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MEET OUR NEW STAFF

In April, the Chapter welcomed Valerie VanderPloeg as its new Admin and Communications Coordinator, replacing Debbie Crowe who retired.

The Chapter was also successful in its application to hire two summer students through the Canada Summer Jobs program. Ziko Dozie will work on increasing our membership and will contact lapsed or non-members throughout the summer, before he heads to UBC Okanagan Campus to pursue his engineering degree. Risham Johar will be working on creating a print directory, using his marketing and design education to make the directory useful and easy to navigate, before returning to finish high school. Please join us in welcoming both of these students, and please expect to hear from them in July and August.

It was with some sadness that I read Lauren Fraser’s piece on equine behavioural euthanasia. It reminded me of a time I would rather forget, when I had to euthanize my gorgeous 18-month-old purebred German Wirehaired Pointer, Matilda, who had attacked one of my other dogs right in front of my eyes, ultimately killing her, and then repeated the same behaviour six weeks later, almost killing another.

I will never forget the car ride, with me sobbing and apologizing to Matilda, and her looking at me from the passenger’s seat as we made our way to our veterinarian to euthanize this beloved and otherwise healthy dog. And I remember vividly, as well as the belief that I had totally failed her, the feeling that I could not simply pass the problem on to someone else in order to provide her with the continued ability to live. I could not find her a new home where she wouldn’t be around other dogs, because I would never be sure she wouldn’t turn on something else. Her behaviour (and likely my reaction to it) had led to her death.

Veterinarians must deal with this issue often, and the ethical weight that rests with them must be so heavy at times as to be almost unbearable. And yet this is the job of a veterinarian: critical thinking and ethical decision-making that can result in the difference between life and death. And the decision-making is often done under the very observant eye of the animal owner.

I’m in awe of the courage and strength of character required for veterinarians to perform rescue work under such circumstances. Dr. Elaine Klemmensen writes of her work improving equine health in underdeveloped communities where the veterinary care is provided by and supported by volunteers, and where supplies—and time—are in short supply. Dr. Holly Tillotson writes about the First Nations community of Ahousaht and her work building trust before delivering veterinary care. When she says that dogs there once had only one hope—being injured badly enough to get off the island yet not badly enough to die—I realize how bad it had to be—and had to remain—until such trust permitted change.

Email: wcveditor@gmail.com

TO THE EDITOR

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

ON THE COVER

These dogs followed Dr. Holly Tillotson throughout her visit. As long as she threw the ball for them, they were happy.

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FROM THE EDITOR
Marine Ford, PhD, DVM, Dipl. ACVCO, graduated from OVC in 2000 after completing a Bachelor’s in Zoology at UBC and a PhD in Physiology at Monash University in Australia. After a rotating small animal internship at the University of Minnesota in 2001, Dr. Ford achieved diplomate status from the American College of Veterinary Ophthalmologists in 2006, following an ophthalmology residency at the University of Missouri – Columbia.

David Fraser, CM, PhD, joined UBC in 1997 as NSERC Industrial Research Chair in Animal Welfare. His work has led to many innovations in animal housing and management, from designing better pig pens to reducing highway accidents involving wildlife. He was appointed Member of the Order of Canada in 2005 for his work in animal welfare science.

Lauren Fraser, CBCh, is an AABC certified horse behavior consultant. She helps horse owners address behavior problems, using evidence-based, low-stress techniques. Currently enrolled in an MS program in Clinical Animal Behaviour through the University of Edinburgh, she is also an educator, offering monthly workshops for horse owners, and RACE-certified online courses for equine veterinarians.

Elaine Klemmensen, DVM, graduated from WCVM in 1991. After 20 years as owners of West Kootenay Animal Hospital, she and her husband are now volunteer veterinarians working with international aid projects, including the Mexican veterinary project, the Equitation Initiative, World Vets, Meat Animal Welfare, and the Canadian Animal Assistance team.

Holly Tillootto, DVM, graduated from WCVM in 1992. She worked in the Lower Mainland until moving to Vancouver Island where she had a small ruminant practice and worked as a locum. Currently, she is a partner in a small animal clinic in Port Alberni. Holly is working on a certificate in veterinary forensic science.

Kathryn Willman, DVM, graduated from OVC in 2007 and practiced emergency medicine in the Lower Mainland until moving to the Interior of BC and started working as a locum.

West Coast Veterinarian
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FROM THE CVMA PRESIDENT

Hello, all. As I write this, I am currently rock climbing on a rock wall in a cave on the ferry from Tsawwassen to Victoria, on my first five-day hike of the Juan de Fuca Trail, with only my constant companion, Oscar, for company. I am hoping to see what beautiful BC has to offer. Maybe I’ll be lucky and see some sea lions and whales. I think it is important to take risks in life and challenge myself, and this is such a challenge. Hopefully, I make it back in one piece.

We have been busy beavers at Chapter headquarters, and we have a lot to update you on. One of our biggest recent projects was consulting on a proposed standard of care for breeders and sellers/brokers of dogs and cats in BC. We were invited to comment and consult on this document by the BC Ministry of Agriculture. We are quite honoured to have been approached by the Ministry, and see this as the beginning to a joint partnership. Our Animal Welfare Committee was strongly involved in this consultation, and we think we brought some very good recommendations and comments to the document on behalf of BC veterinarians.

The CVMA conference is fast approaching. Vancouver is hosting it this year, July 5 to 8, in the new JW Marriott Parque Hotel, and I am chaiting it on behalf of Vancouver. We will have lots of world-class veterinary CE and a large trade show that will feature a charity auction for the social evening, which promises to be a great night. The Chapter and the CVMA will be hosting two delegates for the Emerging Leadership Program, and we look forward to their reports in the next issue. I hope to see a lot of BC veterinarians there.

The CVMA-SBCV Chapter’s own annual Fall Conference and Trade Show will be held November 2 to 4. Check out our website for a list of speakers, www.canadianveterinarians.net/SBCV. Tickets go on sale in July.

IN MEMORIAM

FROM THE CVMA-SBCV CHAPTER PRESIDENT

We have been busy beavers at Chapter headquarters, and we have a lot to update you on. One of our biggest recent projects was consulting on a proposed standard of care for breeders and sellers/brokers of dogs and cats in BC. We were invited to comment and consult on this document by the BC Ministry of Agriculture. We are quite honoured to have been approached by the Ministry, and see this as the beginning to a joint partnership. Our Animal Welfare Committee was strongly involved in this consultation, and we think we brought some very good recommendations and comments to the document on behalf of BC veterinarians.

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On another note, our Chapter office has moved. Corey used to run our office from her home office, but starting June 2018 we have moved to a fully fledged office. Our postal address remains unchanged. We have also hired a new assistant and two summer students to keep up with our workload. One of the students’ jobs is to put together a hand-copy directory which some of you have been asking for.

As you are all aware, declawing has now officially been banned by the CVBC. This is amazing news and a great accomplishment spearheaded by Dr. Margie Scherk. The CVMA-SBCV Chapter would like to thank CVBC Registrar Luisa Hrus for consulting with us on this.

I hope you all had the absolute best summer. We look forward to more updates, new programs, and further involvement with anything BC veterinary related.

Dr. Sarah Armstrong
Dr. Sarah Armstrong, DVM, graduated from OVC in 2007. Following graduation, she worked full-time in general practice and worked part-time at a local emergency practice in Southern Ontario before moving to Vancouver, BC, where she currently works as a locum veterinarian.

GORDON LESLIE DAVIS, DVM | DECEMBER 2, 1922 – FEBRUARY 2, 2018

Dr. Gordon Davis was a native of Miller, BC, and upon graduation from OVC, moved to Laderad in 1945 to begin a very long and distinguished career, known not only as a veterinarian but as well for his community service. Dr. Davis became part of the fabric of the Ladner-Richmond equestrian and farming community, he was the consummate country vet. His career, like many of our colleagues of that era, was his life’s work. His skills as a veterinarian relied mostly heavily on experience and diagnostic acumen and our present-day access to all of the modern diagnostics, anesthetics, and medications. His skills as a veterinarian were only outmatched by his humble personality, his sense of humour, and his dedication to his clients and patients. He was known by his colleagues for his surgical and diagnostic skills and for his constant pursuit of knowledge. He was always available to provide help and advice to a student or fellow practitioner. Dr. Davis was known for his tireless community service and his work with the Kinsmen, Standardbred Horse Association, and the BC Racing Commission. Dr. Davis was the President of the BCVMA in 1955. He was often called upon to speak, not only due to his knowledge, but his warm and often humorous recollections of previous history. He was regularly called upon for his parliamentary skills at association meetings. In his retirement years, Gordon was fondly remembered as a “coffee shop regular” in Ladner where he enjoyed the company of many of his veterinary colleagues. He was preceded by 26 days by his wife Genevieve to whom he was married for 71 years. Genevieve was a very active participant in the veterinary practice and the BCVMA auxiliary. They both had a life well-lived and will be missed dearly by our profession and community.

The 2018 CVMA RACE-approved Convention will be held in Vancouver from July 5 to 8. Signature events include the CVMA Summit, National Issues Forum, and Emerging Leaders Program. Register/find more information at www.canadianveterinarians.net/practice-economics/practice-tools-national-tick-awareness-month.

The reference tool Ospids: Risk Evaluation/Mitigation Strategies in Veterinary Medicine is a brief summary of current knowledge and best practices, a potential reference for the veterinary healthcare team, and a resource for further discussions. Find it under the Practice & Economics tab on the CVMA website.

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The CVMA welcomes the following new council/committee members: Dr. DeBiete Barr, National Issues Committee; Dr. Marie-Claude Blais, Council, FMV/AVC Representative; Dr. Leighann Hartnett, Animal Welfare Committee & Environmental Advisory Group; and Drs. Ted Kilpatrick and Emiko Wong, Animal Welfare Committee. 153

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IT’S OKAY TO ASK FOR HELP

The Homewood Health Employee and Family Assistance Program

Distress Phone line is available 24/7 to all British Columbia veterinarians:

1.800.663.1144
1.888.384.1152 (TTY)

www.homewoodhealth.com

Additional mental health and wellness resources are listed at:

www.canadianveterinarians.net/documents/mental-health-support-resources

Troy McPerson, DVM, was born in Cape Breton, NS, and graduated from the Ontario Agricultural College in 1984 and the Ontario Veterinary College in 1989. Dr. McPerson is a member of the American Association of Feline Practitioners, is currently the CVMA representative for the Federation of Veterinarians of Europe, and is a member of the Council of the Nova Scotia Veterinary Medical Association. She lives in Dartmouth with her husband, Patrick, four Border Collies, and four cats.

The Woodford Health
RABBIT HEMORRHAGIC DISEASE

BC is experiencing an outbreak of a disease considered rare in Canada. Rabbit Hemorrhagic Disease (RHD) is an extremely contagious and lethal disease of European rabbits (Oryctolagus cuniculus) caused by a Calici virus. This disease does not affect humans and is not known to affect other animals. It was first detected in China in 1984 and has been seen since in over 40 countries, including the USA. It is also used for biological control of invasive rabbits in Australia and New Zealand. This is the third occurrence of the disease in Canada. The first was seen in Manitoba in March of 2011. That case was a true mystery as it was confirmed in one of three pet rabbits housed indoors. No source was ever determined, and the other two rabbits that were co-housed were never affected. The second confirmed presence of the disease was August 2016, in Quebec in backyard pet rabbits. Again, the source was never identified, but the disease was contained.

The BC case was first confirmed in March with feral rabbits in Nananaimo. Feral rabbits are European rabbits that have been abandoned by their owners and released to urban/wild green spaces. Feral rabbits are considered wildlife in BC. Currently, RHD is confirmed in Parksville, Coombs, Courtenay/Comox, Richmond, Delta, and in and around Nananaimo. It has been confirmed in shelter, sanctuary, and commercial rabbit operations.

The strains of the RHD virus in each of these outbreaks have been different. Manitoba and Quebec both had more traditional strains of RHD. In BC, the strain of RHD virus has been confirmed as most aligned with an unusual variant strain referred to as RHDV2. RHDV2 has been detected in France, Italy, Spain, Portugal, and Germany. The strain found in BC most resembles the traditional RHD strain. The strains of the RHD virus in each of these outbreaks have been different. Manitoba and Quebec both had more traditional strains of RHD. In BC, the strain of RHD virus has been confirmed as most aligned with an unusual variant strain referred to as RHDV2. RHDV2 has been detected in France, Italy, Spain, Portugal, and Germany. The strain found in BC most resembles the traditional RHD strain.

This new variant differs from previously known RHD viruses in several respects. Unlike RHDV, RHDV2 is reported to affect very young rabbits, even nestlings, and spontaneous deaths are considered rare in Canada. Rabbit Hemorrhagic Disease (RHD) is an extremely contagious and lethal disease with a short incubation period (one to three days). What has been reported in the feral rabbits suggests a highly lethal, rapidly spread disease with a short incubation period (one to three days).

We are still investigating the reported spread of this disease. It is impossible to control the spread through the feral rabbit population or to protect this population. A vaccine from France has been ordered under an emergency release import permit through the Chief Veterinary Officer’s office. This was done to try and protect the pet and commercial rabbits. The vaccine was only available in limited quantities for the first shipment which arrived April 17th. All doses have been pre-sold to clinics that reached out to have it made available to them. A second shipment was received May 3rd. The next order and shipment will occur shortly. If you are interested, please contact the Chief Veterinarian by email: jane.pritchard@gov.bc.ca.

References

Jane Pritchard, DVM, MVetSc, graduated from OVC in 1997, and completed a Masters in Anatomic Pathology at WCVM in 2000, continuing as an Associate Professor in the Department of Pathology for two years before embarking on a career with the BC Ministry of Agriculture in 2004. With the exception of a two-year international development project in China from 2007–2009, she has remained with the BC Government. In 2013, she was appointed to the role of Director of the Plant and Animal Health Branch, and Chief Veterinary Officer for the Province of British Columbia.
MENTAL HEALTH AND WELLNESS RESOURCES

A CVMA study conducted in 2012 determined that just over 50% of Canadian veterinarians who participated in the study had suffered from burnout, and 19% of respondents had, at some point, considered committing suicide. Mental health and wellness is recognized as a topic that needs to be addressed within the veterinary profession. The following list is meant to provide resources, information, and support to BC veterinarians.

**HOMEWOOD HEALTH EMPLOYEE AND FAMILY ASSISTANCE PROGRAM**
Distress phone line available 24/7 to all British Columbia veterinarians.

1.800.663.1144
1.888.384.1152 (TTY)
www.homewoodhealth.com

**CANADIAN ASSOCIATION FOR SUICIDE PREVENTION**
BC-wide contact number: 1.800.784.2433
BC Mental Health Support: 604.310.6789
Greater Vancouver Area local crisis centre: 604.310.6789
Sunshine Coast/Sea to Sky Crisis Centre: 1.866.661.3311
www.suicideprevention.ca/incrisis-now/

**CANADIAN MENTAL HEALTH ASSOCIATION, BC DIVISION**
CMHA BC provides online services, phone support services, and educational courses about mental well-being and addiction recovery.

604.688.3234
1.800.555.8222 (BC toll free)
www.cmha.bc.ca

**TED TALKS ABOUT MENTAL HEALTH**
A collection of 5 playlists about mental health, self care, suicide, depression, and individual tales about overcoming mental illnesses.

www.ted.com/topics/mental+health

**VETS 4 VETS GROUP**
CVMA-SBCV Chapter members can access this resource with and without VIN membership. Vets 4 Vets is a VIN Foundation initiative to help all veterinarians recover from addictions via online support and weekly group telephone meetings.

vets4vets@vinfoundation.org

**VETS IN RECOVERY**
CVMA-SBCV Chapter members can access this resource with and without VIN membership. Vets 4 Vets is a VIN Foundation initiative to help all veterinarians recover from addictions via online support and weekly group telephone meetings.

vets4vets@vinfoundation.org

**PETS PLUS US:**
**THE SOCIAL SIDE OF PRACTICE**
Veterinary Wellness CE Modules (4) led by Debbie Stoewen, DVM, MSW, RSW, PhD. with a focus on communication, compassion, fatigue, compassion satisfaction, and risk factors for suicide among veterinary professionals.

1.800.700.3391
care@petsplusus.com
www.petsplusus.com/pethealth/social-side-of-practice

**MOOD DISORDERS ASSOCIATION OF BRITISH COLUMBIA**
The BC Resources guide compiled by the MDABC provides a comprehensive list of mental health resources available to British Columbia residents with URL, email, and telephone (including TTY) contact information.

www.mdabc.net/bcresources

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1.877.412.7483

**CVMA GROUP INSURANCE PROGRAM ARIVE™ EMPLOYEE ASSISTANCE PROGRAM**

PO Box 21088 Maple Ridge Square RPO
Maple Ridge BC V2X 1P7
www.canadianveterinarians.net
Email: cvma-sbcv@cvma-acmv.org
Telephone: 604.406.3713
Because I’m a veterinarian, I’m at a higher risk of suicide and other mental health concerns such as compassion fatigue. Consistently, papers and reviews indicate that veterinarians have a higher suicide rate compared to the general population. Nobody told me that when I dreamed of becoming James Herriot.

Our jobs demand us to be emotionally involved in our cases even if we just don’t have the desire or energy. We are being asked to listen to the human story behind the animals we see and to feel so many human emotions.

The suicide of Dr. Sophia Yin, who was well known for her work around less stressful veterinary care, pushed the topic of suicide and mental health into the spotlight among veterinary professionals. I remember wondering how someone like Dr. Yin could commit suicide when, from an outsider’s view, she had a flourishing and respected career in something she obviously loved. So, I asked Dr. Sally Foote, a long-time friend and co-worker of Dr. Yin’s, what caused her to commit suicide. She said, “No one can say what was going on in Sophia’s life that was a deciding factor for her to choose death over life.” Only she knows that. I feel we all want a logical or causal explanation for a suicide. We look at their life through our own experiences to find an answer that is actually dismissing their personal story.”

This is likely not news to Dr. Brian Furlong. As chief of staff for Homewood Health (www.homewoodhealth.com), he is an expert in emergency psychiatric care, and he has treated many veterinarians in his lengthy career—usually at a time when they are in acute crisis. I asked him why veterinarians are at a high or higher risk. “I think one of the most critical factors is that we are perfectionists, society puts enormous pressure on us to be perfect as well, as society today is less accepting of errors. He went on to say that, throughout his career, a common theme for veterinarians in crisis has been the exposure to death and consequently the sense that everyone deals with things differently, and that no one is immune to this. This is why it is so important to have the right resources and get it. BC resources are located on the other side of this poster.”

Mental Health and Wellness
Why Every Veterinarian Needs to Know

By Kathryn Welsman, DVM

Out for help during a complaint process as we don’t want anyone to know what we are going through. We are afraid to show our perceived imperfection. This can be very isolating and can increase someone’s stress level to the point of depression and, potentially, suicide. This isn’t to say, however, that every veterinarian who receives a complaint is suffering from mental health issues, but the complaint becomes another risk factor.

Dr. Furlong also believes that because we operate in very small teams with little support, compared to physicians in big hospital settings, this can be isolating. There is no one to unload on, as many veterinarians would be very reluctant to discuss emotions or problems with their technical staff. We talk about death a lot as veterinarians and even more so in emergency practice, probably. Here are some interesting figures for one of those emergency shifts. Euthanizing 12 animals + 4 discussions about the possibility of death + 2 CPR forms + 2 DNR forms signed = 20 discussions about death. Seriously, who talks about death that much, day in and day out? I certainly don’t know the norm in most people’s jobs. I asked Dr. Furlong about this issue and whether veterinarians see death in a more sterile way than the general population, which could lead to an easier justification for suicide. He says that the way veterinarians perceive death is something addressed in the literature, but he doesn’t know of a concrete answer that says our exposure to death leads us to a mental health crisis.

He indicated that it is very rare for someone to suffer an acute mental health crisis because of one factor; it is usually multi-factorial, with issues in both personal and professional realms, but there is often a tipping point that moves us from coping to not coping. Already long hours now exacerbated by technology, demanding clients, the ever-present and annoying Dr. Google, clients with unrealistic expectations, financial burdens from employers or clients, trying to juggle family and work, not taking time away from the job, managing employee conflict, lack of resources to do your job properly, poor management, feeling trapped in this profession—take your pick. Whatever the issues may be, you also then need to factor in the personal side of things that might tip the scales such as being a new parent, dealing with a sick family member, financial concerns, student debt, divorce, or previous medical conditions.

Dr. Foote added her opinion to these risk factors, saying, “Shame is a huge factor. If we are not the highest producing, most intelligent, energetic, loyal, generous with our time and expertise at the cost of our personal life, we are not good veterinarians and that is shameful. If we have money problems, that is shameful. If we have addiction problems, that is shameful. If we have mental health problems, that is shameful. If we change our career, that is shameful. From that perspective, there is no way someone like Dr. Yin could commit suicide when, from an outsider’s view, she had a flourishing and respected career in something she obviously loved. So, I asked Dr. Sally Foote, a long-time friend and co-worker of Dr. Yin’s, what caused her to commit suicide. She said, “No one can say what was going on in Sophia’s life that was a deciding factor for her to choose death over life.” Only she knows that. I feel we all want a logical or causal explanation for a suicide. We look at their life through our own experiences to find an answer that is actually dismissing their personal story.”

Dr. Furlong says that even though we have come a long way, stigma is still a major factor for a veterinarian considering seeking help for mental health issues. “Will I be perceived as weak? Like I can’t hack it? That’s a bad vet?”

It does take a lot of strength and resilience to continue to face death and make the decisions to end life. Certainly not a profession for the faint of heart. Some say that our industry draws in certain highly emotional individuals. Over time, it chips away at self-worth. Some of us may feel that we are pretty good at keeping our jobs and emotions separate, and others that there is no such thing as compassion fatigue; you either make it in this profession or you don’t.

Personally, after immersing myself in the topics of compassion fatigue and mental illness, I realize just how important it is to understand how the personal storm of issues, sometimes out of the blue, can create a mental health crisis. Each of us needs to be open-minded to the fact that everyone deals with things differently, and that no one is weak or can’t hack it. My hope is that this article sparks a conversation in your practice as it might help someone when you least expect it. And my hope for those who need help is that they reach out to the right resources and get it. BC resources are located on the other side of this poster.

This article was excerpted from a longer article appearing in the September 2016 issue of West Coast Veterinarian and is reprinted in this CVMA-SBCV Chapter poster for members with permission of the author Dr. Kathryn Welsman. www.canadianveternarians.net/documents/west-coast-vet-erinarian-magazine-fall-2016.
it is said that veterinary students can never get enough clinical experience. While our first thoughts about summer tend to be the anticipa-
tion of a break from the books for a little while, we all know full well that within those four months lies incredible opportunity. If, at the height of exam time, you asked us what we need more of, I suspect many would answer: more coffee, more sleep, more time to study. The reality is that we are here because we are motivated individuals who work hard. We are encour-
aged and eager to make the most of our summers, to apply and demonstrate our knowledge, to continue to
build upon while gaining clinical experience at a small animal clinic. This is important preparation for our clinical years, and it is critical for us to continue to learn and grow as professionals.

By Chloe Gustavson

Spending the summer in clinical practice will certainly be able to put their understanding to the test.

Many upper-year students will be participating in a variety of unique externship placements, in addition to re-
fining our skills by working in veterinary hospitals. Last summer, student Alyson Guy completed a com-
parative animal externship at the University of Mis-
souri. There, she received training in anesthesia and established a working knowledge that she hopes to build upon while gaining clinical experience at a small animal practice this summer. At the end of our school year, cat enthusiasts were invited to participate in a low-stress feline handling workshop led by some of our wellness practitioners as timely preparation for transition-
ing to summer jobs alongside companion animal veterinarian.

Though I predict many of us will be taking TPEs on a daily basis, there are additional avenues of veterinary medicine that our classmates have chosen to explore right here at the College. Students inspired by the strong research focus of the WCVM’s many accomplished pro-
fessors can take part in active projects over the summer. Within the Department of Veterinary Microbiology, Joy
Wu will be putting the analytical skills developed during our second-year parasitology labs into action. She will be a part of a team assessing samples from Arctic foxes and Sable Island horses in contributing to Canadian wild-
life health. Classmate Margaret Speedman will take a clinical approach to research experience, working on a canine nutritional study. She is excited to be a part of a project within the Department of Small Animal Clinical

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A NEW ETHIC FOR ANIMALS

BY DAVID FRASER, CM, PhD

H uman concern over the treatment of animals has evolved through two major stages, and now it needs to evolve again. The first stage, dominant during the 1700s and 1800s, was an attempt to stop deliberate acts of cruelty to animals. With this focus, most early animal protection organizations were called societies “for the prevention of cruelty to animals.” The 1900s saw the increasingly standardized—even mechanized—use of animals in food production and biomedical research. In that context, the old anti-cruelty narrative was clearly inadequate because few of the concerns involved deliberate cruelty. The concern, rather, focused on ways of using animals that limited their freedom and affected their quality of life. Thus, the focus changed to protecting animals not from cruelty but from the hardships that result when we use them for our purposes.

Today, we have entered a new phase of animal-human relations when human populations and technology are harming animals on a vast scale but in ways that are barely recognized. Since 1950, we have seen the explosion of communication systems based on tall transmission towers. From the start, it was clear that the towers were injuring and killing huge numbers of birds, mostly because migrating birds (many of which fly at night) are disoriented by the lights on the towers and fly nearby until they hit one of the supporting cables. North America now has over 70,000 communication towers that are estimated to kill 6.8 million birds per year.

Road-based transportation has also exploded. Roads affect animals in many ways, but just the huge number of animal-vehicle collisions is now an important cause of injury and death. Research studies to date indicate that cars in Europe injure and kill tens of millions of animals per year, including a half million deer and other ungulates, and that vehicles in North America now kill more vertebrate animals than hunting.

Picture windows, another deadly invention of the last century, are made from large plates of glass that are mostly invisible to birds. After years of research, ornithologist Daniel Klem estimates that windows kill a billion birds per year in North America and billions worldwide. These dangers, and many others, act in fairly direct ways, but many human activities harm animals indirectly, often by altering the processes and balances of nature. Habitat destruction is a well-recognized example. In North America, grizzly bears and wolves have lost 40 to 50 per cent of their former habitat, and the severity is far greater in densely populated parts of the world. Singapore, for instance, has lost 95 per cent of its lowland tropical rainforest, and about 60 species of birds disappeared from the country during the 1900s.

Chemical changes are also deadly. In central Canada, rain acidified by industrial pollution is thought to have killed most of the life in 14,000 lakes. Even worse, nutrients from fertilizer, manure, and municipal sewage are commonly washed into water bodies where they over-nourish algae and create a huge biomass. The algae then decompose, and the process consumes the oxygen in the water and creates dead zones where virtually all animal life dies. Dead zones now affect a quarter of a million square kilometres of coastal waters (an area roughly the size of Great Britain) and kill an incalculable number of animals by suffocation or starvation in collapsing ecological systems.

Introduction of exotic species is another major cause of harm. A classic example was the introduction of rabbits into Australia where their exploding numbers prevented the natural regeneration of plants and caused native animals to starve. Of all these insults, climate change may prove to be the worst. Climate change is expected to shrink or eliminate areas suitable for certain species, especially on islands and mountains where there is limited scope for animals to relocate. Altered patterns of rainfall could devastate animals, especially in Africa where animals already struggle with periodic water shortages. A warming trend has also begun to spread disease, for example, by expanding the range of insect vectors. However, the greatest harms of climate change are expected to be biotic effects that disturb the timing of ecological processes. For example, milder weather causes the peak abundance of insect larvae to fall outside the time when some nesting birds have the greatest need for food. All of these issues—from communication towers to climate change—are typically viewed as problems of conservation, not animal welfare. But a little reflection shows that they are acting on a huge scale to cause such classic animal welfare problems as injury, disease, suffering, and loss of mates and young. Currently, however, such problems are largely overlooked in animal welfare circles because they do not fit the existing narratives of cruelty or of oppressive use. In this century, therefore, our ethic for animals needs to evolve again to include the vast but unintended harms that our growing population and technology are causing to the non-human inhabitants of the planet. This must bring animal welfare and conservation—which to date have functioned mostly as separate movements with different goals—to combine forces in order to confront the many challenges that they have in common.

“NORTH AMERICA NOW HAS OVER 70,000 COMMUNICATION TOWERS THAT ARE ESTIMATED TO KILL 6.8 MILLION BIRDS PER YEAR.”

“VEHICLES IN NORTH AMERICA NOW KILL MORE VERTEBRATE ANIMALS THAN HUNTING.”

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“vehicles in north america now kill more vertebrate animals than hunting.”
We are all the others that followed. I can say with full conviction that it is not necessary to grow up with pets or to keep them at all times of one’s life. Forgoing pets for the right reasons, or waiting patiently until the time and circumstances are right, can teach children far more responsibility and appreciation for living beings in the long run. Familiarity does not always breed contempt, but familiarity without mindfulness does breed contempt. As doctors to pets, we need to be leaders in the way we regard and treat each animal as unique and precious. As scientists, we know that individuals of a wild species matter not a bit in the eyes of nature, and that only survival of the species as a whole is important. But we cannot pretend or hope that nature will sort itself out if only we leave it alone, because our interference has already changed it. We have introduced variables that wild animals were never meant to deal with, and we are responsible for all the consequences. Most of us will not, and do not need to, become wildlife experts, but we have a duty of mindfulness toward wild animals. And not only for their sake, but for our own.

The phrase “who rescued whom?” holds true not only for household pets and domestic animals. My colleagues are literally killing themselves with the needs of animals under their care? And how often have such bad habits been passed on to children?5

I may have grown up without pets, but never without animals. I subscribed to nature magazines for kids and read them avidly (we had no TV in our home). Every weekend, rain or shine, we would take the suburban train to the outskirts of Moscow to watch the occasional hare or red fox run across a meadow, or a beaver going about its business on a pond. I coveted those animals and their freedom even if I knew their lives were neither cozy nor safe. Bears and wolves were the stuff of fairy tales and legend, and I hoped I would one day live to see these mysterious beings. I was taught to love animals I would never own, sometimes never encounter in person. Thoreau wrote, “We need the tonic of wildness.” At the same time that we are earnest to explore and learn all things, we require that all things be mysterious and unexplorable, that land and sea be indefinitely wild, unsurveyed and unfathomed by us because unfathomable. We can never have enough of nature.”1

I grew up on this tonic, even if diluted to suit the construction of a child. Wildness meant to me that no animal can be taken for granted, that any animal’s trust must be earned and never abused, and that there will always be something we will never understand about our everyday companions. Admittedly, not everyone cares about wild animals who want nothing to do with humans and who will never love us back for all our efforts to help them. As doctors to pets, we transcend and fight against natural selection and treat each animal as unique and precious. As scientists, we know that individuals of a wild species matter not a bit in the eyes of nature, and that only survival of the species as a whole is important. But we cannot pretend or hope that nature will sort itself out if only we leave it alone, because our interference has already changed it. We have introduced variables that wild animals were never meant to deal with, and we are responsible for all the consequences. Most of us will not, and do not need to, become wildlife experts, but we have a duty of mindfulness toward wild animals. And not only for their sake, but for our own. The phrase “who rescued whom?” holds true not only for household pets and domestic animals. My colleagues are literally killing themselves over failure to satisfy the impossible emotional demands of private practice. This situation is untenable. We cannot wait for the public to change their expectations; we must help our profession from the inside.

I have learned to keep the sordid little secret of a petless childhood to myself. My mother, who herself had grown up on a homeland on the border between Russia and Finland, insisted that it was a cruelty to leave a dog all alone in a city apartment while the family was at work or in school. To this day, I feel that I could never own a dog under such circumstances, although much of my work is devoted to making this possible for clients. I have learned to keep the sordid little secret of a petless childhood to myself after receiving reactions that range from genuine pity to apprehensiveness. One might think that I had been afflicted by a disability or had spent my childhood in a loveless orphanage. Of course, there were summers in the countryside where I helped tend the rabbits and pigeons, joyful encounters with other people’s dogs and cats, and feeding birds through the bitterly cold winters. But this is not the same as ownership of, and daily responsibility for, an animal.

And yet I have never felt deprived. Recently I learned that I am in good company: And yet I have never felt deprived. Recently I learned that I am in good company:

Henry David Thoreau. Walden. Chapter 27

WILL SPAY YOU

BY ELAINE KLEMMENSEN, DVM

Why would you leave the comfort of your home to work for free? It would be easy to stay home, keep on doing your regular life, and attempt to give to others when you are able. What if you could make a difference in the lives of another creature, and in the process, change your life for the better? Perhaps you are married to another veterinarian with whom you own a practice. Our veterinary project in Jaltemba Bay, Mexico. This was my first international sterilization project, and a seed was planted. Perhaps this was the catalyst we needed.

In 2017, Rob and I decided to take the week-long trip. We wanted to travel to a remote location and be immersed in a different culture. We chose to go to Botswana, a country in southern Africa. We joined the Equitarian Initiative, a non-profit organization that works to improve the lives of equines and their human companions. The Equitarian Initiative provides veterinary services to rural communities in Botswana, and we were excited to be a part of it.

The stories of how these animals arrive in our care humbles us. We are reminded again and again of the resilience of our patients and their will to survive, thrive, and be happy. Old Girl came to us after having boiling water thrown on her back for stealing eggs. During her stay at MAWS, we saw her fearlessness disappear and her sweet, gentle nature emerge. Little Pup stayed with us after surgical repair of a preputial injury, and within days was basking around the adult dogs. Often, amputation is a practical and life-saving option in countries with little resources and nonexistent surgical infrastructure. I fell in love with one amputee from a cattle outpost who had lost her paw after being caught in a snare. She arrived in skeletal condition but still running happily on the stump of her infected metatarsals. A proper amputation gave her the gift of a pain-free life. The affectionate nature of these animals and their joyful exuberance in the face of such a harsh existence is both heart-warming and heart-breaking, in equal measures.

In a small village in Botswana, we met a young boy of 12 years who arrived at the outreach clinic with his dog and another small child in his care. He asked if he could stay with his dog during the surgery because, in his words, “My dog is a good dog, but he is afraid and will be comforted by my presence.” We advised him this was just fine, and as we sedated and started surgery on his much-loved dog, Rob began to talk to him. The boy intently watched as Rob performed an ovariohysterectomy and explained what he was doing. When Rob paused, the boy looked up and said thoughtfully, “So, sir, I can see that what you are doing here helps the dogs and people of Botswana, and for that we are grateful, but what I am wondering is how this benefits you?” Rob had a great response. He said the...
benefits to us were not something you could see or touch, like money. He said that we love visiting Botswana and think it is a very special place. We love the wild animals, and by sterilizing the dogs and vaccinating them, we were helping to keep both the dogs and the wildlife healthier. I could see the boy was both a little surprised and also proud that we loved his country and wanted to help. They talked about the idea of “paying it forward,” and Rob said that we were lucky to be in a situation where we could help the people and dogs of Botswana. He said, “Perhaps someday you will remember us, and how we helped your dog, and this will remind you to help someone too. By paying it forward, each of us can do our part to make the world a better place.”

With any volunteer project, there are also frustrations. At the end of a long day, we have asked ourselves what it is about this work that draws us in and keeps us coming back for more. The days are long and hard, and we usually come home hot, tired, and smelling of urine. We are practicing veterinary medicine with the most basic of tools to service the most needy population of pets. We often feel at a loss when it comes to making a diagnosis, and we try our best to help and not harm. Our patients bleed easily and profusely during surgery, our clamps don’t clamp, our suture is sometimes on a spool requiring our old eyes to thread needles all day, and our scissors are as dull as the ones you buy for a first grader. Yet we make do, we struggle, we laugh, and at the end of the day, it feels good to be dog tired and know we have done some good today. If we are honest, we started this journey for selfish reasons, looking for adventure and escape from the stresses of practice ownership. But it became so much more. How do you tell someone how good it feels to take care of an animal in need and to see the relief and thanks on the faces of those you help? How do you explain the amazing ability to make—in just a few days or weeks in a community—friends and deep connections that will last a lifetime?

As a middle-class Canadian, I live a life of privilege, compared to the vast majority of the world’s population. Working as a volunteer veterinarian has driven home this point and also made me realize how very little I need to be happy. I have discovered that what often appears straightforward on the surface is actually very complicated. As a volunteer veterinary assistant, one needs the capacity to critically consider and reflect upon the impact you have on a culture and the long-term ramifications of your actions. This work has challenged me to be more resourceful, open-minded, and adaptable. But perhaps, most of all, it has taught me that there really is more good than bad in the world (despite what the media may lead you to believe), and if you travel with an open mind, an open heart, and a big smile, you will be amazed at where they will take you.
THE DOGS OF AHOUUSAHT

BY HOLLY TILLOTSON, DVM
O nce a day, for the better part of the last five years, my commute to work has changed drastically. I live in Parksville and work in Port Alberni, so on a normal day, I drive along Cameron Lake, through Cathedral Grove, over the Alberni summit, and into the Alberni Valley. I am at work in 40 minutes. One day a month, however, that is just the first leg of three I have to travel. This is the day I go to the Alberni-Clayoquot BC SPCA and meet up with Irene and Deb. I transfer my backpack to their truck, and we head out on a windy, two-hour drive to Tofino.

Once there, we park the truck, gear up with our packs, and head down to the dock. We usually arrive just after 10 am, intending to take the 10:30 boat; sometimes, there is a boat ready to go, sometimes, there are two or three, and sometimes, there are none. It’s okay though; if you wait a few minutes, somebody will come along in a boat, and if they are not themselves going to Ahousaht, they are on the radio and will find out when the next boat is coming. There is always someone coming, and we always get to where we need to go pretty much on time … Island time, that is.

It’s about a 40-minute boat ride from the west coast town of Tofino to Ahousaht, which is on Flores Island. Only minutes on the water, we pass another First Nation, Opitsaht, which is on Meares Island. There are free-roaming cattle there and, if you are lucky and the tide is out, sometimes you can see them gathering on the beach, eating sea lettuce and eel grass. It is incongruous to see these beasts wandering along the shore and grazing. Further along, we weave and wind between the islands, and I marvel at the place where we live and at how lucky I am to call this day a day at the office.

There is only one short stretch of open water where it is usually more windy, and the water tends to be more wild. We quickly pass by and find ourselves again in the shelter of the islands. As we round the last corner into the bay at Ahousaht, I search the docks for the dogs but see none. Just boats, resting along the docks, and maybe one or two people active on the dock; loading or unloading a boat. Sometimes, there are kids fishing or swimming off the end of the dock. On a hot day, there is often a group of little kids, dripping wet, laughing, betting each other that they can jump higher or further into the water. They don’t really notice we are there, watching them.

As we tie up at the dock, we begin to unload ourselves and our stuff, and from nowhere, unannounced, and without warning, come the dogs. It’s a mixed bag of greeters. Maybe five or six; all curious, all very forward, and ready to be our guides. Another incongruity for me. I am from a small town where the sight of a dog wandering anywhere off leash and alone just does not happen. But here they are; dogs running, playing, being a pack all on their own. No one seems to notice—well, no one but me.

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When I first started going to Ahousaht, we would set up for the morning in the youth centre. People would bring their dogs in for vaccines, deworming, and flea control, all donated by the SPCA. Many of the dogs were in rough condition: terrible coats, broken teeth, lameness, and generally poor condition. I would go over the dog’s bodies, finding issue after issue, and I would look back at the owners, and they would be smiling, so proud of their dogs, and happy that I was paying them attention. It quickly became clear that these people loved their dogs, so I soon found myself explaining what it looked like when a dog was ill, or what could be done to treat it. I taught the absolute basics of health care: talking about how to feed dogs, how to water them, and the need for grooming. We came prepared with donated brushes, combs, collars, leashes, food, and water bowls, and we gave those things out to anyone and everyone who needed or wanted any of them.

It is a tough life for the dogs of Ahousaht. When you walk around the reserve and look at the dogs, you start to realize there are only one or two old dogs, little to no middle-aged dogs, and there are no adolescents. Dogs fight for food, for breeding rights, and for territory. They get run over by cars, from time to time they get shot, and they are attacked by wolves. They are affected by parasites, open wounds, poorly healed broken bones, and infectious disease—parvovirus is a fact of life on the island. Combined, these factors explain the low survival rate of pups born on the island. The rare old dogs are often the ones that are cared for by someone who takes them in at night, who keeps them close to the house, and who doesn’t allow them to run with the other dogs.

There are two main housing areas on the reserve, separated only by a short drive. The dogs living in each area have formed packs, and they don’t mix. When they do mix, there is instant bedlam. Occasionally, a short skirmish ends with one group chasing an outsider back to his territory; tail between his legs. At other times, though, the fight is ferocious, intense, and sometimes to the death. Once, while hiking along a gravel road near the school, a little black terrier appeared out of nowhere. This dog was very out of place—likely a house dog that somehow slipped outside—a move that can be fatal here. I dropped my pack on the gravel and started running toward him. Irene

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was a little black terrier and sometimes to the death. Once, while hiking along a gravel road near the school, a little black terrier appeared out of nowhere. This dog was very out of place—likely a house dog that somehow slipped outside—a move that can be fatal here. I dropped my pack on the gravel and started running toward him. Irene
Deworming can be tricky when you are trying to help dogs where I could get a closer look. With his coat being black and long, I took off his jacket, and we made our way to a shaded area away from the big blackberry patch in the ditch. His coat was long, and he was immediately entrapped within the thorny vines. He screamed and tossed in the bush which only made the entanglement worse. Irene threw me her jacket, and I covered him so that he might calm down enough for me to help him. He slowly calmed, and I began the process of disen- tangle and associated skin disease, dogs with legs broken and healed so poorly the limbs were now useless, severely underweight and heavily parasit- ized dogs, one dog with an infected eye socket from an eye lost months before, and of course skinny, matted, broken-toothed, torn-eared dogs that were just done. The dogs wouldn’t just come singly either; there was often two or three at a time. The SPCA told me that they once brought out 27 dogs in one trip, all with a wide range of issues that needed attention. Now, after decades of the SPCA’s work and with my small contribution, the dogs brought out 27 dogs in one trip; all with a wide range of issues that needed attention. Now, after decades of the SPCA’s work and with my small contribution, the dogs that stayed mostly constant until last year, when there were about 40 dogs. The single greatest effector of general health remains the activity of the wolves. Because these wolves take the young and the weak, I only see the strong survi- vors when I’m in Ahousaht. We don’t go during the bad weather months, and so last year, when I got there for my first visit of the year, I was shocked at how many dogs were missing. In fact, every dog that I had on my list to see from the previous fall was gone. Every single one. I talked to the residents, and they said that the wolves had been especially active. Normally, when the wolves come through the reserve, they only stay for a few days. But last winter they stayed two weeks and worked their way through the most vulnerable dogs.

From a population perspective, the wolves do help to keep the dog numbers down, though from an animal welfare perspective, this is tragic. At the peak, Irene es- timates there were three hundred dogs on the reserve. When I became involved, there were about 80 dogs, and that stayed mostly constant until last year, when there were about 40 dogs. Yet my goal this year is to build upon the fact there are fewer dogs, clearly in better condition, and to ensure they stay this way. I will be talking more about spaying and neutering.

As we finish up for the day and head to the dock with the occasional patient to transport out for advanced care, we are accompanied by our dog hosts who have followed us since we arrived. They seem to know we are going and want to say farewell. Once in a while, a dog hops on the boat with us, over and over again. We put them back on the dock as many times as it takes before the boat can get away. They watch us as we disappear out of the bay, and they head back up the dock once more.

“FROM A POPULATION PERSPECTIVE, THE WOLVES DO HELP TO KEEP THE DOG NUMBERS DOWN, THOUGH FROM ANIMAL WELFARE PERSPECTIVE, THIS IS TRAGIC.”
Ophthalmic examinations are necessary part of every physical examination. Commonly identified congenital or acquired abnormalities can often be identified at different life stages between congenital to senior patients. Assigning a specific age in months or years to each life stage varies between breeds. This column aims to examine commonly identified ocular abnormalities that may be identified during examinations at different life stages. Owing to breed differences, the life stages identified can blur temporal boundaries and are discussed broadly as congenital (first three months of life), juvenile (first quarter of life), adult (middle half of life), and senior (last quarter of life).

Ophthalmic examinations begin with an evaluation of vision, which is challenging in very young animals. Can the pet follow a cotton ball when tossed near the eyes? Menace response is a learned response that is not consistently present in patients under three to four months of age and is more subtle and incomplete in cats. Direct and consensual (indirect) pupillary light reflex (PLR) testing is best performed in a dark room with a strong focal light source. An indirect PLR from the stimulated eye to the contralateral eye aids in evaluation of retinal function of the stimulated eye as well as iris sphincter muscle function of the contralateral eye. A PLR can be consistent with, but does not verify, cortical vision.

Congenital ankyloblepharon is the normal closure of eyelids in dogs and cats at birth, with eyelids typically opening at 10 to 14 days of age. Premature opening of the eyelids is a serious condition that can cause exposure keratitis, corneal ulceration, and possible globe perforation and uveitis. Lubricating ointments, used around the clock, protect vulnerable ocular surfaces. Pathologic ankyloblepharon is an infrequent and often bilateral failure of opening of the palpebral fissure. Ophthalmia neonatorum develops via infection underneath the closed lids and must be considered if the closed lids are swollen, and/or a small amount of purulent exudate is noted at the medial canthus. Opening the palpebral fissure can be attempted by warm packing with saline compresses, followed by gentle massage to open the lids. However, it is possible that the corneas may have ruptured underneath the closed lid. The exposed tissues can be lavaged using a 1:50 povidone-iodine aqueous solution (not scrub), and subsequently treated with a topical antibiotic four to six times daily. Symblymphoma is the acquired fibrinoid adhesion of conjunctiva to cornea, or conjunctiva to adjacent conjunctiva. This condition is most commonly seen in kittens as a consequence of feline or neonatal herpes virus infection.

Congenital abnormalities include persistent pupillary membranes (PPMs), and eyelid or corneal dermoid in dogs and cats, or eyelid agenesis (EA) in cats. EA is most commonly located bilaterally in the temporal upper eyelids. Surgical repair of EA is often mandatory. Dermoids occur on the eyelids (hamartoma) or limbus (choristoma). Surgical repair of EA or dermoids can be performed when aesthetically safe; until then, application of a lubricant to protect the cornea against trichiasis is recommended. PPMs are the most common manifestation of anterior segment dysgenesis, which is a broad range of malformations that may also include corneal opacity, lens malformation and cataract, microphthalmia, microphakia, and retinal malformation. PPMs may exist as iris to iris, iris to cornea, or iris to lens strands, and these may lessen with age. Congenital changes that may be obvious until the patient is a little older include microphthalmia, entropion, and cataracts. Microphthalmia can occur at various stages of fetal development. Entropion may be present congenitally but often worsens with age, increasing risk of corneal ulceration. Young animals will not grow out of it. To avoid surgical under- or over-correction of entropion, animals are treated with either application of a corneal lubricant or by placement of temporary tacking sutures until the patient is of sufficient age for blepharoplasty.

Cataracts can be congenital or nutritional; nutritional cataracts are induced by milk replacer diets at critical periods of postnatal lens development.

Ophthalmic examinations can be challenging but when started early, and by using a systematic approach that is fun and painless, proper diagnoses can be achieved.
“WHILE BEHAVIOURAL EUTHANASIA OCCURS LESS FREQUENTLY IN EQUINE PRACTICE THAN IT DOES IN COMPANION ANIMAL PRACTICE, IT IS IMPORTANT FOR EQUINE VETERINARIANS TO UNDERSTAND WHEN BEHAVIOURAL EUTHANASIA MAY BE WARRANTED.”

Although never an easy task, recommending euthanasia to a client is made somewhat easier if a horse is physically suffering, and their quality of life is poor. But what if the client’s horse is otherwise healthy and sound, and instead has a serious behaviour problem? While behavioural euthanasia occurs less frequently in equine practice than it does in companion animal practice, it is important for equine veterinarians to understand when behavioural euthanasia may be warranted.

There is scant information available on equine behavioural euthanasia for horse owners and veterinarians. However, the Ohio State University (OSU) Veterinary Medical Center has created a set of guidelines on behavioural euthanasia for companion animal owners. I have found these guidelines useful when consulting with owners of horses with severe behaviour issues, and I recently presented on this topic at the Progressive Equine Behaviour and Training Forum in Florida.

The OSU guidelines suggest three alternative options to consider before euthanasia, and these can be adapted to equine practice.

RULE OUT MEDICAL CAUSES

Pain is a common cause of unwanted behaviour in horses. A horse displaying unwanted behaviour should always be examined by an equine veterinarian for evidence of pain. Even behaviours which, at first glance, may appear to be training issues can have underlying physical causes. For example, the horse who refuses to trailer load may have stifle or hock pain, or the girthy horse may have undiagnosed gastric ulcers. Unwanted behaviours which have a sudden onset, or those which involve displays of aggression or evasion, such as bucking under saddle, particularly deserve a thorough workup.

SEEK PROFESSIONAL HELP

Academically-trained animal behaviour professionals should be consulted when dealing with behaviour problems in horses, particularly for issues that involve aggression, anxiety, or fear. Punishment-based training protocols is generally not recommended, nor necessary, to resolve most behaviour problems in horses, and their use may worsen existing problems or create new ones. As the horse training industry iseregulated, and training methodologies are not standardized, veterinarians should refer clients to behaviour professionals with appropriate education in the use of evidence-based protocols, such as counter-conditioning and systematic desensitization.

While the use of psychopharmacological agents to support behaviour modification work is less common for horses, certain anxiolytic drugs, hormones, pheromones, or nutraceutical products may prove helpful when used in conjunction with behaviour modification protocols.

CONSIDER FINDING A NEW HOME FOR THE ANIMAL

Managing and maintaining, or finding a new owner for, behaviour problems may sometimes be best accomplished by rehoming the horse. The existing owner may not have the time, experience, or financial resources to aid in resolution of the problem. Fortunately, these qualities may also be challenging to find in a new owner.

When rehoming a horse with behaviour issues, full disclosure of the problem may reduce any potential liability if future displays of the behaviour result in human injury; disclosure also affords the horse the best opportunity to get the help it needs to overcome the problem.

Ideally, prior to enlisting the help of an appropriate trainer, any new home should ensure the horse has had a thorough veterinary workup to rule out physical causes for the behaviour. As moving horses can be stressful for horses, allowing sufficient undemanding downtime for the horse to settle in prior to retraining can be helpful.

If none of these options are viable, the OSU document lists four factors to consider when making the decision to euthanize.

ENVIRONMENTAL FACTORS

A comprehensive behaviour modification plan often includes changes in the environment or management of the horse to avoid triggering the problem behaviour during retraining. For example, a horse who kicks at anyone entering its stall may be taught to present its head over the stall door so that it may be halted safely from outside. These changes are usually short-term, but may be permanent in rare cases, and they may be difficult or impossible for an owner to implement at their current or future facility.

Relapse of the problem behaviour may also occur during behaviour modification, making liability a serious concern for owners of horses with behaviour problems that are potentially infectious. Some owners may simply be unable to comply with the changes required to avoid relapse, or relapse may occur despite their best efforts.

“REHOMING HORSES WITH KNOWN SERIOUS BEHAVIOUR ISSUES CARRIES ETHICAL AND LEGAL IMPLICATIONS.”

REHOMING IS NOT AN OPTION

Despite the availability of qualified help and the best intentions of an owner, some behaviour issues cannot ever be permanently resolved. Horses with specific issues may realistically be unsafe in any environment.

Rehoming horses with known serious behaviour issues carries ethical and legal implications. Failure to disclose known issues can result in injury, or even death, to an unsuspecting new owner. In light of this, most reputable companion animal rescue organizations will not offer horses with specific behaviour problems such as aggression, rather than assume the liability associated with rehoming. It is feasible, and understandable, that horses rescued in Canada may adopt similar policies.

SUFFERING

Many behaviour problems in horses are a result of underlying stress or fear, which can impact their mental and physical health. They may also suffer from further stress and a decreased quality of life due to misguided attempts to manage the problem, or when subjected to last-ditch efforts involving aversive and unproven training practices. The fact that this is a common occurrence in the horse world underscores the need for veterinarians to help owners find qualified professionals to help with behaviour problems.

Horses with behaviour problems may languish in inadequate facilities, physically and mentally unstimulated, especially if their owners become fearful of working with them. Horses may also experience neglect when given away to companion-only homes if the new owner has limited knowledge of horse care.

SEVERITY OF THE PROBLEM AND PROGRESSION OF SIGNS

Unwanted behaviours which result from pain or fear may increase in frequency, or worsen, if the root cause is not addressed. They may generalize or begin to occur well in advance of the initial triggers that prompted the behaviour. Behaviour problems that have been occurring for an extended period of time are often more resistant to change, resulting in a poor prognosis for resolution.

It is important to remember that while a humane death is not a welfare issue, for horses with serious behaviour problems, living may very well be. Horses with behaviour problems are frequently passed from owner to owner, subjected to aversive training, and/or neglected. Some behaviour problems present a real risk of injury or death to those working with the horse, and thus rehoming such horses may be a future liability to private owners or rescue organizations.

As with companion animals, horse owners may feel guilty when considering euthanasia for behavioural reasons, especially if the animal is otherwise healthy and sound. Owners may feel they will be judged for their decision and may find it difficult to discuss the topic with friends and family. Guiding clients toward supportive resources should be part of a euthanasia consultation. At a time when owners are feeling conflicted and need professional advice about such a difficult, emotional decision, it is important for the veterinarian to have a clear perspective of the factors that must be considered when deciding if euthanasia is warranted.

HAVING A “RUFF” TIME ON GOOGLE?

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I f you had wandered into the Eye Care Centre at the University of British Columbia (UBC) in early February and had listened to one of the lectures, you might have been scratching your head and wonder ing if UBC had opened up a vet school.

Why?

Well, the lecturer that day was none other than the CVMA-SBCV Chapter’s own Dr. Marline Ford, a Board-certified veterinary ophthalmologist. She was delivering the lecture “Veterinary Ophthalmology: A brief overview of common medical and surgical conditions.” So, the speaker was a vet, and the topic was about veterinary medicine—but the audience wasn’t veterinarians, it was human ophthalmologists.

What could a veterinary ophthalmologist be teaching human eye docs?

The lecture was part of the UBC ophthalmology department’s Grand Rounds. According to Lynn Lau, the coordinator, the audience was ophthalmologists from various subspecialties, including glaucoma, neuro- ophthalmology, pediatrics, cataract, and retina, as well as ophthalmology residents and medical students. In other words, a bunch of people who know a little bit about eyes. No pressure, Dr. Ford.

I wasn’t entirely sure what Grand Rounds meant, so I asked Ms. Lau. She said, “Grand Rounds are educational in nature and involve real patient cases. Each session is an hour long and worth one continuing education credit. Grand Rounds consist of a resident presenting his or her case for the first eight to ten minutes, the speaker discussing the case for thirty minutes, and then a Q and A.”

Just to give you an idea of what would normally be covered at these rounds, previous topics have included “Fat is our friend: The use of adipose tissue in oculoplastic surgery,” “Ocular side effects of common cancer treatment,” “Vasculopathies affecting the eye and brain,” “Retinal hemorrhages in infancy—a view from the brain.” The speakers were from the UBC, the University of California, the University of Montreal, the University of Ottawa, and Boston University School of Medicine, just to name a few. I am assuming these folks are no small potatoes in their respective fields, so it sounds like Dr. Ford fits right in.

I asked Dr. Ford why she thought a veterinarian could—or even should—lecture to human ophtho folks. “I think that human clinicians are beginning to realize the importance of recognizing and studying similar disease in other species,” she said. “This concept is not new and has been utilized for decades in veterinary medicine. Veterinary medicine really stemmed from human clinicians stretching their resources to treat animals. From that increasing need, the profession of veterinary medicine branched off to become its own field of study. With more limited resources, I believe that veterinarians have an inherent requirement to explore medical options in other species (including humans). I do not believe this option has been as well utilized in the human field and, as a consequence, I believe that there are many diseases, including ophthalmic conditions, being treated in humans and animals in parallel but often differently.”

Dr. Ford did elaborate that she wasn’t sure that this was the specific reason she was asked to give the talk. Apparently, Dr. Gardiner, a human ophthalmologist at BC Children’s Hospital, had a patient whose parent is a veterinarian. That veterinarian refers cases to Dr. Ford. The link was made that there are veterinary ophthalmologists in BC, so Dr. Gardiner approached the Grand Rounds coordinator and asked if Dr. Ford could speak. Dr. Ford also pointed to the Zoobiquity movement. The website states, “Zoobiquity springs from a simple concept: “Knowledge of how animals and humans get the same diseases, yet physicians and veterinarians rarely consult with one another. Zoobiquity explores how humans and non-human animal commonalities can be used to diagnose, treat, and heal patients of all species. Drawing on the latest in medical and veterinary science—as well as evolutionary and molecular biology—Zoobiquity proposes an integrated, interdisciplinary approach to physical and behavioral health.”

I think it’s interesting that human physicians need to be told they should compare notes with veterinarians, whereas we often look to human medicine for research as part of everyday practice. So, the concept of Zoobiquity probably isn’t as big a revelation for most veterinarians as it might be for physicians.

One of the human cardiologists behind Zoobiquity apparently had an aha moment when she started asking for help at the Los Angeles Zoo. In an interview with the Boston Globe, she said that she believes that her fellow human physicians have much to learn from their veterinary counterparts because we shouldn’t see human and animal medicine as separate fields. She was involved with a case where the veterinarians were ex plaining capture myopathy to her. She told them that it sounded very similar to takotsubo cardiomyopathy in humans. What was most shocking was that veterinarians had known about capture myopathy for years prior to the human disease being identified.

In some ways, the One Health Movement might only be one-way. The concept of One Health, which has become fairly mainstream, doesn’t push physicians to look to veterinarians for treatment solutions. The US Center for Disease Control says, “One Health recognizes that the health of people is connected to the health of animals and the environment. The goal of One Health is to encourage the collaborative efforts of multiple disciplines—working locally, nationally, and globally—to achieve the best health for people, animals, and our environment.” This is a great concept and is definitely a step toward more collaboration, but we really should maybe aim toward an even more integrated approach, making the One in One Health movement a reality of veterinarians.

When you think about it, Dr. Ford epitomizes the One Health ideal. She has unique skills compared to a human eye doc; she looks at the eyes of horses, cows, birds, cats, dogs—and on one particularly exciting occasion, apparently—a hippopotamus. Her human counterparts look at—well—human eyes. They are extremely similar to our own, with many ophthalmologists saying that we should reconsider whether it is necessary to have separate veterinary programs.” She said “It was relevant in that we see similar kinds of problems. I asked Dr. Gardiner if she thought the lecture was relevant to her profession. She said, “It was relevant in that we see similar kinds of problems. Sometimes, we have the same approach, other times we don’t. However, vets are limited by costs, insurance, and realities of visually rehabilitating various animals [that human ophthalmologists aren’t].”

This got me thinking about other times human and animal professionals learn together. I sat in on a lecture given by a human physician about zoontic diseases a few years ago at a conference. Surprisingly, Dr. Gardner said she took a basic science course at Stanford that included veterinary medicine. She said she supposed the basic science of ophthalmology is not much different, whether it is for animals or people. It was optics, anatomy, and physiology of the eye and visual pathways. I am probably not an isolated incident, as I recall hearing that anesthesia residents at the Ontario Veterinary College attended training at the closest human medical school.

I wondered if there were more examples like this, so I posed that question to the VIN community. One anesthesiologist said she had spent six weeks as part of her residency in a human hospital; another indicated that she spent several years training in veterinary medicine. Veterinary counterparts—and that we shouldn’t see human and veterinary approaches to the same diseases.”

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“WHAT WAS MOST SHOCKING WAS THAT VETERINARIANS HAD KNOWN ABOUT CAPTURE MYPATHY FOR DECADES PRIOR TO THE HUMAN DISEASE BEING IDENTIFIED.”
The CVMA-SBCV Chapter occasionally gets questions from our members who wish to pose such questions to the experts. In this case, we posed the question to the College of Veterinarians of BC regarding the use of compounded human medications for the Chapter to find an answer to, send your question to wcveditor@gmail.com. We do not have the permission of the www.canadianveterinarians.net ber portal of the CVMA website, Public Safety through the member portal of the CVBC with the Office of the Registrar of the CVBC.

Q:
What does the law in BC or Canada say about compounded human medications (gabapentin, metronidazole, buprenorphine, etc.) used commonly in veterinary patients? If no veterinary label exists, is this considered off-label usage? And if off-label, should we always get owner consent or have drug label warnings about off-label warnings for compounded medication?

A:
Regarding “off-label” drug use—any use for a drug that has not specifically been approved by Health Canada (and therefore included on the packaging/package-insert) is “off-label” use. For the purposes of veterinary medicine, therefore, any human-labelled product is definitely an off-label use. For those products that are labelled for “Veterinary Use Only,” if the purpose for which it is being prescribed is not specifically detailed in the product monograph, then it too is off-label.

Any compounding (whether of a veterinary-labelled product, human-labelled product, or API—Active Pharmaceutical Ingredients) is also considered off-label use.

The CVBC expects that, before using or prescribing any medication in an off-label manner, Registrants will explain the reasons for their recommendation and any possible concerns or risks involved in using the intended drug in the intended format, and will document that informed consent from the owner has been obtained.

For further information, I also direct you to the CVMA’s own Guidelines for the Legitimate Use of Compounded Drugs in Veterinary Medicine and its Decision Cascade poster, that “provides veterinarians with a quick reference guide to support the responsible use of medications.”

CVMA-SBCV Chapter members can access the Therapeutic Decision Cascade for Animals and Public Safety through the member portal of the CVMA website, www.canadianveterinarians.net.

The Decision Cascade appears here with the permission of the CVMA.
COMMITTEE ACTIVITIES

The Animal Welfare Committee recently sent its delegate, committee chair Dr. Rick Stanley, to the 2018 National Animal Welfare Conference. AWC member Dr. Bettina Belisien also attended (and presented).

he 2018 National Animal Welfare Conference was held April 21 to 24 in Calgary. This is the fifth annual animal welfare conference hosted by Humane Canada (formerly the Canadian Federation of Humane Societies). The name change reflects the organization’s mission and vision.

There were daily plenary sessions for all attendees, as well as five concurrent education streams which made choosing sessions just that much tougher than ever before. All use of animals for human food, was the Animal Welfare Conference. AWC member Dr. Bettina Bobsien presented the topic: Equine RSPF - Retirement, Res- cue, Slaughter, and Public Attitudes. The focus of her talk was making responsible choices around an aging equine population, and the plight of horses without responsible caregivers.

The second day of Wildlife Welfare began with educating the public in their own backyard. Dr. Sarah Dubrisi presented at the 2018 National Animal Welfare Conference. Dr. Sarah Dubrisi discussing Trophy Hunting in BC and the recent decision to ban hunting of Grizzly Bears in BC. This law, which is political in nature, received pushback by most hunters but is supported by a majority of citizens in BC. This decision is described as a compromise of conservation supported by public opinion versus the existing model of the assessment of animal populations and allowing hunting where populations can be sustained.

Bettina presented the topic: Science Serving Animal Welfare. He outlined his ethics of science that reduces and replaces the use of animals in teaching, and research with the use of models and computer simulation that have not only replaced animals but have actually improved education for biology students. It is interesting that drug testing using artificial means often had more relevance to human responses than animal testing did. In fact, what happens with mice and rats may be of no benefit to show how these pharmaceuticals will affect humans. In another experiment, designed to improve the relationship of humans with animals in science, laboratory rats were trained to do tricks such as fetch a ball and pull on a string to get a treat. These activities, when demonstrated to students and animals researchers, resulted in a change of attitude towards the rats which resulted in improved animal handling and welfare.

The Wildlife Welfare session was devoted to the topic of Predator Poi- soning and Wolf Culls. The panelists described how wolves are misunderstood and how the use of poisons such as Strychnine, Compound 1080, and Sodium Cyanide for killing is inhumane, in addition to being dangerous to humans and non-target animals. Wolf culling programs have been ineffective in improving wild ungulate (wolf prey) populations, and factors such as habitat loss are a major reason for population declines in prey species.

The second day of Wildlife Welfare began with educating the public in understanding how pets and wildlife interact in the urban environment to the detriment of both, and how pet owners can become more responsible in improving the well-being and safety of their pets and wildlife.

The second session “WOLF CULLING PROGRAMS HAVE BEEN INEFFECTIVE IN IMPROVING WILD UNGULATE (WOLF PREY) POPULATIONS, AND FACTORS SUCH AS HABITAT LOSS ARE TRULY THE REASON FOR POPULATION DECLINES IN PREY SPECIES.”

Two Co-Directors of the Wildlife Rehabilitation Network of BC hosted a session that described how the formation of their network is an attempt at tabulating barriers faced by wildlife reha- bilitation programs. The discussion investigated how the use of poisons such as Strychnine, Compound 1080, and Sodium Cyanide for killing is inhumane, in addition to being dangerous to humans and non-target animals. Wolf culling programs have been ineffective in improving wild ungulate (wolf prey) populations, and factors such as habitat loss are a major reason for population declines in prey species.

Two Co-Directors of the Wildlife Rehabilitation Network of BC hosted a session that described how the formation of their network is an attempt at tabulating barriers faced by wildlife rehabilitation programs. The discussion investigated how the use of poisons such as Strychnine, Compound 1080, and Sodium Cyanide for killing is inhumane, in addition to being dangerous to humans and non-target animals. Wolf culling programs have been ineffective in improving wild ungulate (wolf prey) populations, and factors such as habitat loss are a major reason for population declines in prey species.

Josh Littlechild delivered the presentation. Josh is the Tribal Law Officer of the Fort Resolution Cree Nation in Alberta. The first half of his presentation was around his community’s historical relationship with animals, particularly dogs, and the legends and stories he grew up with that preserve that history. The backdrop of this was a steady stream of photos of members of his band posing with a wide variety of dogs at home, on the ranch, and with children. Josh explained that part of the cultural clash with animal welfare agencies around animal care is rooted in his people’s historically nomadic lifestyle, where on average each family group had 20 to 40 dogs. The dogs were viewed as a resource, and used as draft animals, companions, and sources of food. The use of dogs as a ceremonial food source persists which resulted in audible gasps of dismay in the audience of approximately 400 delegates. Josh was emotional when he described his tribe’s connection to dogs, which made the cultural clash at the conference even harder to comprehend. Josh went on to ask that animal welfare agencies should seek permission from band leaders before intervening on or near reserves with regard to “our owned” dogs. He explained that, in his culture, dogs were as no- madic as his people were, and the transition to “sedentary” life confined to reserves has been a challenge. In his view, confining a dog to a building, a fence, or a tether flies in the face of the basic nature of the animal. He went on to describe how some dogs on reserve that might be labelled as strays are “owned” by five or six families. On the contrary, the wildlife agencies have described an animal control program which has improved the return rates of dogs that have been apprehended by off-reserve agencies. Josh stressed that bands are highly diverse in both their views and cultural traditions, and that any off-reserve assistance must include communications with band council members to assure their efforts are needed and appropriate.

In closing, Josh addressed the goal of the Truth and Recon- ciliation movement in bringing Canadians together. In his view, collaborating with native communities in furthering animal welfare on reserves might serve as a gateway to true reconciliation. His parting thought was that the animal welfare bridge might serve as a message to the rest of the world. If we can right historical wrongs in this way, we can show the world what Canadians are really made of. So, animal welfare advocates, can you take the challenge to do this work, when the conversa- tion started with the consumption of dog meat? In the words of Barack Obama, “Yes, we can,” if we truly respect each other’s cultural norms.

The conference next year is in Montreal, returning to Vancou- ver in 2020. If you have expertise in an area of animal welfare or animal welfare projects, we encourage you to submit an abstract. If not, try to attend. We guarantee you will learn some- thing surprising, new, and possibly inspirational. We also need to ensure veterinary engagement continues in the animal wel- fare movement.
INDUSTRY NEWS

OBSELETE PESTICIDE COLLECTION

The obsolete pesticide and livestock medication disposal program that was delivered in the Vancouver Island and Fraser Valley regions of the province from October 3–19, 2017 at six participating ag-retail and municipal locations was a huge success, with 22,832 kg of agricultural pesticide and 1,469.5 kg of livestock medications being collected and safely disposed of via high-temperature incineration. Since the program was first delivered in 1999 as part of the crop protection industry’s commitment to product stewardship, over 384 tons of obsolete pesticide has been collected in BC during collections in 1999-2000, 2002, 2005-07, 2009, 2011-12, 2014-15, and 2017, all at no cost to program participants. Collections are projected in the Okanagan, Kootenay, and Interior regions in fall 2018, the Peace region in 2019, and Vancouver Island and Fraser Valley again in 2020.

CUBA’S HORSES

The horses in Cuba primarily work for a living, pulling a cart or a carriage. Without their horses, many Cubans would not be able to make a living or feed their families. Unfortunately, outside of the main tourist locales, these hard-working equines frequently suffer from any—or perhaps all—of a variety of ailments and health concerns: malnutrition, parasitism, inadequate farriery, and ill-fitting tack and harnesses. Any one of these issues would render a working horse’s day-to-day life a misery.

If you’re planning a vacation to Cuba, you can help. Clean out your tack room, then fill an old or second-hand suitcase. Some airlines allow travelers to take one extra (free) piece of luggage when the contents are for humanitarian aid? Your gently used tack qualifies. Check out Cuba’s Horses for more information and to see their wish list of especially needed supplies.

If you have questions about other equine-related items or are willing to take veterinary medical supplies, please contact Dr. Bettina Bobsien at bettinadvm@gmail.com.

2018 CanWest
VETERINARY CONFERENCE
OCT 13-16, 2018 | FAIRMONT BANFF SPRINGS HOTEL

PRELIMINARY PROGRAM

COMPANION ANIMAL
Cannabis and Companion Animals, Endocrinology (diagnostic and therapeutic problems), Critical Care, Dermatology, Cardiology

EQUINE
Topics: Antimicrobial/Infection Therapy, Emergencies, Dermatology

FOOD ANIMAL
Pharmacology, The Business of Food Animal, Practical Medicine Tips for Practitioners

OTHER EVENTS
ABVMA/JCVM Website, ABVTA Pre-Conference CE session and AGM, Keynote Lunch Presentation

FULL PROGRAM AND ONLINE REGISTRATION – JULY 2018
WWW.CANWESTCONFERENCE.CA
**VETERINARY CONTINUING EDUCATION JUNE – NOVEMBER 2018**

**JUNE**
- **19 – 21** UCVM Beef Cattle Conference
  Calgary, AB
  [Visit UCVM website](http://vet.ucalgary.ca/the-summit/?utm_source=vet.ucalgary.ca/beef&utm_medium=redirect&utm_campaign=redirect)
- **22 – 23** Ophthalmology in General Practice
  Vancouver, BC
  [Register](http://www.ivseminars.com/seminars/registration/ophthalmology_in_general_practice_vancouver)
- **26 – 27** 7th International Conference on Diseases in Nature Communicable to Man
  Saskatoon, SK
  [View event](http://homepage.usask.ca/~vim458/incdncm2018/incdncm2018.html)

**JULY**
- **5 – 8** CVMA Convention
  Vancouver, BC
  [Explore](http://www.canadianveterinarians.net/science-knowledge/annual-convention)

**AUGUST**
- **7 – 9** Vet Vacation CE
  Vancouver, BC
  [Join](http://veterinarycalendar.dvm360.com/vet-vacation-ce-vancouver-canada)
- **10 – 11** Managing the Trauma Patient
  Seattle, WA
  [Register](http://www.ivseminars.com/seminar/description/managing_the_trauma_patient-seattle)

**SEPTEMBER**
- **25 – 28** 43rd World Small Animal Veterinary Congress and 9th FASAVA Congress
  Singapore
  [Explore](https://wsava2018.com/)
- **26 – 29** 2018 Canadian Embryo Transfer Association and American Embryo Transfer Association Joint Scientific Convention
  Montreal, PQ
  [Register](http://www.ceta.ca/convention.html)

**OCTOBER**
- **22 – 23** 2018 Delta Equine Seminar
  Delta, BC
  Equine Dentistry Beyond Floating Teeth, with Dr. Jack Easley; Equine Ophthalmology on the Farm & Practice Management for the Mobile Practitioner with Dr. Alistar Dwyer. The seminar will be held at the Coast Tuwanawassen Inn, Delta, BC. Lunches each day and a seafood buffet dinner on Monday October 22 are included. Early registration closes October 1, 2018.
  [Register](http://www.deltaequineseminar.com)

**NOVEMBER**
- **2 – 4** 2018 CVMA-SBCV Chapter Fall Conference and Trade Show
  Vancouver BC
  [Register](http://www.canadianveterinarians.net/sbcv/events.aspx)

**AS REPORTED IN THE MEDIA**

- **BRITISH COLUMBIA FISH FARMING AND ANTIBIOTICS**
  [Visit](https://seawestnews.com/british-columbia-fish-farming-and-antibiotics/)

- **DEADLY RABBIT VIRUS IN DELTA FORCES RESCUE GROUP TO RELOCATE 100 ANIMALS**
  [Read](http://vancouversun.com/news/local-news/deadly-rabbit-virus-in-delta-forces-rescue-group-to-relocate-100-animals)

- **BC ISSUES WARNING TO PET RABBIT OWNERS AS VIRUS SPREADS TO LOWER MAINLAND**

- **VETERINARIAN WARNS PET OWNERS AFTER DOG NEARLY EATS RAT POISON IN OAK BAY**

- **BC ZOO QUARANTINES RABBITS TO PROTECT THEM FROM DEADLY DISEASE**
  [Explore](https://www.theglobeandmail.com/canada/article-bc-zoo-quarantines-rabbits-to-protect-them-from-deadly-disease/)

- **REGINA VET WORRIES MORE PETS WILL INGEST LEGAL MARIJUANA**

- **TICK SEASON IS UPON US**
  [Visit](https://www.insidehalton.com/opinion-story/8369177-tick-season-is-upon-us/)

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Dr. Jacqueline Pearce is a BC native and an accomplished veterinary ophthalmologist who has practiced extensively in Missouri, Illinois, North Carolina and Kansas before joining our team. Dr. Pearce enjoys seeing exotics in addition to dogs and cats. Her areas of interest include medical treatment of inflammatory ocular diseases, medical management and surgical repair of corneal injuries, intraocular surgery and blepharoplasty. Dr. Pearce is also the first veterinary ophthalmologist in British Columbia to offer endolaser surgery for the treatment of glaucoma in pets.

Learn how Dr. Pearce can support you, your patients and your hospital. Submit a referral online or call us today to book an appointment with one of our specialists.

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