

This is the peer-reviewed, manuscript version of the following article:

Kinnison, T. (2016) When veterinary teams are faced with clients who can't afford to pay  
Veterinary Record 179, 594-595.

The final version is available online via <http://dx.doi.org/10.1136/vr.i6436>.

The full details of the published version of the article are as follows:

TITLE: When veterinary teams are faced with clients who can't afford to pay

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JOURNAL TITLE: Veterinary Record

PUBLISHER: BMJ Publishing Group

PUBLICATION DATE: December 2016

DOI: 10.1136/vr.i6436

## Editorial: When veterinary teams are faced with clients who can't afford to pay

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Working within the veterinary field is complex. The multiple stakeholders that a veterinary surgeon considers within ethical-decision making have long been understood to include the clinician, patient and client, as well as the profession and the profession's relationship with society (May 2012). When veterinary surgeons and nurses graduate in the UK, they must make the well-known declaration: 'I promise and solemnly declare that I will pursue the work of my profession with integrity and accept my responsibilities to the public, my clients, the profession and the Royal College of Veterinary Surgeons, and that, above all, my constant endeavour will be to ensure the health and welfare of animals committed to my care' (RCVS 2012a, 2012b). This is all the more challenging when presented with clients who cannot pay for care which is considered necessary.

In a recently published article Cross (2016) commented: 'I knew I had done nothing wrong as a vet – the animal was treated and further appointments were booked with no consideration of payment or absence of payment.' This comment fully complies with the RCVS declaration by making the patient the number one priority. However, taken out of context, it might also seem a concerning statement because a veterinary practice cannot function if no payment is taken for treatment provided, and it may put stress on the veterinarian to always act in this way. Thankfully, the article touches on the importance of receiving payment so that staff can be paid and for other obvious reasons such as paying for the premises, utilities, new equipment, training and so on.

The importance of business skills for veterinary surgeons has been considered in research, including in a recent systematic review (Cake and others 2016). This review states that there is a mismatch between the evidence that fully supports the importance of business and practice management skills, and the lower perceived importance of these skills by stakeholders. In contrast, Bachynsky and others (2013) identified that 'dealing with clients who cannot pay' was viewed as an important skill by recent graduates and the employers of recent graduates (scoring modal responses of 4 and 5, respectively, where 5 denotes an extremely important skill). This study also identified that recent graduates felt unprepared in dealing with clients who could not pay (modal value of 1 on scale 1 to 5), while their employers considered them significantly more prepared (but still only scored a modal value of 2).

A disciplinary hearing a few years ago, where a veterinary surgeon was struck off for refusing to attend to a patient at its home, raised concerns regarding dealing with clients during 24-hour care. As a result, the RCVS decided to revise its guidance. In an effort to support veterinary surgeons and clarify expectations, it decided to make clear that out-of-hours costs are generally more expensive and that veterinarians are not obliged to carry out substantive treatment which the owner cannot afford (Anon 2014).

The expectations of clients, however, may be different, and others' expectations can impact on a vet's wellbeing. Self-discrepancy theory considers the effect on our emotional experience when faced with what we think we ought to be doing according to others (ought) and what we are actually doing (actual), as well as what we ideally think we should be doing (ideal) and actual behaviour. A study by Phillips and Silvia (2010) suggested that discrepancies between ought and actual behaviour can predict an effect of being anxious. This discrepancy, in addition to an ideal-actual discrepancy, can also predict an effect of being depressed. It is important, therefore, that veterinary surgeons (especially new graduates) are able to deal with these difficult situations. The increased prominence

of professional studies strands and courses within veterinary schools for both veterinary surgeons and veterinary nurses, which tackle topics such as communication skills, dealing with stress and ethics, is an important first step.

In a paper summarised on p 596 of this issue of *Veterinary Record*, Kondrup and others (2016) aimed to explore experiences of Danish small animal veterinary surgeons when dealing with clients who cannot pay. This new research provides evidence that can help to inform education of veterinary students and provide support for practitioners. The results suggest that veterinarians often meet clients who cannot pay. Over 91 per cent of Danish veterinarians met such a client more than once a month, with 13 per cent reporting more than 10 such experiences per month. In terms of support within the practice for this complex decision-making process, only 8.7 per cent of respondents had a written policy and 9.2 per cent had no policy to refer to at all. However, the authors note that several Danish practices consist of just one veterinary surgeon, so the requirement for a formal shared policy was reduced. With the rise of corporate practices, especially in the UK, this is an area that requires further consideration. As the authors note, however, policy must incorporate levels of autonomy, otherwise they can be akin to another stakeholder pulling veterinarians in another direction and lead to frustration. In another interesting contrast with UK veterinary practices, Kondrup and others (2016) report that 79 per cent of veterinarians offered different treatment options to clients they considered financially limited and those who usually paid regularly. The veterinarian's aim was to be realistic, paternalistic and avoid making the client uncomfortable, while in the UK, the authors suggest, the client's autonomy in making a decision based on all available options tends to be promoted. Further research would help to explore this potential contrast.

Through case studies Kondrup and others were able to compare veterinary surgeons' attitudes regarding treatment whatever the cost, realistic treatment (including euthanasia), suggesting euthanasia or refusing clients, using various examples of clients who could not pay. This method provided many interesting results, which are further explored in the paper. Further investigation using more case studies could prove invaluable when comparing contexts, for example, different countries and species.

Kondrup and others' article contributes to the consideration of business and ethics, and the potential dilemmas that lie therein. Further research regarding different contexts, as well as the perspectives of veterinary nurses, who are also involved in the outcome of decisions to treat, euthanase animals or refuse to see clients, would also be beneficial.

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