALTH CENTRE SERVICES

The Ministry Plant and Animal Health Centre (PAHC) in Abbotsford, BC, is a leading accredited full-service animal health laboratory in Western Canada, offering post-mortem and histological examination of livestock, poultry, companion animals, and wildlife, and more than 400 laboratory diagnostic tests including bacteriology, serology, and PCR testing. The Centre also offers tests and services for plant diseases and pests. The Centre accepts submission from veterinary clinics, animal owners, governments, and other domestic animal and wildlife health organizations. The Centre plays a pivotal role in testing for serious diseases, such as avian influenza, salmonellosis, and leptospirosis. As of December 20, 2023, the PAHC has completed almost 8,000 avian influenza PCR tests since October 20, 2023, the beginning of the new wave of avian influenza outbreak. The staff at PAHC works tirelessly to support the poultry industry's capacity to produce food while also managing impacts of this global outbreak. You can learn more about PAHC's services and how to submit a specimen for testing at www2.gov.bc.ca/gov/content/industry/agriculture-seafood/animals-and-crops/animal-health/animal-health-centre/diagnostic-testing-and-services.

The PAHC has a team of over 50 scientists, including 11 veterinary specialists, with experience and expertise in the diagnosis of many different agricultural, domestic, and wild animals as well as food and ornamental crops. Please contact us and let us know how we can help you.

SMALLHOLDER PROGRAM

We are thrilled about the Smallholder Program initiated by the Ministry to support early disease detection in smallholder swine, poultry, sheep, and goats. The program offers subsidized postmortem testing of livestock and poultry for any premises with fewer than 100 animals.

The program comprises three key components:

1. Subsidized Diagnostic Examination: Smallholder cases submitted to the PAHC qualify for diagnostic examination at a reduced fee (\$25 per case for poultry and \$75 per case for pigs, goats, and sheep). The discounted rate will be applied when the case is received by the laboratory with a complete submission form.
2. Access to Smallholder Program Courier Account: Veterinary practices located outside of the Fraser Valley can access the Smallholder Program courier account. This allows these practices to submit cases from smallholder operations to the PAHC at reduced or no cost to the practice or client. Eligible cases include whole carcasses up to 40 kg and portions cases. For carcasses over 40 kg, practitioners can contact the PAHC to discuss partially subsidized whole carcass shipping or opt to send portions. To be eligible for discounted fees, portions cases do require certain fresh tissue types to be submitted—more details can be found by using the QR code below or on the AHC website.
3. Educational resources: The program also offers educational resources tailored for veterinary practices and smallholder pig and poultry owners, enhancing awareness and understanding in disease management and prevention. [WCV](#)



Theresa Burns, MSc, PhD, DVM, is the chief veterinarian of BC, and is the former director of CAHSS. She is a veterinary epidemiologist and has experience working as a practising veterinarian in mixed, equine, and small animal practices. She received DVM and MSc degrees from the Western College of Veterinary Medicine and a PhD in epidemiology from the University of Guelph. Over her career, Dr. Burns has had the opportunity to use methods from multiple disciplines to collaborate on complex issues at the interface of human, animal, and environmental health in Canada and in other countries. She is interested in understanding systems and stakeholder perspectives to develop real-world solutions to complex problems.

CLOSING THE SPAY-NEUTER GAP: EXPLORING OPTIONS FOR VETERINARY ‘FIXES’

BY HANNAH WEITZENFELD, DVM

We are faced with pressing veterinary shortages and their substantial impacts on companion animal welfare.

To venture beyond the surface to examine the issues and innovative solutions, this article reviews the research on the evolving concerns related to lack of spay-neuter access, explores the realm of high-quality, high-volume spay-neuter (HQHVSN) approaches, unpacks the research behind recommendations on spay-neuter ages for cats and dogs, and delves into the transformative spectrum-of-care model, presenting an examination of the challenges that prevail, and how we might approach them to improve outcomes for our communities and the animals in them.

Surgical sterilization via ovariectomy and castration has been the mainstay of fertility control of North American dogs and cats for decades. The impact of the veterinary shortage on the availability of companion animal sterilization and other veterinary services has certainly had an anecdotal impact on shelters across Canada¹ and was also evident in a 2022 study from the University of Tennessee documenting the results of a survey of California animal shelters. The study found that 40 per cent of shelters struggled to consistently offer spay and neuter services, and 78 per cent couldn't support community care initiatives like trap-neuter-return (TNR) programs². The reduced capacity for proactive animal population management leads to significant consequences, such as increased animal overpopulation in communities, increased animal shelter intake and longer stays, and reduction of shelters' and communities' abilities to provide animals with positive outcomes.

Another 2022 study, COVID-19-Associated Reduction of Spay-Neuter Surgeries in Dogs and Cats, suggested that there is a deficit of 2.7 million spay and neuter surgeries in the USA that the veterinary sector and animal welfare organizations have yet to address. The same factors have led to this phenomenon north of the Canada-USA border. Adding to that, “as veterinary care has become more expensive over the past several decades, increasingly more and more pet guardians have difficulty obtaining even routine wellness care, such as vaccinations, parasite control, and spay-neuter surgery³.” With the added context of post-pandemic rise in companion animal populations and the ongoing veterinary shortage, veterinarians, animal welfare organizations, and pet guardians are looking for innovative ways to increase spay and neuter access for shelter and community animals.

Canadian animal shelters are warning of a crisis of overpopulation of companion animals. These increases in animal populations are often linked with the recent reduced availability or accessibility of veterinary care, including sterilization, within communities¹. Historically, acquiring puppies from shelters in British Columbia was challenging, due to low supply and high demand. Now, with the increase in puppies coming into care, shelters across Canada are now seeing puppies experiencing longer stays or even partially growing up in shelters, increasing contagious disease risks and the potential for behavioural challenges. At the BC SPCA, although we are seeing increases in intakes of all animal types in 2023 compared to 2022, the dramatic rise in puppies (77 per cent) and rabbits (109 per cent) across our 34 shelters are especially substantial and significantly eclipse pre-COVID-19 intake numbers. The rise in intakes of these species aligns with those for which guardians encounter the most barriers in accessing sterilization services.

HQHVSN: ADDRESSING SURGICAL STERILIZATION SHORTFALLS

In the USA and some other countries, widespread HQHVSN clinics have made surgical sterilization more accessible through streamlined processes.

The HQHVSN approach utilizes efficient, team-oriented practices and specialized surgical techniques to enable veterinarians to safely sterilize up to 30–50 animals daily. This approach reduces surgical time and incision size, lowering anesthetic risk, reducing complication rates, increasing patient comfort, and reducing costs. “By adopting similar systems and techniques that lower the cost of spay-neuter surgery, practitioners could potentially pass on cost savings to clients^{4,5}.”

Under development since the 1970s, HQHVSN techniques have evolved with veterinary medicine. A study of a single HQHVSN clinic, performing procedures on over 100,000 cats and dogs, showed mortality rates to be one-tenth of those in low-volume private practices⁶. The Association of Shelter Veterinarians (ASV) has issued guidelines to ensure high standards, covering preoperative, anesthetic, surgical, and postoperative care^{7,8}. Addressing financial impacts, a study found that most cats sterilized by low-cost clinics had never visited a veterinarian before⁹.

Canada, as compared to the USA, has the added setback of far fewer HQHVSN clinics and training opportunities. Canada also faces unique challenges, particularly related to smaller human populations, many areas with great need for services being remote and far from urban centers where veterinary clinics and professionals are concentrated, and reduced non-profit funding, says Alex Ellis, DVM, DABVP (Shelter Medicine). Additionally, in some provinces, regulatory restrictions prevent non-profits from providing veterinary care to community animals. As well, in some provinces, restrictive regulation around veterinary anesthetic procedures and a shortage of registered veterinary technologists have hindered veterinarians from practising this proven approach.

Several weeks ago, on a shelter medicine rotation with the BC SPCA, a veterinary student shared that their surgery professors are teaching the class of 2024 to avoid the use of spay hooks in cats, and to “double ligate everything.” Some veterinary schools have adopted certain HQHVSN techniques, applying this approach to adjust their teaching strategies to help students understand how to tie effective knots, how to determine if they've done so, how to use a spay hook safely and effectively, and other high-efficacy techniques. Spay-neuter access may be improved through increasing information and training related to HQHVSN, as well as addressing regulatory hurdles. While formal HQHVSN training is not currently available in Canada, there are some HQHVSN continuing education opportunities available to Canadian veterinarians in the USA and abroad, as well as online learning opportunities and informational resources included with the references for this article.

“TIMELY SPAYING OR NEUTERING AND VACCINATION TAKE CENTRE STAGE...”

SPAY AND NEUTER GUIDANCE FOR COMMUNITY AND SHELTER ANIMALS

At the SPCA, we are once again hearing from potential guardians the old adages of allowing animals to go through a heat cycle prior to spaying. Often, animal care decisions originate from internet research or word of mouth. Veterinarians play a vital role in promoting responsible pet guardianship and preventing overpopulation. As veterinarians, we can help pet guardians wade through the information towards evidence-based decisions that serve the interest and welfare of pets, their guardians, and communities. We sometimes hear rationalizations, such as, “he’ll only be going off leash in the trails nearby” or, for cats, “she was only living with her brother, and they were only six months old.” In cases where spay or neuter is delayed until or beyond puberty, helping pet guardians to understand the risk and providing recommendations to prevent reproduction, even in the absence of warnings or signs of fertility, is an important part of veterinarians’ roles in these situations¹⁰.

With discordant research on the optimal timing for spaying or neutering confounding evidence-based recommendations, veterinary recommendations on when to spay and neuter often vary. In recent years, the recommendations provided by veterinarians on optimal age to spay and neuter have appeared to drift towards later ages, well beyond the ages that animals are able to reproduce. Despite a small number of studies warning of the risks of early-age—or even traditional-age—surgical sterilization in some animals, major veterinary organizations, including the CVMA, continue to take positions in support of early spay and neuter¹¹.

Studies highlighting potential adverse effects of spaying and neutering, particularly those authored by Dr. Benjamin Hart, repeatedly utilize a dataset from a specialty teaching hospital. These studies suggest risks associated with early neutering, primarily related to joint problems and certain types of cancer in medium and large-breed dogs¹²⁻¹⁵. However, it’s vital to recognize the limitations, including small sample sizes for specific breeds, conditions, and sterilization ages, along with biased sample populations restricted to those admitted to a specialty teaching hospital, and retrospective study designs with uncontrolled variables^{16, 17}. The aforementioned references^{16, 17} by Philip Bushby, DACVS, provide excellent analysis of this data, allowing practitioners to easily identify some of the specific and notable pitfalls of this research.

When it comes to cats and small-breed dogs, evidence clearly indicates that the benefits of early sterilization outweigh the risks. There are few documented conditions with increased risks with early spay and neuter procedures in these types of animals, and these conditions are generally of low incidence and consequence. Accordingly, for cats, the American Association of Feline Practitioners (AAFP) supports the sterilization of cats not intended for breeding by five months of age¹⁰.

Long-term, large-scale studies have linked spaying and neutering of cats and dogs to an extended lifespan^{18, 19}. Early spaying or neutering also reduces the risks of more common conditions, such as mammary cancer, pyometra, trauma, fighting, infections, and some other cancers^{15, 16, 19, 20}. It’s also worth noting that spaying and neutering at an older age carries its own set of risks, including larger incisions, increased bleeding, trauma, and pain, due to the degree of development of the structures and blood vessels. Post-pubertal spay in dogs has also been associated with increased post-surgical complications as compared to pre-pubertal procedures²¹. Additionally, post-pubertal procedures can be more costly and/or require more surgical and anesthetic time, reducing access to care.

Similar to the CVMA’s position statement, the 2022 Association of Shelter Veterinarian Guidelines recommends spaying or neutering animals prior to adoption to reduce the risk of unwanted litters prior to surgery, including animals over six weeks of age, and 0.7–1 kg body weight. The BC SPCA is committed to spaying and neutering 100 per cent of cats, dogs, and rabbits prior to completion of the adoption process and appreciate the support of community veterinarians in aiding in the realization of this important and life-saving goal.

SPAY AND NEUTER – A SPECTRUM OF CARE APPROACH

We’ve all witnessed instances of preventable pyometra or vehicular accidents involving intact males pursuing a female in heat that could have been averted through financially accessible spaying and neutering. These scenarios can be emotionally challenging for both pet guardians and the veterinary care team.

With the rising costs of veterinary care in recent decades, an escalating number of pet guardians face challenges in securing routine wellness services, including vaccinations, parasite control, and spay-neuter surgeries. Between 2016 and 2018, more than a quarter (27.9 per cent) of USA households encountered obstacles in accessing veterinary care for their pets, and financial constraints stood out as the predominant reason for these difficulties. In the absence of HQHVSN clinics, how can private practitioners contribute to delivering essential care, including spay-neuter surgery, to the expanding population of pet guardians facing financial constraints?

In embracing a spectrum-of-care model for spay and neuter, the management of cases with limited financial means places a strong emphasis on efficient preventative care strategies. Timely spaying or neutering and vaccination take centre stage, aiming to prevent the adverse and costly consequences associated with the absence of preventative care. This approach may involve thoughtful discussions about the risk and benefit analysis of proceeding with surgery in the absence of certain ideals, such as pre-operative bloodwork or intravenous fluid therapy, especially in young and apparently healthy animals undergoing elective spay-neuter procedures. This approach requires informed consent between the client and veterinarian, prudent patient and procedure selection, and an established policy for managing complications and emergencies that occur during and/or after surgery.

Reduced access to spaying and neutering poses challenges for veterinarians and animal guardians, as well as sheltering organizations. The veterinary shortage, increasing animal populations, and increasing costs call for pro-active solutions to the re-emerging challenge of managing overpopulation, including re-evaluating the cost-benefit analysis of spaying and neutering at different ages, spectrum of care approaches, and HQHVSN techniques. Deployment of these established strategies, as well as ongoing exploration of innovative solutions, is crucial to address increasing pet overpopulation effectively and to improve animal health and welfare for companion animals across BC.

To save space, the references and footnotes for this article are made available on the SBCV website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. [WCV](#)



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BY SCOTT NICOLL, BA, MA, LLB AND GURINDER CHEEMA, BA, LLB

Our last column discussed assessing your risk in business. The assumption of risk is inherent in operating a business, of course, and so is competition. Most successful businesses strategically analyze and respond to competitors. The goal is always to remain competitive.

A long-popular method of doing so is to hire away the competitor's key employees or lure away their customers. This is particularly true in highly skilled occupations, such as veterinarians. This method may attract success for those bold enough to employ it. The point of this column, however, is to illustrate how such a strategy may also be the basis for a successful claim against that same bold individual in one of the four business torts: Interference with Contractual Relations, Intentional Interference with Economic Relations, Civil Conspiracy, and Intimidation.

You may already know that a tort is a civil wrong as distinguished from a criminal wrong, the latter also known as a "crime". Criminals commit crimes. Tortfeasors commit tortious conduct. Criminals can go to prison, or any number of other punishments prescribed by the Criminal Code. Tortfeasors are generally ordered to pay monetary compensation for the harm they cause.

It is the unfortunate reality that one or more of these torts will likely have some relevance to you over the course of your career. You should, therefore, at least be able to recognize when one of these torts may be relevant to you. You will be better prepared as a business owner to make operational decisions and to respond to external forces impacting your practice, if you are able to recognize the existence of one or more of these torts. An even rudimentary understanding of these torts will contribute to your risk-management knowledge base. You will know the general parameters of the legal recourse for any of these four different tortious behaviours should you ever consider undermining your competitors or be the target of such conduct.

INTERFERENCE WITH CONTRACTUAL RELATIONS

The tort of interference with contractual relations has four requisite elements. The first is "knowledge". A valid contract must exist between the plaintiff and a third party, and the tortfeasor must know of that contract. You need not possess knowledge of all of the specific details of that contract, however. You need only know that it exists and what it generally provides for.

The second is "intention". You, as the defendant tortfeasor, must act with intent to cause the third party to breach the contract. It is not necessary, however, for you to specifically intend harm towards the plaintiff. Consequently, a court could hold you accountable even if your primary aim is merely self-benefit.

The third is "cause". You, again as the black-hatted tortfeasor in our example, must hinder the performance of the contract between the plaintiff and the third party. The Court will look for a "causal connection" between

your actions and the third party's actions. Where you, for example, offer your worst enemy's employee (third party) a higher salary to lure the employee away to work for you at the Black Hat Veterinary Clinic, that requirement has been met. You caused the employee to breach their contract of employment with your enemy. You knew there was an employment agreement but likely did not know all the terms of that employment agreement. It does not matter. Congratulations, you are a tortfeasor.

The fourth is "loss". Your enemy must suffer loss (or "damages") as a result of your tortious conduct. Where your enemy is able to establish that the employee's breach of the employment agreement resulted in loss or harm to them, they win. Where the employee you lured away is a key employee, it is typically easier to show the loss or harm to the business. Where your enemy can show a material effect on their net profits at White Hat Veterinary Hospital because of the breach of the employment contract, that loss is proven. Congratulations, you are (still) a tortfeasor.

INTENTIONAL INTERFERENCE WITH ECONOMIC RELATIONS

Notwithstanding the similar labels, the tort of Intentional Interference with Economic Relations is different than the tort discussed above. The first of the three requisite elements is the intent to injure the plaintiff's economic interests. Your intentional acts, in this case, must affect your enemy directly, at least in part. You are not liable where there is no deliberate conduct seeking to interfere with the economic interests of the enemy specifically. Even the black hat gets a pass in some cases.

The second element is that the tortious conduct must consist of an unlawful act committed against a third party, where that conduct, in turn, interferes with the plaintiff's economic interests. There need not be a contract between your enemy and the employee in this case. The courts have recognized a basis for relief where you injure the economic circumstances of the enemy through your actions against the employee, even in the absence of a breach of contract. This can include the circumstance where you interfere with a contract between your enemy and the employee, but where your interference is not sufficient to cause a breach of that contract. Your unlawful act, however, must be committed against the employee with the intention of causing the enemy to suffer economic harm. Your liability to your enemy in this case flows from your unlawful act against the innocent employee.

Last, and not surprisingly, your actions must cause actual interference with the enemy's economic relations, such as business contracts or prospective economic advantages. There must be some specific harm or loss that is caused by your interference with the employee's contract and that harm or loss must be suffered by the enemy rather than the third-party employee.

An example always makes recognition of this concept easier. You want to hire away the key employee of your enemy to harm their business in furtherance of your black-hatted goal of creating a monopoly of veterinary services in your community. You let it be known to the key employee that you have heard through the grapevine that the enemy is about to go bankrupt and will not be able to pay any of the salaries owing to their employees at the end of the month, none of which is true, but you have never let that stop you before. You tell the key employee that you can guarantee the key employee a job if they come to work for you that week, but

“THE EXISTENCE OF POSSIBLE LEGAL RELIEF FROM THE EFFECTS OF THE BAD BEHAVIOUR OF OTHERS IN YOUR PROFESSIONAL OR BUSINESS WORLD IS SOMETHING ALL PROFESSIONALS SHOULD KNOW...”

only that week, because there are others you are also considering. Like a lamb to slaughter, that key employee terminates their contract of employment with your enemy and comes to work for you. You have set out to injure your enemy. You have done so by defaming them and using that defamation to encourage the key employee to quit their job, thereby injuring the enemy, as you had intended. You have committed the tort of Intentional Interference with Economic Relations. That, and it would seem you are also just not a nice person.

CIVIL CONSPIRACY

What is a civil conspiracy? Well, CHATGPT says it is wrongful collusion or concerted conduct where two or more people agree to use unlawful means in efforts that harm another person. And in this instance, at least, CHATGPT is actually correct. Did you notice that the definition does not include the requirement that you actually cause any harm? Actually causing harm is not a requirement of civil conspiracy. Acting in concert seeking to accomplish it is sufficient. You do not need to be a competent tortfeasor. You simply need to show some effort.

The courts could not leave well enough alone, of course, and decided the world needed not one, but two categories of civil conspiracy: unlawful means civil conspiracy and predominant purpose conspiracy. I would end the discussion there on this point, but for the rise in popularity of these torts resulting from tortfeasors working in concert more easily through the use of social media. You commit an “Unlawful Means Civil Conspiracy” when you and at least one friend (aka. tortfeasor #2) agree to work together to commit an unlawful act and actually do work together to intentionally cause harm to the plaintiff when you knew (or should have known, as both parents and lawyers like to say) that you would, cause that harm. Significantly, it is not necessary for harm to be your main objective. It is sufficient that the harm is merely a foreseeable consequence of your skulduggery. The plaintiff must suffer actual harm, however, as a result of you and your friend’s deeply disappointing behaviour. No harm? No tort.

PREDOMINANT PURPOSE CONSPIRACY

You will be pleased to know that the requisite factors are the same for the predominant purpose conspiracy. While there is still an agreement between you and your ne’er-do-well friends, in this instance you will still be found liable notwithstanding your reprehensible conduct may be lawful

when considered alone. The harm you cause to the plaintiff must be intentional, and the court must find that it was, you guessed it, the predominant purpose of your unfortunate coming together and action as a group. The intention to harm the plaintiff is what gets you in the end in this instance.

INTIMIDATION

You will also not be surprised to learn that the tort of Intimidation involves intimidation, which is to say, the use of threats or coercion to cause the plaintiff to act against their will. It also typically results in harm or loss. Where you and those same ne’er-do-wells threaten to commit an unlawful act with the intention to cause harm or induce the plaintiff to do or refrain from doing something they were otherwise entitled to do, and the plaintiff suffers harm as a result of succumbing to your bullying (let’s call it what it is), you have committed the tort of Intimidation. You are also, of course, a bully.

Where you use threats or coercion to cause a third party to act in a way that hurts the plaintiff, you are undoubtedly more clever, but you are still a bully. You have also committed the tort of Three-Party Intimidation.

FINAL THOUGHTS

You have hopefully realized at this point that the aforementioned torts were created by the courts in response to various forms of offensive behaviour from which the statutes and contract law provided no easy relief. They evolved out of the desire of the courts to sanction what is in essence simply bad behaviour worthy of sanction and discouragement. You may find yourself on the giving or receiving end of one of the aforementioned sanctioned behaviours. The existence of possible legal relief from the effects of the bad behaviour of others in your professional or business world is something all professionals should know, on even an elementary level such as the one afforded by this column. It is also important, however, that knowledge of these legal principles at least form part of your risk management practice. It will ensure your own business practices remain above reproach. Good people can make bad decisions, of course. Times of stress can often result in decisions you may later regret. Knowing certain types of conduct may attract legal consequences may help focus your decision-making in such times.

Legal interpretations and the applications of these torts can be nuanced and are constantly subject to change. No surprise, there. Judges love nothing more than to find reasons to tweak torts around their edges, giving new applications to old laws. Consult your lawyer if you think you may have the basis for a claim founded in one of these torts. Definitely consult your lawyer if you are the subject of such a claim. [WCV](#)



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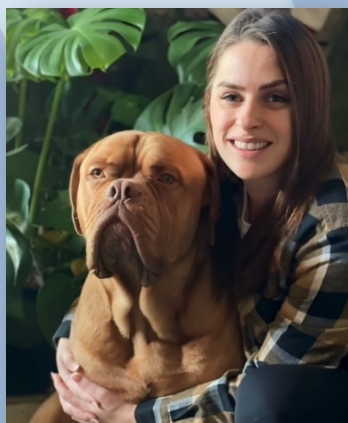
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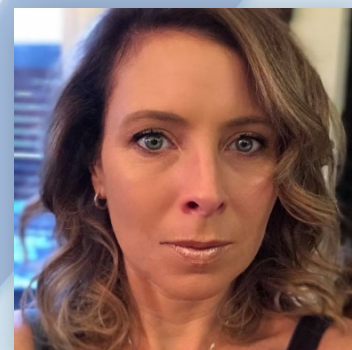


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SBCV 2024 SPRING SUNDAY CE SESSIONS

SUNDAY
April 7

SUNDAY
April 14

SUNDAY
April 28

SUNDAY
May 5

TICKETS AVAILABLE AT:

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Sunday April 7, 2024

Spectrum of Veterinary Care with Stacey Thomas, DVM

Dermatology with Charlie Pye, BSc, DVM, DVSc, DACVD

Sunday April 14, 2024

Telemedicine with Cherice Roth, MSc, DVM

Neurology with Laura Barnard, DVM, DACVIM (Neurology)

Sunday April 28, 2024

Spectrum of Veterinary Care with Stacey Thomas, DVM

Dentistry with Angelica Bebel, DVM, DACVDC

Sunday May 5, 2024

Telemedicine with Cherice Roth, MSc, DVM

Skinny Old Dogs with Lauren Adelman, DVM, DACVIM (SAIM)

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SAVE THE DATES

SBCV 2024 FALL CONFERENCE & TRADE SHOW NOVEMBER 15, 16, AND 17, 2024

Friday November 15, 2024

Scott Nicoll - Legal round table
including Q&A

Saturday November 16, 2024

Dr. Odette O - Anesthesia

Dr. Margie Scherk - Feline

Dr. Jennifer Kim - Oncology

Sunday November 17, 2024

Dr. Meg Sleeper - Cardiology

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