

How Much Care is Enough?

Strapped for cash at the best of times, shelters must consider the big picture when it comes to vet care

BY LILA MILLER, D.V.M.



Relief of pain and suffering must be a top priority for any animal who's held and considered for placement.



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Selecting a topic to discuss in this column wasn't easy. There are so many veterinary issues confronting shelters right now! Was it time to review the veterinary literature for the latest information on parvo 2c or Strep zooepidemicus, the latest threats to shelter animal health? Or perhaps for a column about the importance of strict sanitation to prevent disease outbreaks?

Ultimately, I decided to go in another direction. Although these subjects are important, shelter medicine is about more than just science. Currently, the veterinary profession is experiencing an explosion of information and research that is creating opportunities to improve the health and well-being of animals in ways never dreamt of until recently. This is not

just about advances in genetics, surgical procedures, or expensive technological breakthroughs. There are more options than ever before: vaccines against dental tartar and decay, diets that include special additives to promote good gastrointestinal health or combat arthritis, and a host of other possibilities that promise to help animals live longer and healthier lives.

But many of these new treatments and health strategies present ethical quandaries: Many of them are beyond the financial reach of the average pet owner and will likely become even less affordable if the global economy continues its downturn.

Veterinary magazines are filled with articles that analyze the implications of the current economic climate for private veterinary practice. How much money

does the average owner currently spend on their pet's health? How much are they willing to spend in an emergency or life-threatening crisis? Is pet insurance the answer? Should owners feel guilty if they can't afford a kidney transplant? Should they be forced to euthanize or relinquish a pet to a shelter to avoid cruelty charges stemming from their inability to pay for veterinary care?

Shelter Medicine: Defining the Term

Shelter medicine uses science to remove the guesswork from decisions about animal care, but as in the larger veterinary profession, new science can sometimes generate possibilities that make ethical decisions in shelter medicine even more complicated. Just as owners are con-



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An X-ray can tell a veterinarian plenty about what's wrong with an animal—but a picture alone can't provide a shelter vet with guidance about the right course of treatment.

cerned about the cost of veterinary care and about how far to take treatments for a beloved companion, shelters are also struggling with these questions.

But in addition to the economy's effects on owners, the current turmoil may also have consequences for shelter budgets; funding for shelter medical programs may begin to dwindle. Already, shelter staff often have to decide how much care is appropriate for the animals housed in their facility. Is it appropriate to offer for adoption an animal with extensive medical problems if the treatment and placement take up precious shelter resources that could be used to help more animals? What is the shelter's obligation to both the animal and the adopter?

We know that relinquishments are already happening due to home foreclosures, and it seems reasonable to expect that there will be more. What should happen to animals who are relinquished only because their owners can't afford their medical bills? If the treatment needed is a one-time surgery and the shelter is willing to provide that surgery and place the animal for adoption, why not consider returning the treated animal to the original owner instead? Or does it make more sense to use those resources to place another homeless animal? Any discussion of this nature should start out by making one key point: Shelter medicine by nature focuses on herd health. Shelter prac-

tice is not simply small animal veterinary medicine practiced within the walls of a humane society. Within dense populations of animals, the foundation of shelter medicine should be herd health maintenance and disease prevention, not widespread treatment. Shelter medicine should be a structured approach to providing medical care to all of the animals within a population.

Shelters are not veterinary hospitals; intensive treatments are time-consuming, costly, and often result in prolonged animal stays. Those are one thing in private practice, but present different challenges within an animal shelter, where they can ultimately be harmful to the animals and the goals of the program. In a nutshell, it is both more cost-effective and humane for shelters to spend their financial and staff resources on preventing disease rather than treating it. Even though some shelters have constructed clinics and hospitals that can provide excellent veterinary care to their residents, this is not typical. Shelters seldom have sufficient staffing for the individual nursing care that diseased and injured animals require for a smooth and uneventful recovery. Within this reality, shelters should focus their resources on prevention first and consider treatment on a case-by-case basis.

The Costs of Care

With that basic definition of shelter medicine in mind, case-by-case consideration for treatment is complicated, and the consideration must be based on philosophical as well as financial judgment. The most basic tenet of treatment in animal shelters is that pain and suffering must be alleviated. All animals with injuries and disease deserve prompt treatment that addresses their basic needs and alleviates discomfort. This basic requirement should be considered first and foremost, and without regard to the adoptability of the animal. It is no longer an option to just do nothing; at the very least, palliative care must be offered. Some shelters express concerns about whether veterinary care can be offered for animals involved in ongoing legal cases, or stray animals who are not yet

property of the shelter. Shelters should work with legal counsel to ensure that veterinarians are indemnified for providing timely care to animals who are suffering.

But beyond the most basic requirement to alleviate pain and suffering, how much care is enough? Take the example of a fracture. Treatment options would include internal fixation (the most expensive option), casting, amputation, or euthanasia (the least expensive option).

In private practice, it would not be unusual to refer the animal to an orthopedic surgeon for internal fixation, but an owner might choose any of the options offered based largely on cost. In shelters, however, there is more to consider. Recently, there was an uproar in a shelter because a veterinarian amputated the injured leg of a dog who had been hit by a car. The veterinarian was criticized for not taking a radiograph first for a more comprehensive analysis of the damage, but once the animal was anesthetized, examination revealed that an extensive surgical procedure would be necessary—one that was beyond the shelter’s resources to provide. Furthermore, the prognosis for recovery of full function was guarded at best—and would have required locating an orthopedic surgeon and an appropriate foster home for the extensive recovery time and physical rehabilitation.

However, the amputation option provided a different outlook: The odds were good for a fast, uncomplicated recovery, adoption, and a good quality of life for a three-legged dog. Even taking cost out of the equation, it seems clear the surgical procedure was not the best approach for this animal; the less-expensive option was also the best choice given the circumstances in this case. Shelter medicine is different from private practice, and the veterinarian treating this case recognized that.

Different Worlds

A shelter standard of care is not a lower standard—rather, it is based on the reality of shelter life. Homeless animals do not live in an environment with owners to provide the individualized care that most traditional treatment protocols are based on.

The more expensive option is not necessarily the best option. Consider the animal with a case of upper respiratory infection (URI). According to the American Veterinary Medical Association’s guidelines on judicious use of antibiotics, such a case—routine URI, which is usually viral in origin—should not be treated with antibiotics. The accepted standard of care for treatment of URI for an owned cat is basic home nursing, to ensure the animal continues to eat and to wipe away nasal and ocular discharges.

However, because URI brings increased risk of exposure to mycoplasma, chlamydomydia, bordetella, and secondary bacterial infection, shelters routinely use antibiotics to treat these animals, regardless if symptoms actually warrant it. In addition to antibiotics, many shelters also provide lysine, vitamin C, vitamin B complex, nasal decongestants, and other treatments to these animals. In severe cases, nebulization, force-feeding, cleaning of nasal and ocular discharges, and, of

course, tender loving care are all part of the recommended treatment protocol.

The labor and drugs required to treat even a mild upper respiratory infection can cost hundreds of dollars in a shelter, compared to URI’s minimal cost to an owner. Does it make better sense, then, to go ahead and adopt out cats who are mildly affected, sending them home to recover in an environment that will ultimately be less stressful, facilitate a faster, cheaper and safer recovery, and also reduce the risk that other cats in the shelter will be exposed? How can shelters balance the good parts of that approach against the other side of the equation: creating a public perception that the organization adopts out sick animals? If the shelter elects to send mildly ill cats home, should it pay for additional medical care if that simple case of URI becomes more serious? Does the shelter have a greater moral obligation to treat healthy animals who acquire disease in the shelter?

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The Adoptability Question

Some shelters, sanctuaries, and rescue groups that hold animals indefinitely can afford to treat all those who become ill, regardless of their adoptability. For most shelters, however, an animal's adoptability should be considered in the early stages of deciding which approach to take for that animal's health problems. Some shelters spend hundreds of dollars to treat and rehabilitate an animal, only to find out afterward that the animal has behavior problems that will render him unadoptable. It is very difficult to make wise, unbiased decisions about an animal's fate after a substantial financial and emotional investment has already been made.

While initial behavioral assessments should be made as soon as possible after intake, care for an animal who is suffering should *never* be withheld due to a delay in performing the assessment. If a shelter is going to hold an animal with a medical problem, treatment—enough, at a minimum, to eliminate the animal's suffering—should be initiated as soon as possible.

When making treatment decisions, here are some of the questions that should be asked.

- Was a complete physical examination conducted to identify all of the animal's medical issues? At the very least, cats should be screened for FeLV and FIV and dogs for heartworms before treatment is initiated.
- Can the animal be kept comfortable during the treatment period?
- If the case involves an infectious disease, does the shelter have a physically separate isolation area to treat the animal?
- Are staff assigned with disease challenges in mind? Staff who work the isolation ward should stay within its confines. Despite their best intentions, staff who move between isolation and healthy animal areas can put the entire population at risk by acting as a fomite, spreading disease on their hands and clothing.
- Is this a case that should be placed in a foster home or veterinary hospital for care?
- Is the disease zoonotic?
- Does treating this animal balance the best interests of the individual animal with the best interests of the population

as a whole? In other words, does keeping and treating this one animal place other healthy adoptable animals at risk for disease or euthanasia? Is the shelter turning away other animals in the community to treat this one?

- Is there a dollar limit to the amount that can be spent? Who will track the expenses to ensure the amount is not exceeded?

What to Treat?

There is no need for a lengthy discussion about the mantra of shelter medicine—resources should ideally go to help the most animals in the population while assuring each individual animal freedom from pain or discomfort, fear, suffering, hunger, and thirst.

But once the shelter has made the decision that it will treat medical problems

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on a case-by-case basis, believing that quality of life for the general population can be maintained, the next question is which cases should the shelter treat? Is it reasonable to hold and treat animals with chronic problems that will inevitably require considerable expenditures of time and money by an adopter? Does the shelter have reason to believe it can find adopters willing to take on problem cases, such as diabetes or inflammatory bowel disease?

It is difficult to guess what adopters will tolerate, or what burdens they'll be willing to take on when they see an animal with whom they feel a connection. They are often willing to make sacrifices

for animals they have bonded with, but will they deliberately walk into a difficult situation? With the cost of veterinary care rising, who can say for sure if adopters will take on expensive problems?

In the past, a diagnosis of FeLV or FIV was usually a death sentence for a shelter cat, but now targeted adoption efforts have resulted in homes for these animals. Old age, once considered almost automatic grounds for euthanasia, is no longer considered an insurmountable problem.

The shelter animal placement program should be able to assess its ability to place special-needs animals based on past performance handling these cases. If the shelter, on average, places one special-needs animal a week in a new home, the program should use that as a guide to determine how many special-needs animals it can handle at any given time. When placing animals with chronic health problems, shelters should be honest about the medical appraisal, provide best- and worst-case scenarios, and a realistic estimate of the care involved and the associated veterinary costs. Failure to do so will result in resentment by the adopter and likely return of the animal.

A Shelter's Responsibility—Before and After Adoption

What if the animal in question has a problem that isn't chronic, but will be expensive and painful to treat? Can adequate pain relief be offered while the animal is awaiting adoption? Should the shelter hold and place an animal that has bad hips and knees and needs expensive orthopedic surgery? If an adopter takes the animal and agrees to perform the surgery, does the shelter have the resources to follow up and make certain the procedure is performed? What recourse does the shelter have if the new owner does not follow up on his agreement to perform the surgery? Will the shelter take the animal back?

One shelter's solution was to waive the adoption fee so that money could instead be applied to the medical procedure. Another shelter tried to find veterinarians who would perform the procedures at a reduced cost before the animal was actually turned over to the new

owner. In some cases, shelters have found veterinarians who will perform the procedures at a discount for the experience or teaching value—especially if they are more comfortable dealing with a shelter instead of a new owner.

But what should a shelter's limit of liability be when adopting out animals? Should a shelter be expected to be aware of and disclose every defect? Given that shelters don't have the benefit of a medical history or clinical data for many of the animals they take in, this is an unrealistic expectation. A shelter veterinarian recently complained to me that local private veterinarians were telling adopters to go back to the shelter and demand reimbursement for dental care, stating the animal should not have been adopted out with dental tartar and calculus. Experienced shelter veterinarians know that private practitioners are not always sympathetic to the plight of shelters, and will occasionally impugn the care shelters provide by making inappropriate comparisons to private practice standards.

For every adoption, there are several basic steps that would be prudent for shelters to take. Adopters should be encouraged to take their new pets for an examination, fecal test, and rabies vaccination by a licensed veterinarian as soon as possible after adoption. That way problems can be identified promptly, and in some cases, be treated before they become serious or expensive. Shelters that provide a two-week health "guarantee" should disclose what that will cover, and explain that the shelter cannot actually "guarantee" the animal's health. In a sense, animals are adopted "as is."

In addition, for the sake of the animal's well-being and good customer relations, it would be smart to indicate any procedures the animal may need in the near future, such as a dental exam or an ear cleaning. Withholding information in order to encourage an adoption is a bad idea. A shelter should disclose exactly what procedures were performed while the animal was in its care, including vaccinations, spay/neuter surgery, ear treatments, etc. If licensed veterinarians work at the shelter, providing follow-up treatment is a good example of a goodwill gesture that bene-



The ethical and financial considerations for veterinarians in private practice are different from those for shelter vets, who must consider the overall good of the entire shelter population when choosing the best approach to individual animals.

fits the animal and the adoption program. (Once the animal is adopted and has an owner, follow-up care cannot be offered by nonveterinary shelter personnel; in most states that constitutes illegal practice of veterinary medicine.)

Adoption contracts should indicate whether the shelter will cover expenses for treatment of conditions that clearly incubated while the animal was in the shelter—and if there is some coverage included, the contract should also be clear about whether the animal may be taken to just any veterinarian, must go to a veterinarian cooperating with the shelter, or must be returned to the shelter for diagnosis prior to treatment. It should also be clear from the contract what is *not* covered—things such as accidents, foreign body ingestion post-adoption, etc. (many shelter veterinarians can tell the story about the adopted puppy who was returned for care during the two-week post-adoption period because he swallowed a ball or was hit by a car). It is in the best interests of the shelter and the adopter for the adoption contract to provide as much information as possible

regarding the animal's condition and the shelter's adoption policies.

As is true with all veterinary medicine, shelter medicine brings many challenging philosophical issues, ones that shelter vets must wrestle with regularly. Shelters may lose staff, volunteers, and board members over some of these dilemmas. In many cases, the more difficult question is not *can* shelters offer treatments, but *should* they? In cases where the treatment endangers the well-being of the general population, either through the risk of infectious disease spread or resource depletion, the answer may well be "no." How does one balance the needs of the population with the life of the individual animal? A rational assessment of the shelter's mission and an evaluation of available resources should help lead to decisions that make sense, and help drive the greater charge to save lives, make good adoptions, and reduce euthanasia. **AS**