Art versus the science of veterinary medicine

Author: CAROLINE BÄCK

Categories: Business

Date: July 1, 2014

• The profession has been revolutionised in recent decades by the use of increasingly high-tech diagnostic equipment. Here the author argues the eyes, ears and nose are just as important to the modern vet as x-rays, endoscopes and ECGs.

A VETERINARY COLLEAGUE in a large vet hospital showed me a newly taken MRI scan of the head of a feline patient.

The cat had shown signs of profound neck weakness – not unlike the classic neck muscle weakness shown by a potassium-deficient animal – but blood tests gave no evidence of such a deficiency and the cat had been referred to the hospital. Clearly showing on the scan was a mass inside the skull cavity diagnosed as a meningeal tumour. The following day the cat was operated on, the tumour removed, and an uneventful recovery was made.

Thirty years ago, while working in a small animal clinic in Nairobi where infections with tick-borne diseases were rife, I amazed a client by diagnosing her dog with Babesia infection as it walked in through the door. How did I know? Well, to be honest, it was guesswork, although a blood smear soon confirmed my diagnosis.

But I was learning, as a new graduate, common things are common and probably every second dog we saw had Babesia and/or Ehrlichia infections. My main clue came from acute observation; the dog was a black and white collie type and had a nose that was partially non-pigmented. Normally pink, the non-pigmented section was chalk white – a classic sign of anaemia and the primary clinical sign of Babesia canis infection.
So what have these two stories got to do with each other? Well, clearly the first shows the extraordinary advancement of diagnostic imaging, and also the vastly increased value of the cat as a beloved pet and companion animal. It indicates the cutting-edge diagnostic possibilities that exist within veterinary medicine – enabling us to perform surgical and medical wonders that were barely considered possible only a decade or so back.

The second indicates the importance of using our senses as diagnostic aids. Our hands, sense of smell, eyes, ears and intuition are all valuable tools in helping us reach a practical diagnosis (use of taste is a bit limited – perhaps not a bad thing given some of the cases we are presented with).

I wonder if some veterinarians today place too much focus on the science of veterinary medicine and not enough on the art. They put too much emphasis on getting answers from expensive diagnostic procedures when using simpler ones, such as observing, feeling and listening to what our clients say to us, coupled with a good dose of common sense, might provide a surprising amount of information that could help us make an appropriate recommendation for an animal’s care.

They would rather refer the client to a centre of excellence than believe in the power of good communication, simpler tools, knowledge and experience they actually already have in their practices.

So, what is the art of veterinary medicine? The art is about creating relationships. It includes how we communicate information to our clients, how an animal’s behaviour and its relationship with the owner affects its health, and how the relationship between the animal, owner, and veterinarian need to work to preserve or restore an animal’s physical and behavioural health.

The dichotomy between the art and the science was clearly apparent in veterinarian Paul Manning’s master’s thesis in consultation technique. In the course of his studies, which involved questionnaires to, and interviews of, consulting vets and their clients, he found a clear difference between what veterinarians believe clients want and what clients actually expect. He found:

- vets rated clinical skills as the most important service delivery – with communication skills second;
- stress associated with time management is likely to push the veterinarian into asking more “closed” than “open” questions, which reduces opportunities for eliciting clients’ concerns; and
- vets tended to focus on the diagnosis rather than the prognosis, whereas the latter had higher priority for the pet owner.

His overwhelming conclusion was sobering: “Possibly the most significant finding of this whole project is vets put their clinical ability as the top point in their appreciation of the consultation,
whereas clients put communication first\textsuperscript{1}.

Veterinarian and human-animal bond specialist Myrna Milani writes on her website (\url{www.mmilani.com}): “Veterinary communication errors fall into two broad categories: how we talk to clients and what we talk to them about. Most veterinarians quickly learn in practice nothing will make a client’s eye glaze over faster than a description of his or her animal’s problem heavily laced with medical jargon and acronyms.” Add to this that we often don’t tell the average client what he or she really wants to know – when his or her animal will be back to its old self again – and you have a recipe for client frustration and dissatisfaction.

You see, when owners bring you their animal, they are not so much concerned about what is wrong with it as what the problem means for themselves and their animal, and when it will be better again.

Much of the art of veterinary medicine is being able to see the animal from the owner’s viewpoint. What scientifically trained veterinarians observe as clinical signs of medical problems, clients often see as changes in their animals’ behaviour and that almost always creates a change in the human-animal relationship.

For example, when Tilly wakes up her owner, Mrs Blue, by coughing in the middle of the night, her behaviour may annoy her. Mrs Blue may shout at her to stop because she needs her sleep. If the coughing persists, the memory of her angry outburst makes her feel guilty, and then she may begin to worry and be fearful that Tilly has a serious problem. These emotions join the anger and guilt to create what I call an emotional soup, but all are elicited by what a scientist would consider an emotionally neutral sign.

Mrs Blue brings Tilly to the veterinary clinic with one goal in mind – to get help to stop her cough and bring peace and joy back into their relationship. When the veterinarian later subjects her to a lengthy discourse on the aetiology, work-up results and proposed treatment for cause of the cough, but tells her nothing about if and when Tilly will stop coughing, it is not surprising Mrs Blue feels irritated and misunderstood. She may grumble about paying, and even complain to her many Facebook friends about the lack of interest the vet showed in her problem.

Of course, the science of veterinary medicine is very important, but we do need to balance it with the art. By seeing the problem as it affects the owner, animal, and clinician, the veterinarian positions him or herself as a viable source of information and assistance to the client and, in doing so, leaves the door open for a mutually rewarding relationship.

Can you take payment for this? Of course. Owners who feel listened to, and with whom you work cooperatively to support and help them provide the best possible care for their pet, feel they have also got “value for money”. So, think twice before reaching for your diagnostic tests: perhaps with just a bit more listening, a bit more careful hands-on, or a bit more belief in your intuition, you could
actually reach a diagnosis – and prognosis – that is much more satisfactory for everyone.

Reference

The art is about creating relationships and how we communicate information to our clients.