THE SPIRIT OF THE CODE OF CONDUCT

Practice as a veterinary professional is based upon a relationship of mutual trust between veterinarians and their clients, which in turn benefits the well-being of their animals, the patient.

The term “profession”, means “a dedication, promise, or commitment publicly made”.

A good veterinarian makes an uncompromising commitment to sound professional, moral and ethical practice, based on dedication to the health and welfare of animals, service and guarantees of food safety to one’s fellow human beings and to society in general.

In this spirit, the South African Veterinary Council (SAVC) presents the following code of conduct to guide and direct veterinarians.

This code forms an integral part of the standards of professional conduct which the SAVC uses to evaluate a complaint of unprofessional conduct

[Note: The term "veterinarian" in these guidelines refers to persons registered with, and authorised by the SAVC]
Code of Conduct and Practice for Veterinarians

FOREWORD

CHAPTER 1 INTRODUCTION

1.1 PURPOSE OF THE CODE

1.2 COMMENT

1.3 DEFINITIONS RELATED TO THE CODE

1.4 LEGISLATION REGULATING THE VETERINARY AND PARA-VETERINARY PROFESSIONS

1.5 RULINGS BY THE VETERINARY COUNCIL

1.6 OTHER RELEVANT LEGISLATION

CHAPTER 2 REGULATION OF THE VETERINARY AND PARA-VETERINARY PROFESSIONS

2.1 ESTABLISHMENT OF THE SOUTH AFRICAN VETERINARY COUNCIL

2.2 OBJECTIVES OF COUNCIL

2.3 COMPLAINTS PROCEDURE

CHAPTER 3 RESPONSIBILITIES ARISING FROM THE VETERINARIAN/CLIENT/PATIENT RELATIONSHIP

3.1 VETERINARIAN/CLIENT/PATIENT RELATIONSHIP

3.2 FREEDOM OF CHOICE

3.3 CERTIFICATES

3.4 OPTIONS FOR TREATMENT OF ANIMALS AND COMMUNICATION WITH CLIENTS

3.5 TELEPHONIC/VERBAL ADVICE TO CLIENTS

3.6 POST-MORTEM EXAMINATION

3.7 CHANGE OF VETERINARIAN BY CLIENTS

3.8 UNPAID ACCOUNTS - RETENTION OF ANIMAL

3.9 REQUIRING DEPOSITS

CHAPTER 4 RESPONSIBILITIES ARISING FROM PROFESSIONAL SERVICES RENDERED

4.1 CLINICAL EVALUATION

4.2 RECORD KEEPING

4.3 ABSENCE OF OWNER, PROFESSIONAL SERVICES

4.4 EMERGENCY SERVICES

4.5 EUTHANASIA

4.6 TWENTY FOUR (24) HOUR SERVICE

4.7 INVOLVEMENT WITH SPECIES NOT USUALLY DEALT WITH

4.8 SURGICAL ALTERATION TO THE NATURAL STATE OF ANIMALS
10.2 DESCRIPTION OF MODALITIES ..................................................................................71
10.3 GUIDELINES FOR PRACTICING THESE MODALITIES .........................................74
CHAPTER 11 THE VETERINARIAN AS AN EXPERT WITNESS .....................................75

ADDENDUM A: PROCEDURES PERFORMED ON ANIMALS ...........................................77

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>EQUINES .......................................................................................................................77</td>
</tr>
<tr>
<td>2.</td>
<td>FARM ANIMALS ..............................................................................................................80</td>
</tr>
<tr>
<td>3.</td>
<td>SMALL ANIMALS ............................................................................................................84</td>
</tr>
<tr>
<td>4.</td>
<td>AVIAN ...........................................................................................................................85</td>
</tr>
<tr>
<td>5.</td>
<td>PIGS .............................................................................................................................87</td>
</tr>
</tbody>
</table>
FOREWORD

The aim of the code is to make a user-friendly, explanatory document available to members, supplementing the laws, rules and regulations to which they are subject in terms of current legislation. This code must not be seen as a separate document, but must be read in conjunction with the rules as an aid and explanation to professional conduct of a high ethical and moral standard.

It is impossible to make provision for every possible incidence which may occur. It should rather be regarded as a dynamic guide.

The Council expresses its gratitude to all people, groups and SAVC staff that have contributed to the original and subsequent revised editions. It is recommended that veterinarians registered with the Council consult the code regularly. Much of it has been formulated in response to complaints by the public against the profession. The SAVC updates and amends the code electronically as the need arises and then informs the profession, via the Council newsletter. Members are therefore advised to read each Newsletter and newsflash carefully as they provide important information which members require to stay informed of the latest developments in their profession. Suggestions from colleagues for improvements to the code are always welcome.

President
South African Veterinary Council

Die doel van die gedragskode is om 'n gebruikersvriendelike dokument daar te stel vir sy lede aanvullend tot die wette, regulasies en reëls waaraan ons volgens wetgewing onderworpe is. Die kode moet nie as 'n losstaande dokument beskou word nie en moet deurgaans diens as 'n addisionele hulp en verduideliking om praktikvoering op 'n hoë etiese en morele vlak te bedryf.

Dit is onmoontlik om in hierdie kode voorsiening te maak vir alle moontlike gebeurlikhede en moet eerder as 'n dinamiese kode beskou word wat deurlopend op versoek van sy lede opgedateer word en wat samelopend met die relevante wetgewing gelees word. Dit is voorts gepas om lede en groepe wat bydraes gelewer het tot die 2de hersiene uitgawe te bedank. Daar is altyd diegene wat die verantwoordelijkheid neem om die insette te verwerk en saam te vat in 'n finale dokument.

Ten opsigte van laasgenoemde wil die professie in besonder sy dank uitspreek teenoor kollegas Peter Ardington, Stuart Varrie en ons vorige registrateur mev. Hanri Kruger en die administrasie.

Dit word aanbeveel dat u deurlopend die kode raadpleeg aangesien van die riglyne wat in die kode vervat is geformuleer is in opvolging van klagtes van die publiek teenoor ons beroep. Die SAVR beoog daarom om die kode deurlopend elektronees aan te vul soos die behoefte daartoe nodig word. Die professie sal en word ook voortdurend in die SAVR nuusbrief en nuusflitse ingelig oor aanvullings. Lede word aangeraai om die nuusbrief en nuusflitse gereeld en aandagtig na te gaan, aangesien dit lede op datum hou met die nuutste verwikkelinge in die professie. Voorstelle uit die professie wat die beroep verder kan bevoordeel word verwelkom.

President
SA Veterinière Raad
CHAPTER 1 INTRODUCTION

1.1 PURPOSE OF THE CODE

This Code is an indication of what the SAVC considers to be proper ethical conduct. Professional people have exceptional knowledge and carry the greater responsibility that accompanies such knowledge. For these reasons the users of veterinary services and the Council expect professional conduct based on high ethical and moral standards.

The Code further explains how a reasonable veterinarian would have acted under certain circumstances and as such provides a guide to an Inquiry Body in an inquiry into unprofessional conduct.

In the case of a complaint SAVC and/or its committees is neither bound by precedent nor limited to considering forms of unprofessional, improper or disgraceful conduct which have occurred in the past or which arise out of matters referred to in this Code. Any member who is in any doubt as to the ethical propriety of any proposed course of action on which the Code is silent should consult SAVC before going ahead.

1.2 COMMENT

Comments are invited and should be addressed to:

The Registrar, SAVC, P O Box 60114, Pierre van Ryneveld, 0045 or e-mailed at savc@savc.org.za.

1.3 DEFINITIONS RELATED TO THE CODE

1.3.1 In the text of this Code the interpretation of the words “shall”, “must” and “should” is as follows:

“shall” means there is a statutory obligation;
“must” indicates a minimum standard or a peremptory requirement, as the case may be; and
“should” denotes a strong recommendation.

1.3.2 “Emergency treatment” is interpreted as euthanasia or the alleviation of immediate pain and suffering, stabilising the patient and referral to a welfare organisation or veterinarian appointed by the owner, as the case may be.

1.3.3 The following interpretation applies to the terms “direction”, “supervision” and “direct and continuous supervision”:
a) **direction** means that the veterinarian gives directions, but is not necessarily present when they are carried out;

b) **supervision** means that the veterinarian is present and in a position to assist, yet is not necessarily at the person’s side or in the same room when the directions are carried out;

c) **direct and continuous supervision** means that the veterinarian is present and giving the person carrying out the directions, and the patient, his/her undivided attention: and

d) **indirect supervision** means that the veterinarian is giving instructions whilst not present, i.e. by telephone or Skype.

1.3.4 Veterinarians will notice that excerpts from various pieces of legislation are inserted in the text of the Code. These have been included to explain certain guidelines in the Code and to give background information on issues that are deemed to be potentially problematic.

### 1.4 LEGISLATION REGULATING THE VETERINARY AND PARA-VETERINARY PROFESSIONS

The legislation regulating the Veterinary and Para-Veterinary Professions include the Veterinary and Para-Veterinary Professions Act, No 19 of 1982 (the Act), as amended by the Veterinary and Para-Veterinary Professions include the Veterinary and Para-Veterinary Professions Amendment Act, No 16 of 2012 (the Amendment Act), Regulations and Rules. The Regulations pertaining to compulsory community service, suspensions, inspections and appeals, as well as the new Rules (the Rules) for the veterinary professions, came into effect on 9 November 2015.

All of the above are to be found on the Veterinary Council website at [www.savc.org.za](http://www.savc.org.za).

The following is a brief overview of the above so as to put the Act, Rules and Regulations into perspective for the profession.

**The Veterinary and Para-Veterinary Professions Act** No 19 of 1982 as amended, is law that is passed/approved by parliament and put into operation by the President by publication in the Government Gazette. The Act makes provision for delegated law in the form of Rules and Regulations, which are published in the Government Gazette in terms of the Act.

The Minister may issue **Regulations**, which are recommended by Council, by publication in the Government Gazette. In addition, the Council may make **Rules**, which have to be approved by the Minister and put into operation by publication in the Government Gazette by the Registrar.

**The Code of Conduct** has no formal legal status, nor is it gazetted, but is a document produced by Council and amended in consultation with the professions, as Council feels necessary, to serve as a guideline to the professions as to how a reasonable veterinarian should act in certain circumstances and further serves as a guide to Inquiry Bodies in an inquiry into unprofessional conduct. It forms part of Council’s obligation to regulate the professions in terms of Section 3 (a) and (c) through (g) of the Act.

The new rules further provide that a veterinarian must comply with the Code and all guidelines issued (brought to the attention of the profession in the SAVC Newsletters), unless the veterinarian can provide a justification ground (very good reason) for non-compliance.
In general acts are written to set out frameworks, while Rules and Regulations are designed to fine-tune and support the provisions of an Act. Section 30 of the Act deals with Rules and Section 43 with Regulations.

1.5 RULINGS BY THE VETERINARY COUNCIL

Rulings that the Council has made are available on the Veterinary Council website at www.savc.org.za.

1.6 OTHER RELEVANT LEGISLATION

Cognisance should be taken of the following legislation and the regulations promulgated under the respective Acts:

Animal Diseases Act, 1984 (Act No 35 of 1984)
Animal Improvement Act, 1998 (Act No 62 of 1998)
Animal Protection Act, 1962 (Act No 71 of 1962)
Competition Act, 1998 (Act No 89 of 1998)
Consumer Protection Act, 2008 (Act No 68 of 2008)
Fertilisers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act No 36 of 1947)
Meat Safety Act, 2000 (Act No 40 of 2000) (Replaced the Abattoir Hygiene Act)
Medicines and Related Substances Control Act, 1965 (Act No 101 of 1965)
Performing Animals Protection Act, 1935 (Act No 24 of 1935)
Protection of Personal Information Act, 2013 (Act No 4 of 2013) – Not fully in operation yet
Promotion of Access to Information Act, 2000 (Act No 2 of 2002)

The requirements contained in the Hazardous Substances Act, 1992 (Act 53 of 1992) and the Occupational Health and Safety Act, 1993 (Act 85 of 1993) and their regulations are very important for those veterinarians who are employers, as employers are fully responsible to ensure the safety of their employees within the workplace.

Preferably, the veterinarian should ensure he/she has access to the relevant legislation and any associated instructions and requirements. To assist with this the relevant contact details are given where the Acts can be accessed when needed.

Faculty of Veterinary Science, University of Pretoria website @
http://www.up.ac.za/asservices/ais/vet/acts.htm

Acts passed by parliament since 1993 are available on the Government website @
The Medicines and Related Substances Control Act and its Regulations are available on the Medicines Control Council website @: http://www.mccza.com/

Copies of the Acts can be obtained from the National Library of South Africa, Pretoria   Postal address: Private Bag X990, Pretoria 0001: Physical address: 75 Thabo Sehume Street, Pretoria Telephone: 012-401 9700   Fax: 012-325 5702.
CHAPTER 2 REGULATION OF THE VETERINARY AND PARA-VETERINARY PROFESSIONS

The privilege of self-regulation is granted to a profession in return for the obligation on the individual members of the profession to follow the ethical guidelines established by the profession's governing body to ensure compliance with all relevant laws, regulations, rules, codes of conduct and guidelines.

2.1 ESTABLISHMENT OF THE SOUTH AFRICAN VETERINARY COUNCIL

The South African Veterinary Council is a juristic person established in terms of Section 2 of the Veterinary and Para-Veterinary Professions Act, No 19 of 1982. Its objects and powers are set out in Section 3 of the Act.

2.2 OBJECTIVES OF COUNCIL

The objectives of the Council are inter alia to:

a) Regulate the practising of veterinary and para-veterinary professions and to register persons practising such professions;

b) Exercise effective control over the professional conduct of persons registered with Council;

c) Determine the standards of professional conduct; and

d) Encourage and promote efficiency in and responsibility with regard to the practise of the veterinary and para-veterinary professions.

2.3 COMPLAINTS PROCEDURE

The terms of reference for inquiries into professional conduct form part of the Veterinary and Para-Veterinary Professions Act. Thus, the Act regulates the complaint procedure and is not a matter that needs to be dealt with in the Code of Conduct. Information is available in Sections 31, 32 and 33 of the Act and Rules 39 to 43 of the Rules. (Changes to the procedure require an amendment to the Act and/or to the Rules).
CHAPTER 3 RESPONSIBILITIES ARISING FROM THE VETERINARIAN/CLIENT/PATIENT RELATIONSHIP

3.1 VETERINARIAN/CLIENT/PATIENT RELATIONSHIP

See Rule 1 (the definition of unprofessional conduct) & Rule 4

3.1.1 General comments

Rule 4, read with the definition of unprofessional conduct contained in Rule 1, can be regarded as the summation of the whole code of conduct and practice, and if the spirit of this rule is applied, very few of the other rules will be transgressed. These rules can however not include every eventuality and is therefore not an exhaustive list. Council may thus consider each complaint on its own merits. The subject matter of this rule encompasses so much that only pertinent points will be raised here.

The professional veterinarian/client/patient relationship forms a golden triangle of equally important, interdependent sides.

A THE CLIENT

When considering the rights and interests of the client, the veterinarian should act with:

a) Honesty and integrity;
b) Trustworthiness;
c) Competency
d) Protection of confidentiality;
e) Courtesy toward the client;
f) Caring attitude toward the animal;
g) Respect;
h) Social responsibility; andi) Objectivity with no perverse incentives or conflicts of interest influencing judgment, evaluation, treatment or advice.

B THE VETERINARIAN

The veterinarian is entitled to make a profit in order to provide for him/herself, his/her employees and his/her dependents. Although Council does not regulate fees in any respect, veterinarians are requested to take cognisance of the client’s financial situation and to make arrangements for payment where possible. The veterinarian is also entitled to expect the client to treat him/her as he/she is expected to treat the client.

While the importance of a profitable practice is accepted, certain constraints should be borne in mind, such as:
a)  
b)  Competition between colleagues; and  
c)  Dedication to animals and clients.  

It must be borne in mind that the veterinarian fulfills four important functions:  
a)  Healer;  
b)  Counsellor;  
c)  Business person; and  
d)  Economic manager and consultant - especially in the case of farm animals.  

C. ANIMAL  

The last side of the golden triangle is the animal/patient. Although unable to lobby for itself or to make demands its welfare is paramount.  

Civilised society demands that veterinarians must always bear the following in mind:  
a)  The patient cannot speak for itself;  
b)  Animals can feel pain and suffer;  
c)  Veterinarians are morally bound to be kind and humane towards their patients;  
d)  The patient should always get the best treatment within the constraints of financial considerations, practicability etc.; and  
e)  The patient should be treated according to the client’s instructions, unless that will cause it undue suffering.  

3.1.2 Client relationships  

Clients may cause more ethical problems than patients. Sometimes a client’s interests’ conflict with those of the patient and a veterinarian is torn between serving the two.  

The following are the more common problems involving client relationships and potential conflicts that arise.  
a)  Accepting or rejecting new clients.  

Although freedom of choice has been addressed in this code, there must be good reasons for turning a client away; (Please refer to paragraph 3.2 infra).  

b)  Questionable payers.
The veterinarian must not assume that because a client is not rich he/she does not intend to pay. Many poorer people have an enormous regard for their animals and will go to great lengths to settle a veterinary account.

A questionable payer may be requested to pay the estimated fee upfront or to pay a reasonable deposit, which should at least cover the veterinarian's expenses and a part of the fee, should the veterinarian be willing to extend credit to such client. Should such a client not be willing to pay, the client should be referred to a welfare organisation or to a colleague who may be willing to consider extending credit to the client.

A veterinarian is not obliged to extend credit to a client.

c) Disgruntled clients of other veterinarians.

These people can cause a veterinarian to end up in a dispute with another veterinarian or they can be so cantankerous that it is impossible to treat the patient competently. One should exercise great integrity with such people and any colleagues involved.

Veterinarians should exercise care not to become embroiled in the dispute and/or to express opinions about the other veterinarian's conduct, without having the full facts.

d) Potentially troublesome clients

Must be handled diplomatically as they can easily sour veterinarian/client relationships. Veterinarians are however not required to tolerate rudeness.

e) The patient's condition, especially with a poor prognosis and subsequent death

The prognosis should be discussed with the client honestly and the client should be advised that the prognosis is poor, even though the client may be emotional. Underplaying the prognosis often leads to complaints being filed with Council that the veterinarian was less than honest or even negligent.

f) Routine surgery

Clients should be advised that even with routine surgery, such as spays and castrations, that complications may arise. A veterinarian should ensure that his/her staff members do not reassure client's that some procedures are routine and therefore safe. Complaints are often received in this regard as clients tend to accept such advice as a “guarantee” that there will be no complications and they are then aggravated when they have to pay for the treatment to address the complications which may quite naturally occur. Clients tend to interpret such reassurances as an indication that nothing could go wrong.
g) Communication

It is very important to communicate openly with clients, especially where complications may arise. This also holds true for routine surgery or medication prescribed. If the client was not advised of possible complications relating to the surgery or the use of medicines, they often perceive such complications as being the result of “negligence” by the veterinarian, which leads to an unnecessary complaint being filed against the veterinarian.

3.1.3 Withdrawal from the veterinary/client/patient relationship

*Please read this section together with Section 3.2 – “Freedom of Choice”.*

Clients may become financially unreliable, strange or threatening etc., necessitating withdrawal of the services by the veterinarian. However, this must always be done with due consideration of legal and moral issues, as well as the interest of the patient. Clients should be informed in writing that the veterinarian will not render any services to that client, except for emergency services to stabilise the patient.

3.1.4 Fees

The publication of the Guideline of Tariffs issued by Council was discontinued during December 2013. **Council does not prescribe any fees** and to this end, does not entertain complaints regarding fees. The only exceptions are:

i) Should an account be fraudulently issued for services not actually performed;
ii) Duplication of fees; and
iii) Over servicing.

Fees are the subject of negotiation between the veterinarian and the client. Please refer to rule 9 regarding the estimate of fees. Also, refer to the Consumer Protection Act, 2008 (Act No 68 of 2008).

3.2 FREEDOM OF CHOICE

3.2.1 Introduction

A veterinarian has the right to freedom of association as allowed for in the Constitution of the Republic of South Africa, 1996 (the Constitution), but this right is not absolute. Any one of the fundamental rights entrenched in the Constitution may be limited to the extent allowed in section 36 of the Constitution. In exercising this right, he/she has to be aware that any decision made has to be justified and the rights of the other party and the interest of the patient have to be considered and respected.
To illustrate the point, no veterinarian would be entitled to render services only to clients from a certain race or ethnic group and be able to justify his/her actions on the basis of his/her constitutional rights to **freedom of association**.

A veterinarian may elect not to practice his/her profession. However, if a person opts to practice the profession of a veterinarian, registers a veterinary facility and opens for business the veterinarian must render veterinary services to all clients/examine all patients who enter the practice, **unless** refusal to do so can be justified at the hand of paragraph 3.2.2 infra.

To illustrate the above the following is drawn from the Constitution:

In terms of section 18 of the Constitution of the Republic of South Africa, 1996

"Everyone has the right to freedom of association".

However, the Constitution also states in section 9:

(1) **Everyone is equal before the law and has the right to equal protection and benefit of the law.**

(2) **Equality includes full and equal enjoyment of all rights and freedoms. To promote the achievement of equality, legislative and other measures designed to protect or advance persons, or categories of persons, disadvantaged by unfair discrimination may be taken.**

(3) **The State may not unduly discriminate directly or indirectly against anyone on one or more grounds including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.**

(4) **No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination.**

(5) **Discrimination on one or more of the grounds listed in subsection (3) is unfair unless it is established that the discrimination is fair.**

These rights in terms of section 18 or section 9 of the Constitution are not absolute as they are subject to the limitations of section 36.

(1) **The rights in the Bill of Rights may be limited only in terms of law of general application to the extent that the limitation is reasonable and justifiable in an open and democratic society based on human dignity, equality and freedom, taking into account all relevant factors including-**

(a) the nature of the right;

(b) the importance of the purpose of the limitation;

(c) the nature and extent of the limitation;

(d) the relation between the limitation and its purpose; and
(e) *less restrictive means to achieve the purpose.*

A client has the choice as to which veterinarian to use and to this end may be a client at more than one practise simultaneously.

(2) *Except as provided in subsection (1) or in any other provision of the Constitution, no law may limit any right entrenched in the Bill of Rights.*

### 3.2.2 Circumstances where refusal to treat may be considered

Taking the above into consideration the following list is not exhaustive but should be seen only as a guideline of the circumstances where refusal to treat may be considered. Please be aware that in the event of a query the decision would still need to be justified.

a) An uncontrollable animal e.g. a vicious dog, temperamental horse or bull;

b) Veterinarians or assistants placed in life threatening positions;

c) Circumstances which make it impossible to render a professional service e.g. not enough assistants to control an animal, insufficient light, inadequate facilities;

d) Where there is a history of an owner not settling accounts or refusing to pay;

e) Initial emergency treatment (See point 1.3.2 *supra*) shall always be given regardless of client history of non-payment;

f) Where the owner of an animal has been rude, antagonistic or has sought the services of the veterinarian with ulterior motives;

g) Where the veterinarian lacks the necessary expertise for the species of animal, disease condition or treatment/surgery required he/she must render service in an emergency to the best of his/her ability until a veterinarian/specialist with required expertise is available;

h) If by treating the animal, the risk of spreading a highly infectious disease to other animals or people is deemed too great;

i) If the client interferes with the veterinarian in an unacceptable way;

j) In the event that the veterinarian is too tired to render a proper service, in which case the client has to be informed accordingly;

k) Euthanasia of a perfectly healthy animal when it is clear that the owner does not want to accept responsibility for the care of the animal and when the veterinarian is of the opinion that the animal can be satisfactorily relocated. *(Please refer to paragraph 4.5 *infra*); and

l) A legal requirement prohibits treatment e.g. rabies.

### 3.2.3 When a veterinarian wishes to give notice to a client that he/she proposes to cease working for him/her the veterinarian should to do so in writing, keeping full records of, and reasons for, such notification. It is necessary to keep such records and the reasons for the decision
as a client aggrieved by such decision sometimes attempts to file a complaint against the veterinarian.

3.2.3 A person who practices a veterinary profession should not abandon the treatment of an animal under his/her professional care, unless he/she is satisfied that he/she has done his/her utmost to safeguard the welfare of the animal concerned.

3.3 CERTIFICATES

See Rule 5

3.3.1 General

This matter is comprehensively dealt with in the Rules and veterinarians must refer to Rule 5 when issuing certificates.

The requirements in respect of record keeping (Rule 6) also apply to certificates. Certificates have important professional and legal status, as they may be used in a Court as proof of facts. They undergo scrutiny by the public and by civil servants. Inaccuracies and incompleteness put veterinarians at legal and professional risk.

Certification by proxy or on acceptance of work done by a client or a colleague is unethical.

Veterinarians should be wary of issuing certificates for their own animals, as it could lead to a possible conflict of interest, especially where the animals are partaking in competitions and shows. Certificates issued by a veterinarian for that veterinarian’s own animal will be viewed with suspicion in a Court.

3.3.2 Bull and Ram Certificates

- The Board of Directors of the South African Veterinary Association [SAVA] has endorsed a Certificate and Manual for Bull and Ram certification.

- These are approved by the SAVC and serve as a preferred but not prescriptive certificate and manual. Should any other format be used, it should contain substantially the same information as the SAVA Certificate and Manual for Bull and Ram certification. Veterinarians should note that some breed societies require certain prescribed information on certificates for bulls and rams sold on public sales (e.g. scrotal circumference)

3.4 OPTIONS FOR TREATMENT OF ANIMALS AND COMMUNICATION WITH CLIENTS

See Rule 1 Definitions – “unprofessional conduct” (vii), (viii), (ix), (x), (xii), (xiii)
Many disputes and complaints arise solely as a result of poor communication despite the diagnosis and treatment being professionally adequate.

3.4.1 Before performing major veterinary procedures upon an animal, the attendant veterinarian should fully discuss the available options for treatment, costs, the prognosis and possible complications with the owner. It is wise to recommend the most appropriate treatments for the animal, compulsory to make the client aware of the costs of services [Rule 9(1)(a), (b) & (c), 9(2), 9(3) Estimate of fees] and prognosis, and allow him/her to make an informed decision regarding the treatment. Be clear with full, honest disclosure when discussing a patient with a client.

3.4.2 The client should always be made aware that, even if treatment is optimal, it is impossible and unethical to guarantee a full recovery. Where a client is either unable or unwilling to accept the optimal treatment for his/her animal and chooses a less satisfactory method of treatment, it is important to ensure that the client is fully aware of the more common complications and further costs that may be associated with this particular choice of treatment. Refusals of more optimal courses of diagnosis or treatment must be clearly documented in patient records.

3.4.3 Where a number of options for treatment are available and the common options have been discussed with the client they should be listed on either a consent form or clinical record, indicating which the preferred option is and which option/s are not recommended. Consent of the client or his/her agent to a surgical procedure must be agreed to in the form of a clear, dated document with a witnessed signature, unless in an emergency situation. This is particularly important when the treatment chosen by the client is different to that recommended by the veterinarian or involves greater complexity, risk or cost.

3.4.4 Despite having been provided with unqualified consent to proceed with surgery, the veterinarian must attempt to contact the owner and to inform him/her of any substantial complications discovered during surgery which require the veterinarian to perform more extensive surgery than was originally envisaged. If the owner or his/her agent cannot be contacted, the veterinarian must decide with discretion whether or not to proceed. In instances where a substantial increase in the price originally quoted for surgery is anticipated or profound changes in the complications, risks and prognosis have occurred. These should guide the veterinarian in electing whether or not to halt the operation until the owner has been contacted. In a situation where the veterinarian has been instructed to proceed regardless of the costs involved, he/she should still be guided by his/her professional judgement as to whether or not to proceed.

3.4.5 If a veterinarian is confronted during initial surgery by the need to undertake more extensive and complicated surgical procedures than originally envisaged and he/she is not qualified to undertake such complex surgery, it is recommended that the veterinarian should halt the operation if it is safe to do so, inform the owner of options and refer the case to an appropriately qualified practitioner. If this is not possible, he/she must proceed to the best of his/her professional ability in the interests of the patient and client and must inform the client accordingly.

3.4.6 Other than in emergency situations, veterinarians should always be candid with their clients as to their professional limitations. What is important is not whether the procedure is a specialist, complex procedure or not but whether the owner was fully informed by the veterinarian with regard to his/her qualification to undertake it. Veterinarians should continue
to update their knowledge in veterinary procedures they perform so that they are always empowered to justify their conduct.

3.4.7 Proper records should be kept in case of a dispute arising. They should be especially detailed in all cases of high risk, complexity, absentee owners, poor prognosis and argumentative or emotional clients.

3.4.8 Veterinarians should communicate in clear, unambiguous language and avoid the use of terminology that the client may not understand. This is particularly important when the client is illiterate or is unfamiliar with the language/s used by the veterinarian.

3.5 **TELEPHONIC/VERBAL ADVICE TO CLIENTS**

3.5.1 A client should be informed that personal examination of an animal by the veterinarian is essential before any conclusive diagnosis can be made or schedule 4 s (e.g. antibiotics) or schedule 5 or schedule 6 medicines can be prescribed or dispensed. There are possible exceptions (e.g. medicines requested for an ongoing, diagnosed herd problem).

3.5.2 The veterinarian must gather as much information as possible from the client before offering any advice and is advised to inform the client that he/she is totally dependent on the client’s information due to the lack of a personal examination.

3.5.3 Verbal advice should be as accurate and precise as circumstances allow; the veterinarian must ensure that the client understands the information given.

3.5.4 It is prudent not to express an opinion rather than risk inappropriate advice where uncertainty exists.

3.5.5 Veterinarians are advised to make a record of telephone calls, advice on medicines and dosage. Discussions may be noted in a patient's medical record, or in a diary. Discussions may be taped. Telephonic advice may be confirmed with a brief text message or email. If this is saved the taping or diary option is not necessary. These records protect the veterinarian against misunderstood advice, complaints and legal action.

3.5.6 Veterinarians are entitled to charge for telephonic advice, provided that it is agreed with the client.

3.6 **POST- MORTEM EXAMINATION**

3.6.1 To avoid a conflict of interest when a client requests a post-mortem examination of an animal that has died under the veterinarian's care the veterinarian concerned should advise the client that a pathologist or another veterinarian should perform it.

However, if the client insists that the attending veterinarian performs the post-mortem examination he/she may continue.

3.6.2 The client should be advised of the financial implications and also that the results may prove to be inconclusive.
3.6.3 If a veterinarian wishes to do a post-mortem examination on an animal that has died under his/her care for his/her own information he must obtain the client's permission prior to conducting the post-mortem examination.

3.6.4 The owner may retain the carcass of the animal and request another veterinarian to carry out an independent post-mortem examination. Where a post-mortem examination is being carried out as a second opinion the original veterinarian is required to supply all relevant information after being advised by the colleague that a post-mortem examination is to be carried out. Normal ethical rules regarding supersession and second opinions apply (Rule 11).

3.6.5 When a post-mortem examination has been performed and no definitive diagnosis can be made, the client should be consulted as to whether further laboratory or costly tests should be performed in order for the veterinarian to try to arrive at a diagnosis. In all cases, complete records and where necessary, double specimen samples, must be kept by the veterinarian performing the post-mortem examination. The same applies if the owner cannot be contacted to inform him/her of the findings. The veterinarian should take all reasonable steps to allow further tests to be carried out or a second opinion to be given should the owner so wish. No samples/evidence should be destroyed until the owner is satisfied.

3.6.6 It is advisable in the case of all post mortems to recommend to the client that histopathology be included as part of the examination. This would be for the client's account. Should the client refuse the option of histopathology this should be noted on the patient records.

3.6.7 In the case of small animals, carcasses should be kept for not less than 48 hours at a temperature of between 2-4 degrees. This would allow the necessary post mortem examination to be carried out if required.

3.6.8 In the case of large animals where the carcass cannot be kept, a second veterinarian should, where possible, preferably be present when the post-mortem examination is performed. This is especially necessary if the animal is insured. In cases where a second veterinarian is not available, all reasonable steps should be taken to contact the relevant insurance company and to discuss the matter with them. In such an event the veterinarian should back his/her finding up with photographs and/or video, as the case may be.

3.6.9 In all cases but especially in large animals and stud animals the veterinarian must determine before performing a post mortem whether the animal is insured or not. It is advisable to indicate this on the patient file at the time of admission as the insurance company often requests that a full post mortem be performed, if practical, by a specialist pathologist.

3.7 CHANGE OF VETERINARIAN BY CLIENTS

See Rule 11 Supersession

It is the right of any animal owner to change from one veterinarian or practice to another.

A veterinarian must provide all relevant information to the second attending veterinarian, provided that his/her account is fully paid.
Rule 11(3) permits acceptance of a client’s specific request that a previously consulted veterinarian not be contacted. However, the client should be told that information on previous diagnostics and treatment would often be in the best interests of the animal and may lead to additional costs being incurred if these were to be repeated.

3.8 UNPAID ACCOUNTS - RETENTION OF ANIMAL

The release of an animal without payment, except in obvious cases of hardship, is unacceptable. Attempts should be made to prevent this situation by offering credit card facilities, discussing the fee in advance, accepting genuine offers of payment by instalments, etc. The interest of the animal should remain the most important factor in such cases. However, it should be recognised, that there is little to be gained by retaining an animal pending payment, since additional costs will accrue while the animal is being housed and fed by the practice and public sympathy may also be mounting for the owner. It may be preferable to release the animal and collect the debt through legal channels. Council is however not prescriptive in this regard and will not entertain any complaints in this regard. A veterinarian should use his/her own judgment in dealing with such an eventuality.

3.9 REQUIRING DEPOSITS

Veterinarians may request a deposit from clients on admission of a patient and it is advisable in cases involving extensive treatment for the following reasons:

1) It avoids confrontations with clients unwilling or unable to pay for such treatment;
2) It avoids the abandoning of animals at clinics;
3) It gives the owner the option of discussing choosing an alternative and/or cheaper treatment;
4) It avoids the frustrations outlined in 3.9 and bad debts.

If an owner is unwilling or unable to lodge such a deposit, the veterinarian shall alleviate immediate pain and suffering, in the case of an emergency, or refuse to treat the animal in the case of a non-emergency and refer the client elsewhere.
CHAPTER 4 RESPONSIBILITIES ARISING FROM PROFESSIONAL SERVICES RENDERED

4.1 CLINICAL EVALUATION

4.1.1 General comments

The professional evaluation of a patient consists of some or all the following integrated parts:
- Taking a history;
- Clinical examination;
- Detailed and more specialised examination (e.g. neurological/rectal);
- Clinical pathology; and/or
- Diagnostic procedures (e.g. imaging).

A veterinarian must follow a systematic, routine, professional approach to a clinical examination. A basic examination consists of information that can be obtained using the senses, a thermometer and a stethoscope. The mass of the animal should be determined. A basic examination does not include for example a detailed neurological examination.

4.1.2 The detail of examination and the progression beyond history taking and a basic clinical examination, to other diagnostic modalities, is a matter of professional judgment, depending upon many variables (species, breed, age, gender, previous disease history, signs indications of multiple diagnoses and/or multiple organ system involvement, etc.)

4.1.3 When affordability for additional examination or testing is a problem the owner shall be fully informed of the risks of proceeding when the diagnosis remains uncertain. An educated, experienced guess may result in successful therapy but remains a guess with attendant risks. Should guesswork entail a high risk for a patient (e.g. insulin therapy without certain diagnosis and monitoring) treatment would be unprofessional regardless of the owner’s opinion.

4.1.4 It is accepted that history taking and clinical examinations will be necessarily brief and cost effective and orientated to a defined goal in emergency situations or simple situations (e.g. pre-anaesthetic examination of a healthy robust animal with simple lacerations.)

4.1.5 Examinations should be professionally adapted to the circumstances (e.g. clinical pre-anaesthetic examination of a geriatric patient with a history of nephritic disease may require evaluation of renal function prior to the anaesthetic).

4.1.6 Evaluation during anaesthesia must include some form of automatic monitoring of vital parameters with a warning device for all but brief procedures. Additional evaluation and monitoring must be appropriate for the patient’s condition, length of procedure, age and other risk factors.
4.1.7 Post operatively the animal should be under constant observation until extubation is indicated and completed. Vital signs must be monitored until they are clinically acceptable. On discharge animals, must be fully conscious and ambulatory, unless discussed with and agreed to by the client. See Rule 23 (16). It would be prudent to keep detailed notes of such discussion and agreement (the agreement preferably to be in writing).

4.2 RECORD KEEPING See Rule 6

4.2.1 General Comments

Records have importance in relationships with clients and colleagues, as well as having other legal significance. Their role in promoting the interests and wellbeing of animals is paramount. These are also invaluable assessing complaints and very often lead to complaints being dismissed at the Investigation Committee.

4.2.2 Records must identify the owner and patient in as much detail as possible.

4.2.3 When a clinical examination is normal it is acceptable to record it as such and only to record abnormalities. However basic parameters of temperature, heart rate, respiratory rate and mass should be recorded. Respiratory and heart rate can vary greatly with disease and environmental factors when the organs themselves are normal (e.g. respiratory rate in acidosis/alkalosis.) Normal parameters may be significant when they are unexpected (e.g. a normal temperature in the case of a usually febrile disease). These parameters also establish a base line for future monitoring Initials, abbreviations and personal types of shorthand are acceptable provided staff are familiar with them and they can be interpreted.

4.2.4 Greater care and attention to detail in records apply when:

- The diagnosis is open;
- The prognosis is poor;
- The case is complex with multiple injuries or diagnoses or organ systems involved;
- Anaesthetic, surgery or procedures are complex, prolonged and/or of high risk (e.g. multiple orthopaedic surgery, toxic chemotherapy);
- The animal is neonatal, geriatric, or has a high-risk condition in addition to the presenting complaint (e.g. brachycephaly);
- The animal dies as a result of suspected malicious incident (e.g. poisoning) or when the prognosis was fair/good and the death is sudden and unexpected;
- The case is to be handed over by a veterinarian going off duty to one coming on duty;
- There is to be a referral or second opinion;
- The animal is of high value (sentiment or monetary);
- The animal is for sale and/or export and/or movement into or out of an area of restriction or quarantine imposed by the state; and/or
- A certificate is required.
4.3 ABSENCE OF OWNER, PROFESSIONAL SERVICES

In the case of an animal admitted to a facility every effort should be made to acquire adequate contact details from the owner or an agent acting on behalf of the owner.

However, where an animal is in the care of a veterinarian and it is not possible to contact the owner the following guidelines should be followed:

a) If an animal becomes ill whilst in the care of the veterinarian he/she should make every reasonable effort to contact the owner or an agent acting on behalf of the owner;

b) If an animal dies, and the owner cannot be contacted, at least 48 hours should be allowed to lapse before the carcass is disposed of. The veterinarian must record the efforts made to contact the owner in this 48-hour period of time;

c) Emergency treatment must be administered regardless of whether contact has been established with the owner in order to save the patients’ life or prevent suffering;

d) In the event of an animal’s death it is recommended that a post mortem should be performed and specimens be taken and kept; (See paragraph 3.7 above) and

e) Procedures which can be postponed without undue distress to the patient should be delayed until permission has been obtained from the owner.

Veterinarians can accept instructions from an adult agent acting on behalf of the owner (i.e. not a minor)

4.4 EMERGENCY SERVICES

See Rule 4(3)(c)

4.4.1 The spirit of this clause is to provide a humanitarian service to the animal e.g. to alleviate immediate pain and suffering, saving of a life - and not an attempt at self-advancement (to obtain another client).

“It is submitted that in cases of emergency a veterinarian should be obliged to render assistance to an injured animal which has not previously been a patient on the basis that veterinarians are exercising a public calling. It is likely that, in the absence of any threat of harm to the veterinarian, the courts would find that the community would be so outraged by a failure to treat in emergency situations that a legal duty to act is likely to be imposed. In situations where an animal has previously been a patient of the veterinarian it is submitted that a special relationship arises and that the veterinarian cannot simply refuse to treat the animal without having some very good veterinary reason for doing so. It is submitted that in such cases the courts should take an approach similar to that suggested for doctors, and that the question of the reasonableness should be determined by taking into account the:

a) veterinarian’s actual knowledge of the animal’s condition;

b) seriousness of the animal’s condition;

c) professional ability of the veterinarian to treat the animal;

d) physical state of the veterinarian;

e) availability of other veterinarians or para-veterinarians;
f) interests of other animal patients of the veterinarian; and

4.4.2 A veterinarian shall provide immediate alleviation of pain and suffering within his/her capabilities on presentation of an animal, until the patient is stabilised.

4.4.3 In the event of a dispute re the professional conduct of a veterinarian related to Minimum Emergency Care provided, this document would only be referred to as a preferred manner of doing things. The respondent veterinarian therefore has the right to differ from this but would need to justify his/her approach with reference to the above document.

4.4.4 The veterinarian providing the emergency service shall inform the client’s usual veterinarian as soon as possible of his/her involvement with the case. With the permission of the owner he/she shall release the patient, once it is clinically safe to do so, into the care of the usual veterinarian. This clause must be read in conjunction with other relevant clauses such as the clauses dealing with supersession, treatment of species not normally dealt with, etc.

4.4.5 In the case of a stray animal presented to a veterinarian, the veterinarian is expected to display the highest standards of professional integrity. Immediate alleviation of pain and suffering shall be administered after which the veterinarian is expected to ensure that the best interests of the animal are addressed. This may include referral to an animal welfare organisation, decisions relating to further treatment, attempts to locate the owner, attempts to re-home, a decision whether to euthanize etc. The veterinarian’s conduct and should reflect common sense, integrity and compassion. The Animal Protection Act provides for anyone, including lay or professional people, to euthanize an animal with severe injuries or where major procedures are required. (Please refer to Section 5 points (1) to (5) of the Animal Protection Act 1962 (Act No 71 of 1962) included under Paragraph 4.5.3 infra).

4.4.6 When the owner of the presented animal is unable to pay for treatment the veterinarian must display the highest standards of professional integrity. Immediate alleviation of pain and suffering shall be administered after which, in consultation with the owner, the best interests of the animal are addressed. As in 4.4.6 above common sense, integrity and compassion apply.

4.5 EUTHANASIA

4.5.1 General

a) In most cases euthanasia is a sensitive and emotive issue. The veterinarian performing the procedure should do so with great sensitivity, bearing in mind the situation of the animal (pain, suffering), the situation of the owner (grief) and possible legal consequences.

b) To avoid misunderstanding no euphemisms for euthanasia should be used. The veterinarian must be absolutely sure that the owner means euthanasia when he/she is requested to, for example, “knock him out”, “put her to sleep” or “put him down”.

c) Veterinarians must take note that civil courts may not view animal rights or a client’s sentiments/rights the same way as veterinarians do. The Veterinary Council can only guide colleagues, but these guidelines may be challenged in open court.
d) The only time a Veterinarian **shall** perform euthanasia is in term of Section 5 (1) of the Animal Protection Act relating to a severely injured animal. *(Please refer to the relevant section of the Act included in Paragraph 4.5.3).*

e) After having taken the decision to euthanize an animal, all unnecessary delay must be avoided.

f) The veterinarian must in all cases make sure, after the procedure has been carried out, that the animal is dead.

g) The veterinarian must decide what method of euthanasia to use. When using lethal medicines the veterinarian must ensure that the carcass cannot be used as a source of food for animals or humans.

h) If a firearm is used safe, competent use must be applied.

i) The veterinarian should always strive to allow clients to make their own informed, rational and voluntary decisions about euthanasia.

j) When performing euthanasia on a companion animal the owner has the right to remain with the animal during the procedure, as well as the opportunity to be alone with the animal before and/or after euthanasia.

k) When performing euthanasia on a companion animal in view of a member of the public or the owner of such animal, particularly if administered via abdominal injection, it is advisable that the veterinarian should stay present until the patient is pronounced dead. k) The veterinarian should inform the owner, if he/she elects to stay with the animal during the procedure, of what to expect.

l) The veterinarian must take all reasonable steps to make the procedure as atraumatic as possible, not only for the animal, but also for the owner.

m) The veterinarian should endeavour to make sure that everything reasonable has been done to reach a correct diagnosis and/or form the correct opinion before advising euthanasia.

n) When an animal is insured and a claim is to be made, the insurance company must be notified so that it can arrange for an inspection by its own veterinarian. The veterinarian employed by the insurance company must liaise with the veterinarian treating the animal with regard to the time and date when the examination is to be conducted. It is the owner’s responsibility to inform the veterinarian that the animal is insured and to inform the insurance company. However, it is recommended that the veterinarian enquire as to the insurance status of the animal in question.

o) An indemnity form should be completed in all instances of euthanasia to protect the veterinarian.

**4.5.2 At the request/ with the consent of the owner**

a) Veterinarians are justified, in the case of a healthy animal, to refuse the owner’s request for euthanasia if they believe that the animal may be helped or placed with another owner in the best interests of the animal.

b) Should the owner not accept such a refusal to euthanize then the attending veterinarian must refer him/her to another veterinarian or animal welfare organisation.
c) If the owner accepts the advice not to euthanize but wants nothing further to do with the animal the veterinarian must take responsibility for the animal's welfare (e.g. place the animal with a welfare organisation).

d) The veterinarian should ensure that the person requesting euthanasia of an animal is not a minor. A parent’s or guardian’s consent must be obtained.

e) If the veterinarian is of the opinion that immediate euthanasia to alleviate suffering is the only viable treatment, he/she may carry out the procedure with or without the owner’s consent. The provisions of the Animal Protection Act would apply. See Paragraph 4.5.3, Section 5 (3) of the Animal Protection Act. In such a situation the veterinarian must keep detailed records.

4.5.3 Without the owners’ consent

The relevant section of the Animal Protection Act is included here for your information. It clarifies the rights of the veterinarian in this instance.

See Section 5 of the Animal Protection Act. “When a police officer may destroy any animal.—

(1) Whenever a police officer is of the opinion that any animal is so diseased or severely injured or in such a physical condition that it ought to be destroyed, he shall, if the owner be absent or refuses to consent to the destruction of the animal, at once summon a veterinarian or, if there is no veterinarian within a reasonable distance, two adult persons whom he considers to be reliable and of sound judgment, and if such veterinarian or adult person after having duly examined such an animal certify that the animal is so diseased or so severely injured or in such physical condition that it would be cruel to keep it alive, such police officer may without the consent of the owner destroy the animal or cause it to be destroyed with such instruments or appliances and with such precautions and in such manner as to inflict as little suffering as practicable.

(2) Any police officer who destroys any animal or causes it to be destroyed in the absence of the owner shall, if such owner’s name and address are known, advise him of the destruction, and where the destruction of any animal takes place on any public place or public road shall, subject to the provisions of the Animal Diseases Act, 1984 (Act No. 35 of 1984) remove the carcass or cause it to be removed there from.

(3) A veterinarian may in respect of any animal exercise the powers conferred by subsection (1) upon a police officer without summoning another veterinarian, police officer or any other person, and in respect of such exercise of those powers the provisions of subsection (2) shall apply.

(4) Any expenses which may be reasonably incurred by any police officer or veterinarian in carrying out the provisions of this section may be recovered from the owner of the animal in question as a civil debt.

(5) It shall be a defence to an action brought against any person arising out of the destruction of an animal by him or with his authority, to prove that such animal was so severely injured or so diseased or in such a physical condition that it would have been cruel to have kept it
Taking cognizance of the above the veterinarian should apply the following:

a) A client should give her/his permission to euthanize an animal. However, if the client is obstructive in any way and refuses to give permission for euthanasia and the circumstances stated in Section 5 (1) of the Animal Protection Act exist, then the tenets of the Animal Protection Act shall apply.

b) When an animal is brought in and the owner is unknown to the veterinarian, his/her first responsibility is to alleviate immediate pain and suffering. Should the animal be too badly injured or suffering too much to warrant prolonging its life, euthanasia must be considered. In such cases, the veterinarian should make a reasonable effort to contact the owner. This should not be done to the detriment of the welfare of the animal by unnecessarily prolonging its suffering. Section 5 (2) and (5) of the Animal Protection Act would apply in this instance.

c) In the case of animals that are a danger to people e.g., a vicious dog in a car park or lion escaped from the zoo the veterinarian should do the following:

- Make every reasonable attempt to contact the owner; and
- Only euthanize as a last resort and make sure the action can be justified. In such a situation the veterinarian should keep detailed records in order to justify his/her decision, should a complaint arise or legal action be instituted.

d) If the veterinarian is of the opinion that immediate euthanasia to alleviate suffering is the only viable treatment, he/she may carry out the procedure with or without the owner’s consent. The provisions of section 5(3) of the Animal Protection Act would apply.

### 4.6 TWENTY FOUR (24) HOUR SERVICE

**Note to veterinarians – the introduction to this section is very important and should clear up many of the misunderstandings that exist about the 24-hour service requirement.**

#### 4.6.1 Introduction

A veterinarian’s 24-hour service obligation exists in the presence of an established veterinarian/client/patient relationship where a veterinarian **has examined/treated** a patient or **performed surgery** on a patient. The 24-hour service obligation extends to the **post treatment** or **post-operative** period. Veterinarians must ensure that clients have 24-hour access to
veterinary services. A veterinarian is however not obliged to be available 24 hours a day. A veterinarian is not expected to provide a 24 hour service, but is expected to provide access to such a service whenever possible via a colleague or colleagues with whom suitable arrangements are made in advance. In an emergency with severe suffering or distress which needs immediate attention the veterinarian should treat such an animal or ensure that the patient can have access to suitable treatment.

In the premise the veterinarians’ personal 24-hour service responsibility extends to:

1. The patient that the veterinarian has recently treated or operated on. The time frame of the responsibility cannot be defined, as this will vary from case to case. Should there be a complaint then the reasonable veterinarian test will apply; and

2. Patients actually housed in a veterinary facility.

It is also important to realise that the 24-hour service requirement does not obligate the veterinarian to see an unknown client with whom the veterinarian does not have an established professional relationship. Emergencies with severe animal suffering or threat to humans and other animals are an exception.

The following points should be applied relative to the concepts encapsulated in the introduction.

4.6.1 If an after-hours emergency service is not conducted at the same address as that of the registered facility or the veterinarian on call does not live there, it is imperative that the emergency contact number be displayed on a notice board outside the building and be recorded on an answering device connected to the facility's usual telephone line.

4.6.2 A veterinary practice shall have an arrangement with one or more veterinarians to ensure that a veterinarian is capable of being contacted at all times and within the bounds of practicality be available to, as soon as possible, attend to any complications arising from the 24 hour service requirements as outlined above.

4.6.3 There is therefore no obligation on a one-person practitioner to remain constantly on duty 24 hours a day. He/she should ensure that when he/she is off duty, clients could obtain help from some other member of the profession with whom prior arrangements have been made. This practitioner should, where practical, be sufficiently close at hand to be able to provide a service to the clients of the first veterinarian without undue delay. Where there is not another practice in close proximity the Council expects veterinarians to cooperate in order to meet 24-hour service requirements in the most advantageous manner for their patients and themselves. Referral to a veterinarian far away merely because veterinarians in the same area do not get along will be viewed in a serious light by the Council as unprofessional and not in the interest of patients, clients or the profession.

4.6.4 Clear lines of communication must be maintained between colleagues. This is in the interest of both the patient and the client and facilitates the ability of a veterinarian to provide access to a 24 hour service.
4.6.5 In the case of a consulting veterinarian who does not offer an emergency service or consults at a great distance from his/her office arrangements shall be made in advance with a/the local veterinarian to provide the required 24 hour service.

4.6.6 Animals may not be kept overnight at a hospital unless full time supervision is available. The supervisor need not be a veterinarian. However, should such a service not be available or should a client choose, on grounds of practicality or affordability, to have the animal hospitalised when supervision is not available the informed consent of the client must be obtained. It is advisable to make a note to this effect on the records.

4.6.7 Hospitalised animals must be examined daily by a veterinarian. If this is not possible the animal should be referred to another veterinary hospital or discharged under the owner's care.

4.7 IN VolVEMENT WITH SPECIES NOT USUALLY DEALT WITH

4.7.1 In emergency situations it is the ethical duty of the registered veterinarian to administer treatment in the best interest of the patient in accordance with the veterinarian's ability and competence.

4.7.2 Minor procedures and treatments, which fall within the scope of the general practitioner, may be carried out.

4.7.3 More complicated or specialised treatments should be referred, where possible, to a practitioner who normally deals with the particular species. However, if for practical reasons (e.g. transport/proximity to a referring veterinarian) this is not possible, a veterinarian who is experienced in the species concerned should be consulted.

4.7.4 It is the duty of the attending veterinarian to inform the owner that he/she does not normally treat that particular species. It is strongly advised that the veterinarian obtains an acknowledgement of such communication in writing from the client. A note on the clinical record initialled and dated by the client will suffice. This is particularly important in the event of a civil claim against the veterinarian or a complaint of unprofessional conduct.

4.7.5 It is unwise and may prove unethical for a veterinarian to involve him/herself with reports, examinations or certifications in a species he/she does not normally deal with. Veterinarians with superior knowledge of a species should willingly part with their knowledge to a less informed colleague where the animal cannot be referred to the expert for practical reasons. However, please refer to 4.7.7.

4.7.6 Where a referral is not possible and a colleague expects help with any species he/she does not normally deal with, it should be a matter of collegial decency to offer to pay the veterinarian with the specialist knowledge for his/her time and knowledge and to bill the client that receives the benefit accordingly. The colleague with the superior knowledge can always decline the offer of payment but it should not be an ethical obligation that he/she must impart their knowledge without recompense.
4.7.7. A client should be informed that a veterinarian wishes to contact a colleague with superior knowledge and be warned that a professional fee may be levied so informed consent can be obtained from the client.

4.8 SURGICAL ALTERATION TO THE NATURAL STATE OF ANIMALS

4.8.1 Introduction

4.8.1.1 Policy

Surgery to alter the natural state of an animal is acceptable, only if it is necessary for the health and welfare of the animal concerned. Performance of any surgical procedure for other than legitimate medical reasons is unacceptable.

4.8.1.2 Background

Many surgical procedures are performed on animals for valid health, welfare and management reasons. However, surgical procedures performed on animals which not only do not benefit the health and welfare of the animal, but may actually be detrimental, include, but are not limited to:

- Ear cropping in dogs; and
- Tail docking in dogs.

Some of these procedures have traditionally been carried out by laypersons without due regard to the health and welfare of the animal. All these procedures are painful, and the consequences of the procedure may adversely affect the animal’s health and welfare.

Permitted procedures should be based on veterinary, scientific and ethical considerations and not be based on sentiment, economics or personal bias and should consider:

- The probability of undesirable events occurring without surgical prophylaxis;
- The prognosis regarding the success of the prophylactic procedure, and
- Use of alternative non-surgical procedures that may provide superior or equivalent outcomes.

When surgical intervention is necessary, but is a result of adverse physical characteristics produced by breeding, the veterinary profession has an obligation to:

- Notify breeders;
- Strongly recommend sterilisation of these affected animals;
- Encourage breeders to use their skills to return animals to a natural physical form; and
- Attempt to change factors, such as breed standards, that encourage propagation of undesirable traits.
Veterinarians may be requested to carry out surgery upon an animal either with a view to conforming it more closely to breed standards, deceive show judges or simply to alter the animal cosmetically to please the owner. Such surgery is unprofessional and unethical. Surgery that corrects conformational defects for the welfare of the animal is acceptable (e.g. hip dysplasia, herniation).

4.8.2 Therapeutic surgery, which alters conformation

Veterinarians should report operations performed for therapeutic reasons that alter the natural conformation of a registered animal to registering authorities (e.g. Kennel Clubs) when the rules of the registering authorities absolve veterinarians in such cases from the obligation of confidentiality.

Confidentiality and the veterinarian:

Depending upon the nature of the contractual relationship between the veterinarian and the owner of the animal, there may be an express or implied condition of confidentiality in the contract. For instance, if the owner is breeding a particular type of animal for business purposes (for example race horses) and does not want competitors to know about the condition of a particular animal or that an animal is about to give birth to valuable offspring, it would be a breach of confidentiality to make this public or to inform third parties. The owner of the animal would be entitled to sue the veterinarian for any damages resulting from such a breach of contract. Similarly, even if there was no breach of contract, if the owner of the animal had a legitimate expectation of confidentiality concerning the animal, the owner may have an action in delict for any foreseeable patrimonial loss suffered.

Good defence of a breach of confidentiality for veterinarians includes:

(a) Order by a court of law to make a disclosure;
(b) Required by statute to make the disclosure (for instance to report particular diseases such as rabies or foot and mouth to the authorities);
(c) Had a moral, legal or social duty to make the disclosure to a person or body with a reciprocal interest in receiving the information;
(d) The owner of the animal consented to the disclosure being made; or
(e) The owner of the animal had complained about the veterinarian to the South African Veterinary Council and the veterinarian needed to make certain disclosures in order to give an explanation or conduct a proper defence.

The Animal Diseases Act provides that persons may not disclose any information relating to the business or affairs of a person acquired in the performance of their duties under the Act except where:

(a) It is for the purposes of performing such duties
(b) It is for the purposes of legal proceedings
(c) It is required by a competent court (excluding a civil court);
(d) It is required under any law or
(e) The minister has consented to the disclosure.
Furthermore, no person other than the director, a designated officer or any person entitled to such information by another law may give access to other persons except with the consent of the minister.

4.8.3 Correction of defects in animals

It is unethical to perform any surgical procedure on, or administer medical treatment to, an animal the primary purpose of which is

- to conceal its true genetic status; and/or
- to enhance, by deception, its value for sale, breeding or appearance in shows.

In all cases of defects and diseases that are known to be heritable, the client should be informed of the fact and the implications for breeding programmes discussed. It is not unethical to perform a surgical operation for the correction of a hereditary defect or to give medical treatment for a hereditary disease, provided the primary purpose of the operation or treatment is to relieve or prevent pain or discomfort.

Cosmetic Surgery on rams after vaccination for prevention of Johnne’s disease is an unethical procedure.

4.8.4 Dehorning of rhino

Dehorning of Rhino is declared a veterinary ethical procedure. Dehorning of rhino should be conducted under direct veterinary supervision. The procedure may be repeated as dictated by the growth of new horn.

Illegal killing of rhinoceros (rhino) for the purpose of harvesting their horns is widespread and serious. Results of preliminary research investigations indicate that dehorned rhinos are less likely to be killed by poachers than those with horns. Research to date has also failed to demonstrate any detrimental effects due to the dehorning of free-ranging rhino populations. Findings suggest that dehorning increases rhino survival because of lower mortality due to poaching. Mortality in calves or mortality due to fighting did not increase in the dehorned population.

4.8.4.1 Guidelines for dehorning of rhino

1. The veterinarian must operate in accordance with the law and must comply with all legal requirements for dehorning rhinos. The veterinarian must ensure that he/she is operating with the explicit permission of the owner of the animal.

2. Risk benefit analysis should favour dehorning.

3. All normal principles of safe immobilisation / anaesthesia as well as best possible practice should be adhered to when dehorning rhino.
4. The veterinarian should familiarise him/herself with the anatomic structure of the horn in order to prevent damage of germinal layers.

5. Dehorning of females with unweaned calves should be discouraged.

6. Detailed records (which should include photographs, microchip numbers, notch configurations, horn measurements, farm location, etc.) should be made and retained. The horn and the rhino should preferably be individually identifiable by DNA sequencing.

7. Partial dehorning whereby damage to the germinal layer is avoided is an acceptable technique for temporary removal of rhino horn.

8. Should complaints be received regarding the dehorning of rhino, each matter will be considered on its own merit, should 4.8.4.1.4 not be adhered to.

4.8.4.2 The following procedures are defined as follows for clarity:

1. Rhino dehorning is the removal of the horn of the rhino.

2. Partial dehorning (bloodless) is the removal of the cornified structure of the horn without exposing any viable tissue.

3. Surgical dehorning is the removal of the horn by entering living tissue.

4. Complete dehorning is the surgical removal of a rhino horn inclusive of the germinal tissue that it takes origin from. No growth of horn will take place.

Further investigation into acceptable techniques for the surgical method of temporary removal of a greater portion of the horn should be conducted under auspices of a recognised research institution. Basic anatomy and histology of the rhino head/horn as well as analgesia in rhinoceroses needs further study.

4.8.5 Genetic defects

Performance of surgical procedures in all species for the purpose of concealing genetic defects in animals to be shown, raced, bred, or sold as breeding animals is unethical. However, should the health or welfare of the individual patient require correction of such genetic defects, the owner must be advised that the patient should be rendered incapable of reproduction.

IMPORTANT RECOMMENDATION TO VETERINARIANS

Registered veterinarians must continuously endeavour to discourage clients when requested to perform surgery merely to alter the natural state of animals.

Furthermore, veterinarians are requested to use their knowledge and influence to advise breed societies to refrain from stipulating breed standards that may result in the animal
being subjected to potential painful and unnecessary surgical procedures. Veterinarians must also assist small animal unions and societies with the control and out breeding of inherited defects and abnormalities.

When it is clear that a condition is without doubt genetic the veterinarian should advise sterilization.

4.9 UNCLAIMED ANIMALS

It is recommended that at the time of admission of a patient every effort be made to get alternative contact details and that, as part of the admission process, the practice policy pertaining to an unclaimed animal is stipulated and forms part of the agreement between veterinarian and client. This policy will differ from practice to practice, but must be reasonable and defensible.

a) A veterinarian has an ethical duty to care for any patient in his/her care, even if his/her professional services have been completed and the owner has not claimed the patient.

b) It is fair to assume that after a reasonable period of time has lapsed and every reasonable effort has been made to contact the owner, relative of the owner or agent, as was agreed upon between the owner and the practice at the time of admission, the veterinarian has the right to relocate the patient at his/her own discretion. The definition of a reasonable time and/or effort is dependent on the merits of each individual case.

c) Should an animal be relocated, it would be advisable for the veterinarian to inform the owner of the animal in advance and in writing of his/her intention to do so in order to protect that veterinarian against a criminal charge of theft or a civil claim. It would be important to show that such notice came to the attention of the owner, unless the contact details of the owner are unknown.

4.10 RESPONSIBILITY FOR THE CUSTODY OF ANIMALS

A veterinarian is not only responsible for performing diagnosis and treatment of animals but is also responsible for their safe custody. The following are considered to be reasonable obligations for a veterinarian to assume for animals that are in his/her custody as patients or boarders:

a) If an animal escaped it would be obligatory on the part of the veterinarian to advise the owner immediately and to take all reasonable steps to effect its recovery.

b) If the animal became ill the owner must be advised immediately. In the meantime, treatment to relieve the animal's pain or effect its survival is obligatory.

c) If the animal dies the owner should be advised as soon as possible.

d) Hospitalised animals must be examined by a veterinarian daily.

e) All categories of veterinary facilities must be constructed to minimise escape by an animal and to ensure the effective, safe and comfortable confinement of animals at all times. See rule 19(1)(f).
4.11 GENERAL ANAESTHESIA

See Rule 23

4.11.1 All veterinarians or para-veterinarians responsible for anaesthesia should ensure that the patient has a patent airway at all times. Should the patient not be intubated then provision should be made to apply artificial respiration if needed.

4.11.2 General anaesthesia without intubation is acceptable for equines for brief procedures not exceeding 30 minutes. With the inherent risk of hypoxia during anaesthesia endotracheal intubation should be performed. For longer and invasive procedures intubation with oxygen supplementation and gas anaesthesia or reversible parenteral anaesthesia should be applied.

4.11.3 General anaesthesia in ruminants carries different and high risks and is often carried out in field circumstances. Alternative combinations of sedation, local and epidural anaesthesia should be used wherever possible. The risks to the owner must be clearly emphasised. Preparatory starvation to reduce rumen contents, lower placement of head and neck and bloat prophylaxis with a stomach tube and cuffed intubation should be used.

4.11.4 All anaesthetic equipment should be maintained in accordance with the manufacturer’s specifications. This means that all equipment should be serviced, calibrated and repaired as recommended. See Rule 23 (15).

4.11.5 An automatic monitoring, at least of respiration, with a warning device, is essential for all but brief procedures. Additional evaluation and monitoring are necessary at regular intervals depending of the animal’s condition (worsening or improving) and other compromising variables (e.g. blood loss.)

4.11.6 Post operatively the animal should be under constant observation until extubation is indicated and completed. Vital signs should be monitored until a definite positive trend to normality has been established.

4.11.7 A final assessment is made prior to discharge. On discharge animals must be fully conscious and ambulatory unless otherwise discussed with and agreed to by the owner as an unavoidable exception (e.g. a pelvic fracture). It is advisable to make a note in the records of such agreement. In equines and ruminants, especially in cases of field anaesthesia, the animals must be able to stand and balance unassisted before monitoring can cease. See Rule 23(16).
4.12 ANALGESIC AND ANTI-INFLAMMATORY THERAPY

4.12.1 The efficacy of analgesic and anti-inflammatory therapy places responsibility on the veterinarian to use it in the best interests of the animal. All painful procedures should only be performed with sufficient and appropriate analgesia. This responsibility is particularly important in animals compelled to train, work and compete (e.g. horses and some dogs).

4.12.2 It is unprofessional and unethical to apply such therapy with the intention of masking pain and enabling the animal to train, work or compete or with the knowledge that the owner intends to against the animal's best interests and welfare. This is particularly so when rest is necessary for healing of the condition and related conditions.

4.12.3 The use of therapy to alleviate the pain and inflammation of an acute or chronic condition or of a surgical intervention is, of course, acceptable and desirable, combined with other appropriate therapy (e.g. physiotherapy, exercise).

4.12.4 Veterinarians should use analgesics in routine surgery.
CHAPTER 5 RESPONSIBILITIES ARISING FROM THE VETERINARY PRACTICE

5.1 FACILITIES: GENERAL PRINCIPLES

See Rules 19, 20, 21, 22, 23, 24, 27, 28, 29

5.1.1 Structural

5.1.1.1 All facilities must be in good order and create an atmosphere of cleanliness and efficiency. The areas surrounding the facilities must be maintained in a clean and tidy state.

5.1.1.2 The facilities should be well lit to ensure the safety of all people.

5.1.1.3 There should be sufficient parking to accommodate clients, staff and practice vehicles.

5.1.1.4 Where practical it is advisable to provide proper entrances for disabled persons.

5.1.1.5 Every effort should be made to keep the facilities free of offensive odours and to keep noise levels as low as possible in accordance with the requirements of local authorities.

5.1.1.6 There must be adequate precautions against fire hazards. Personnel must be trained in the use of well maintained fire extinguishing apparatus. Smoke detectors and periodic fire drill are also advisable. 5.1.1. It is advisable to provide a room or office where confidential discussions with clients and personnel can be held.

5.1.1.8 It is desirable to have facilities (waiting rooms, wards) for separate species.

5.1.1.9 Adequate storage facilities should be available.

5.1.1.10 Adequate precautions should be taken against theft.

5.1.1.11 Accurate weighing facilities must be available.

5.1.1.12 Adequate washing facilities should be provided to wash soiled drapes and instruments before sterilisation.

5.1.1.13 The veterinarian should supply all necessary equipment to ensure health and safety of staff e.g. protective clothing, handling equipment (gags, catching sticks, muzzles, etc), radiation protection and monitoring devices.
5.1.2 Procedural

5.1.2.1 All veterinary services and care should be provided competently and humanely in a manner compatible with current veterinary practice.

5.1.2.2 Clients should be addressed in a courteous manner and treated professionally at all times.

5.1.2.3 All staff should enhance an impression of professionalism with high standards of dress, cleanliness, manners and personal appearance.

5.1.2.4 It shall be the veterinarian’s responsibility to inform the client as to the extent of monitoring of a patient at their facility. If 24 hour monitoring is not available, this must be indicated and options such as the referral of the patient to a facility that does offer such a service shall be discussed. The intent here is to ensure that the client makes a fully informed decision. This decision should be recorded on a consent form.

5.1.2.5 Sufficient telephonic capacity should be provided to meet the workload of the facility. Telephones should be answered promptly and professionally.

5.1.2.6 Adequate health and safety precautions must be taken against all hazards in veterinary practice e.g. rabies, tetanus, dog bites, etc.

5.1.2.7 Workers must be educated in the proper restraint and handling of animals, as well as dealing with infectious diseases, in particular zoonoses and dangerous diseases.

5.1.2.8 Veterinarians should address all safety issues that affect their employees.

5.1.2.9 It is advisable to have adequate professional indemnity insurance coverage for all staff and for the practitioner.

5.1.2.10 Veterinarians should have signed, legally compliant contracts, including job descriptions, with their employees.

5.1.2.11 Practice owners should encourage the professional development of all staff in the practice.

5.1.2.12 In complex cases in which a veterinarian's knowledge, experience or facilities are insufficient for adequate diagnosis, therapy or surgery, the owner must be informed. Referral should be recommended.

5.1.2.13 A library of current veterinary journals and textbooks or computer reference programmes or access to the internet shall be available on the premises of an animal clinic or hospital and should be utilised as visual explanatory material when advising clients.
5.1.3 Diagnostic Imaging

See Rule 22

Any veterinary practice or institution should adhere to the following principles:

5.1.3.1 Radiographic quality

Radiographic technique must be standardised and includes the following:

- Constant source to image distance
- Use of a grid for body tissues greater than 10 cm
- Time-temperature development in manual processing techniques (must have a thermometer and a temperature vs. time developing chart)
- Must know the speed of intensifying screens used in the practice (are usually all the same speed except 1-2 detail screens)
- A technique chart must be established for the practice or at least a list of optimal exposures for differing body parts of varying sized animals
- A log of all exposure factors and mass of all patients should be kept.
- Safe adequate lighting.

5.1.3.2 Positioning and views

A veterinarian must have available references for the various standard views required for each body part.

Radiography requires a minimum of 2 different views for any body part. For certain structures, the minimum views may be more e.g. Equine carpus needs at least 5 views.

Standard views should be obligatory.

Where fewer views are made, a note should be made on the patient record for the reason – e.g. financial constraints or stressed patient.

Avoid making whole body radiographs (except birds) i.e. having the thorax and abdomen on one radiograph. Exposures vary and one should focus on the region of interest.

For CT and MRI procedures ensure symmetrical positioning where applicable (e.g. brain and spinal cord). To ensure a complete study contrast agents may have to be administered.

Consult a specialist radiologist if required.
5.1.3.3 Image Identification

- All radiographs must be identified in the emulsion with the practice and patient information.
- The latter must cross reference to the patient hospital records.
- The limb or side of the patient must also be identified. Information applied after film processing (e.g. scratched onto film or label pasted on) is not acceptable.
- For diagnostic ultrasound, CT and MRI images the above information must be typed onto the screen so as to be visible on all images recorded or printed.

5.1.3.4 Computed Radiography and Digital Radiography

Where images are only interpreted on a computer screen there must be at least one screen of appropriate quality for diagnostic purposes.

Images must be stored for at least 5 years and must be backed up on a separate memory facility at least on a weekly basis.

5.1.3.5 Radiation Safety (Refer to Hazardous Substances Act, 1992 & its regulations)

- All workers must have dosimeters registered with the SABS and submitted with legal compliance.
- Minimal number of people to be involved in the procedure.
- Lead aprons and lead gloves must be available in the practice and must be used by each person restraining the animal.
- No part of the handler may be in the primary beam (i.e. within the collimated area), even if lead protected.
- Collimation must be focussed on the area of interest.
- Inverse square law principles must be followed (i.e. stand as far from the tube and patient as possible).

5.1.3.6 Release of Images

Images belong to the practice where they must be filed and kept for at least 5 years. If the client is referred for specialist opinion or the owner chooses to or has to change veterinarians the images may be signed out with both the owner’s and veterinarian’s signatures. Signing out should be an exception and done in the animal’s interests only, not because the owner wants the images. Signed out images are entirely the owner’s responsibility until once again in the possession of a veterinarian or veterinary facility. Digital imaging makes it acceptable to release clearly identified copies to the owner.
5.1.3.7 Record keeping

Principles of record keeping on the patient file also apply to radiographic findings in all relevant respects.

5.2 HOUSE CALLS

Introduction: The obligation of a veterinarian to make a house call to examine an animal applies only to animals that are under that veterinarian’s direct treatment or have been operated on by that veterinarian and are in the immediate post treatment or post-operative phase.

House calls may be made:

a) in the immediate post treatment or post-operative period – the time frame will vary but the concept of reasonableness will apply and
b) if the client is unable to present such a patient to the veterinarian’s facility for reassessment. (In this circumstance, should a client query the veterinarian’s decision not to make a house call, the reasons for the client’s inability to present the animal will also be considered).

Apart from circumstances above in the introduction veterinarians should note the following when a house call is requested:

5.2.1 Making house calls is the personal choice of the veterinarian provided that in so doing, professional treatment that may be required can be administered without the facilities and equipment available at his/her registered facility.

5.2.2 If, for whatever reason, it is impossible to move a patient to the registered facility (e.g. lack of adequate transport, condition of patient) the veterinarian should consider making a house call to minimise the patient’s distress and suffering or to administer interim treatment until circumstances permit that the patient be hospitalised.

5.3 ADVERTISING

See Rule 13

Any veterinarian in doubt regarding the interpretation of this Code or any course of action the veterinarian proposes to follow in relation to any advertisement should seek guidance from the Council before advertising.

5.3.1 Origin and purpose

The Council wishes to ensure the right of veterinarians to advertise fairly, responsibly, and professionally. Advertising should never put at risk the interests of the animals which are, or may be
placed under veterinary care, or the good name and reputation of the profession for providing veterinary services of the highest standard in a caring and ethical manner. If discounts are advertised, minimum standards in the delivery of the services may not be compromised. For instance, if a discounted spay or vaccination is advertised, the veterinarian will not be absolved from conducting the requisite clinical examination prior to providing the treatment.

5.3.2 Scope

a) This Code applies to advertising by the written word, radio, television or electronic media;
b) Although this Code will apply principally to veterinarians engaged in private practice, it is also applicable to all other members of the profession whether engaged in teaching, research, commercial appointments or in any other form of professional activity, in so far as they may be involved in advertising.

5.3.3 Legality

5.3.3.1 Advertisements should neither contain anything that is in breach of the law, nor omit anything that the law requires to be included.

5.3.3.2 Advertisements must be in good taste with regard to content, prominence and medium.

5.3.3.3 Advertisements should not contain any material that would be likely to bring the veterinary profession into disrepute.

5.3.3.4 Advertisements can serve their purposes of providing information for and communication with members of the public in a professional manner.

5.3.4 Honesty

5.3.4.1 Advertisements should be truthful and not abuse the trust of members of the public or exploit their lack of experience or knowledge of animal health and veterinary medicine.

5.3.4.2 Advertisements must not be aggressive, emotional or instil fear in the minds of the public. They must be free of confusing medical terminology and generic or trade names.

5.3.4.3 The veterinarian must be able to provide the services exactly as advertised.

5.3.5 Fees

5.3.5.1 Fees for veterinary services will vary due to factors such as the health, size and age of the animal, follow-up treatments, and the complexity of the particular case.
5.3.5.2 An advertisement may state the willingness of the advertising veterinarian to make a preliminary estimate of the cost of any procedure, treatment or service, prior to the making of any contract (written or verbal) to carry out such procedure or treatment or to provide such service.

5.3.5.3 An advertisement may contain prices, including special offers, provided that minimum standards of service are not compromised.

5.3.7 Confidentiality

See Rule 4 (3)(d) and 12

No advertisement shall contain any material that would constitute a breach of the professional confidentiality of a veterinarian towards his/her client.

5.3.8 Children

5.3.8.1 Advertisements should not be directly or indirectly aimed at children or young persons.

5.3.8.2 Advertisements should not contain any material which, if read, heard or seen by children would be likely to exploit their credulity, their lack of experience or their emotional involvement with animals.

5.3.9 Comparisons
Rule 13(5)(b)

5.3.9.1 Advertisements should not claim for the advertising veterinarian or his/her practice superiority in any respect over any or all other veterinary practices.

5.3.9.2 Advertisements should not directly or indirectly disparage the services provided by any other veterinary practice or professional. Comparison of quality of services or products with those of any other veterinary professionals constitutes unprofessional conduct.

5.3.10 Specialist status

5.3.10.1 A veterinarian who is a registered specialist with Council may state this in an advertisement indicating not only his/her relevant qualifications, by the use of appropriate letters, but also may describe the specialisation itself – e.g. “Specialist Orthopaedic Surgeon – Domestic Animals” etc. See Rule 13.8.
5.3.10.2 If an advertising veterinarian wishes to indicate that he/she has a particular interest in a certain species, organ or discipline this is permissible so long as the advertisement indicates that the veterinarian is a general practitioner with such a particular interest. See Rule 13.7.

5.3.11 Unprofessional claims

5.3.11.1 No advertisement should employ any words, phrases or illustrations that convey a guarantee that any injury or disease affecting any animal will be cured.

5.3.11.2 No advertisement should contain any offer to make a diagnosis, advise, prescribe or provide treatment in relation to any animal, without an examination thereof.

5.4 INVOLVEMENT OF VETERINARIANS IN ORGANISED SPORT / SHOWS / SPONSORSHIP

Veterinarians who perform professional duties in an official capacity at any event of this nature may have their names listed in the official programme. This information will enable the public to exercise free choice in order to make alternate arrangements if they so wish.

GREEN HUNTING AND VETERINARY SAFARIS

- Green hunting has been declared an unethical activity. Any veterinarian involved in this activity would make him/herself liable to be charged with unprofessional, improper or disgraceful conduct.

- Advertising of Veterinary Safaris and/or the charging of fees to have persons witness the rendering of veterinary services is not permitted.

5.5 CLOSE CORPORATIONS AND INCORPORATED COMPANIES

See Section 24 of the Act

The Veterinary and Para-Veterinary Professions Act No 19 of 1989, as amended, makes provision for the registration of close corporations and incorporated companies to practise a veterinary or para-veterinary profession.

5.5.1 A close corporation incorporated in terms of the Close Corporations Act, No 69 of 1984 shall be registered for such purpose only if:
a) the principal business of that corporation is the practising of a veterinary or para-veterinary profession, as the case may be;
b) the close corporation has nominated one of its members as the manager thereof;
c) the manager who has been so nominated:
   (i) resides in South Africa;
   (ii) is a person who is registered to practise a veterinary or para-veterinary profession, as the case may be; and

d) the members’ interests in the close corporation are held solely by natural persons who are registered to practise a veterinary or para-veterinary profession, as the case may be.

The Companies Act, Act 71 of 2008 (new Companies Act), effectively prohibited the registration of new close corporations from 1 May 2011. Close corporations may either remain registered as a close company or by written consent by members holding in aggregate 75% or more of the member’s interest may approve the conversion to a private company. The formal requirements are set out in the new Companies Act.

A private company incorporated in terms of the Companies Act, No 61 of 1973 shall be registered for such purpose only if:

a) the principal business of that company is the practising of a veterinary profession or a para-veterinary profession, as the case may be;
b) all the shareholders of the company are registered in terms of this Act to practise a veterinary or a para-veterinary profession;
c) the name of the company has been approved by the Council;
d) every shareholder of the company is a director and only a shareholder shall be a director thereof; and

e) its memorandum of association provides that the directors and past directors shall be liable jointly and severally, together with the company, for such debts and liabilities of the company as are or were incurred during their periods of office.

Inquiries:

a) Any inquiry by Council in terms of Section 31 of the Act may be instituted simultaneously against the close corporation/private company and a member or employee of the corporation/director or employee of the private company, who is registered with Council to practice a veterinary or para-veterinary profession.

b) A manager referred to in 5.5.1 (b) and (c) shall represent the close corporation at such inquiry and is personally responsible, irrespective of any responsibility of the corporation for any act or omission by or on behalf of the corporation which may result in disciplinary action by the Council. Unless however, as stated in the Veterinary Act Section 31.6 B, the Council is satisfied that the responsibility for that act or omission rests upon another person who is registered with Council and is a member or an employee of the corporation.

5.5.4 The registration of a close corporation or private company is terminated if:

a) That close corporation or private company ceases to exist;
b) The close corporation converts to a company in accordance with the requirements of the new Companies Act; or

c) The provisions under 5.5.1 of 5.5.2 are no longer complied with.

Veterinary practitioners are advised to discuss potential tax benefits of close corporations or private companies with their accountants and lawyers.

5.6 PRACTISE BY STUDENTS

Students who are registered with the Veterinary Council and who enter the clinical part of their course may, when instructed by a veterinarian, carry out a number of procedures which ordinary lay people are not permitted to do.

5.6.1 The procedures embarked upon by students will be determined by their level of training and expertise and the degree of difficulty of the procedure.

5.6.2 While students are permitted to carry out these procedures, all work must be carried out under the direction, supervision or direct and continuous supervision of a veterinarian, where

- direction means that the veterinarian gives the student directions but is not necessarily present when they are carried out:
- supervision means that the veterinarian is present and in a position to assist, yet is not necessarily at the student's side or in the same room; and
- direct and continuous supervision means that the veterinarian is present and giving the student and the patient his undivided attention.

5.6.3 The level of supervision will be determined by the difficulty of the procedure and the expertise of the student (see 5.6.1 supra). A student may examine an animal or carry out tests under a veterinarian's direction, administer treatment under a veterinarian's supervision, and perform surgery under the direct and continuous personal supervision of a veterinarian.

5.6.4 A veterinarian may collect fees for work performed by a student. A student may not perform any task which is not permitted by law e.g. sign certificates, sign register of scheduled substances, sign prescriptions, etc.

5.6.5 The veterinarian in charge is fully responsible for all procedures performed by students in his/her charge and may be rendered liable for disciplinary proceedings by their actions.

5.6.6 The veterinarian, by the tenets of civil law, could be held vicariously liable for the actions of the student in his/her charge.
5.7  EMPLOYMENT OF VETERINARY NURSES

5.7.1 Veterinary nurses, registered with the Veterinary and Para-veterinary Professions Council, may carry out medical treatment or minor surgery (not involving entry into a body cavity) under direction or supervision on an animal, provided the animal is under the care of a registered veterinarian; the procedure is carried out by the veterinary nurse at the veterinarian's discretion, and the veterinarian is the employer of the veterinary nurse.

5.7.2 Veterinarians employing veterinary nurses must bear in mind that, as employers, they retain overall responsibility for the actions and conduct of their nurses in the performance of their duties, and that default by a nurse in appropriate circumstances will be reckoned the default of the employing veterinarian, thus rendering him/her liable for disciplinary proceedings.

5.7.3 The veterinarian as the employer should bear in mind that, by the tenets of civil law, he/she could be held vicariously liable for the actions of any employee including veterinary nurses. This is a strict liability. The only circumstances where it would not be applicable are if the employee acts way outside his scope of employment, as so called “frolic of his/her own”, which is notoriously difficult to prove.

5.7.4 Although this list of the responsibilities of veterinarians employing veterinary nurses is not exhaustive, they should ensure that the veterinary nurse:

a) does not perform any veterinary procedure other than that provided for by law;
b) maintains a high standard of nursing care and conduct;
c) may use veterinary medicines and stock remedies in accordance with the appropriate controlling acts;
d) having, in an emergency, applied first aid to an animal for the purpose of saving its life or relieving its pain, without previous consultation with a veterinarian, reports and hands over the case to the attending veterinarian at the first possible opportunity;
e) treats as confidential and refrains from divulging any lawful information acquired during the course of her employment;
f) makes no observations to any member of the public regarding the services or treatment provided by any veterinarian who is, or is not, a member of the practice;
g) takes no part in advertising the employer, the practice or any veterinary product other than as provided for in the Rules, relating to Advertising, promulgated in terms of the Veterinary and Para-Veterinary Professions Act.

5.8  CONDUCT OF SUPPORT STAFF

5.8.1 Support staff are prohibited from acting independently on veterinary matters without the permission or supervision of the attending veterinarian.

5.8.2 Support staff may only work in ancillary services as the term implies. They may not carry out any procedure pertaining specially to a veterinary profession or the profession of veterinary nurse as provided for by law.

They shall not be permitted to:
a) make any diagnosis;
b) treat any animal if not under the direct and continuous supervision of the veterinarian;
c) induce general anaesthesia;
d) perform any kind of surgical procedure;
e) pass any advice on veterinary matters to clients, unless specifically instructed by a veterinarian;
f) have access to any medicines, unless permitted in accordance with Act 101 of 1965, in the absence of a veterinarian or a prescription.
g) Undertake any other task or procedure that only a veterinarian registered with the SAVC is permitted to do

5.8.3 It is the duty of the veterinarian to supervise and control the actions of his/her staff.

5.8.4 The veterinarian in charge is at all times fully responsible for all procedures performed by support staff in his/her employ and may be rendered liable for disciplinary proceedings by their actions.

5.8.5 The veterinarian as employer, by the tenets of civil law, may be held vicariously liable for the actions of any of his/her employees. Once again, this is a strict liability. The only circumstances where it would not be applicable are if the employee acts way outside his scope of employment, as so called “frolic of his/her own”, which is notoriously difficult to prove.

5.9 TRAINING OF LAY PERSONS

Members of the profession are advised that if they train laypersons other than veterinary or para-veterinary students to do veterinary procedures, such conduct shall be regarded as unprofessional.

5.10 VETERINARY RELATED BUSINESS

5.10.1 It is permissible for a veterinarian to supply ancillary services such as grooming, kennelling and sale of pet accessories, stock remedies and food directly as a service to clients. The veterinarian need not register a separate veterinary retail outlet if these services are provided as ancillary to the veterinary facility.

5.10.2 A veterinarian may not allow any ancillary business in lay ownership or under lay control to be conducted at or advertised with his/her address or professional telephone number.

5.10.3 A veterinarian may not share premises via a common entrance with a business which is not animal related, so as to guard against zoonoses.
5.11 WASTE DISPOSAL

General Comments

Veterinarians are responsible for any waste they generate and must ensure that it is disposed of safely and legally by themselves or by a designated person or firm that the veterinarian has ensured is reputable and suitably qualified. Exemplary standards for animal and human health and safety and environmental compliance are expected. It is not acceptable to knowingly employ a disreputable agent who may dump waste illegally. Veterinarians must be aware of changing legislation and promptly comply. Professional associations and the SAVC, who inform the profession, should be consulted for assistance if there is any doubt.

5.11.1 The following is considered to be clinical waste:

a) Any waste which consists wholly or partially of animal tissue, blood or other body fluids, excretions, medicines or other pharmaceutical products or chemicals, used swabs, dressings and syringes, needles or other sharp instruments, being waste, which, unless rendered safe may prove to be hazardous to any person or animal consuming it or coming into contact with it;

b) Any other waste arising from medical, nursing, dental, veterinary, pharmaceutical and similar practice, investigation, treatment, care, teaching or research or blood for transfusion is waste which may be a threat to any person or animal coming into contact with it; and

c) Waste includes unwanted and expired medicines and should be disposed of appropriately.

5.11.2 All national and local laws regarding waste disposal must be adhered to.

5.11.3 Different types of waste require different methods of disposal. Sharp objects (needles, syringes, broken glass and other sharp instruments) must be placed in a secure container to make them safe. Carcasses or parts thereof of small animals should be stored in a refrigerator prior to disposal. Swabs, tissue, blood, excreta, etc. must be placed in appropriate containers.

5.11.4 Precautions should be taken to prevent theft, vandalism and scavenging of waste prior to and after disposal.

5.11.5 Clinical waste should be incinerated where incineration facilities are available.

5.11.6 Care must be taken that waste never becomes a cause of ill health to people or animals irrespective of the way contact may occur, while the waste is under the control of the veterinarian.

5.11.7 Waste should be stored, prior to removal, in such a way that no offensive odours are emitted.

5.11.8 The veterinary surgeon should remove all swabs, dressings, syringes, needles from any premises on which treatment has taken place for correct disposal.
5.11.9 Placentae, waste from dehorning, castrations, abscess pus etc. may be left on a farm, but the farmer or his/her representative should be advised on safe disposal.
CHAPTER 6 RESPONSIBILITIES ARISING FROM RELATIONSHIPS WITH COLLEAGUES

No veterinary surgeon should speak or write disparagingly about a fellow of the profession to any third party, unless it is based on the full facts relating to the issue at hand and is the truth. To do so not only undermines the standing of the colleague in question in the eyes of a member of the public, but will reduce that person’s confidence in the profession as a whole See Rule 4.(3)(e)(iv). This rule is not meant to prevent a veterinarian from giving evidence at an inquiry into unprofessional conduct or in a Court.

6.1 SECOND OPINIONS and REFERRALS, including the prescribing of medicines by a specialist veterinarian

See Rule 11 and

Definitions:

A second opinion - is when a veterinarian or the client requests an opinion from another veterinarian on diagnosis or treatment with the intention of retaining the case for the original veterinarian thereafter. The client, without hindrance, also has the right to choose not to retain the original veterinarian for the case and to request the veterinarian giving the second opinion to take over the case. See paragraph 6.1.1 below and Rule 11(3)

A referral - is when, at the request of a veterinarian or client, a case is referred to a second veterinarian or to another therapist for further diagnosis and treatment but with the objective of returning the patient to the responsibility of the referring veterinarian at a mutually agreed upon future time.

6.1.1 Every animal owner is free to consult the veterinarian of his/her choice and a veterinarian has no right to refuse such a request by a client for a second opinion or a referral. A referral is a recommendation the owner has the right to refuse.

6.1.2 Obstructing an owner from obtaining a second opinion or a referral for any but sound welfare reasons (e.g. transport of animal may result in complications, severely shocked animal) is unethical.

6.1.3 A client must be clearly informed of the precise difference between a second opinion and a referral and of his/her right to choose.

6.1.4 If difficulties regarding diagnosis and/or treatment exist, the option of referral or second opinion (veterinarian/specialist) should be offered without waiting for the client to suggest or request it.
6.1.5 A veterinarian may request a second opinion on the condition of the animal, or refer an animal, only if his/her client agrees to it. The owner should be informed of the approximate costs involved and agree to the terms of payment.

6.1.6 Second opinions and referrals should be conducted in a spirit of professional cooperation between attending and referred to veterinarians so as to assure the best interest of clients, patients and the profession.

6.1.7 Under no circumstances shall there be any payment of commission or sharing of fees between the attending and referred to veterinarian. Where appropriate the attending veterinarian may charge a reasonable administration fee in connection with a second opinion or referral.

6.1.8 The arrangements for a second opinion or referral should be made by the attending veterinarian. He/she must give his/her full co-operation in making the appropriate arrangements even when opposed to a client’s request.

6.1.9 Once the attending veterinarian and the client have agreed that a second opinion or referral is required, the referred to veterinarian must be contacted and his/her approval for acceptance of the case requested. A full history and all relevant clinical records and diagnostic tests and images should be submitted clearly, in writing to the referred to veterinarian. The status of the second opinion or referral must be clearly communicated to the referred veterinarian. Supplementary information requested by the referred to veterinarian must be forwarded without delay.

6.1.10 The referred to veterinarian should avoid comments which might be interpreted by the client as conflicting with advice received from the attending veterinarian. Criticising or disparaging another veterinarian’s service to a client is unethical. A second opinion at variance with that of the attending veterinarian it should be only be discussed with him/her privately.

6.1.11 If negligence or unprofessional conduct is clear or suspected the referring veterinarian is bound by law to report it to the SAVC (and/or police/other relevant authority) and not to discuss it with the client under any circumstances. The referring veterinarian must be informed accordingly. The Code of Conduct cannot advise otherwise because this is a compulsory legal obligation.

6.1.12 The veterinarian providing the second opinion or the referred to veterinarian shall;

a) Not treat the animal for any ailment other than the one it was referred for except in an emergency or with the consent of the referring veterinarian;

b) Report the relevant findings promptly to the referring veterinarian. Should follow-up treatment be required this must be communicated to the referring veterinarian on the day of discharge;

c) Upon discharging the animal provide the referring veterinarian with a full written report including advice or instructions regarding continuing care within two weeks of discharge unless another agreement has been reached between the veterinarians. Any records of the referring veterinarian must also be returned.
6.1.13 In the event that the patient is referred to a specialist and scheduled medicines are prescribed for use by the patient, the specialist should liaise with the referring veterinarian and provide him/her with a report as to the patient’s condition and the medicines that the specialist recommends to be used. The referring veterinarian then has to consider the specialist’s recommendations and if he/she is satisfied that the administration of the medicine is justified in accordance with Rule 10(1) below, can then prescribe and/or dispense the required medicine to his/her client.

“Rule 10. Use of veterinary medicine

(1) Whenever a veterinary professional, administers medicine to an animal or prescribes the administering thereof, he/she must satisfy himself that the administering thereof is justified with due allowance for the benefits and risks which that medicine may hold for –

(a) The animal to which it is administered, including withdrawal times of residues where relevant in the animal and/or the effect on the environment;

(b) The person by whom it is administered; and

(c) The consumer of the products of that animal if residues of the medicine concerned should be present in those products.”

Section 34 of the Veterinary and Para-Veterinary Professions Act, 1982, provides as follows:

“34. Dispensing of medicine.—(1) A person who is registered or deemed to be registered in terms of this Act to practise a veterinary profession, may personally compound or dispense any medicine which is prescribed by himself or by any other person with whom he or she is in partnership or with whom he or she is associated as a principal or an assistant or a locum tenens, for use in the treatment of an animal which is under his or her professional care: Provided that he or she shall not be entitled to keep an open shop or pharmacy.

(d) (2) A person referred to in subsection (1) shall not accept or obtain any commission or other reward from a pharmacist or other supplier in connection with medicine which is compounded or dispensed by virtue of a prescription.”
The prohibition on dispensing for another veterinarian originates from the Veterinary and Para-Veterinary Professions Act, 1982. If the attending veterinarian satisfied him/herself that the treatment is indicated as per the specialist’s advice [Rule 10(1)], both veterinarians will comply with their ethical duties. If the specialist’s advice is not followed and the attending veterinarian can justify why he/she did not follow the specialist’s advice, that veterinarian would comply with the requirements set in rule 10(1)(a).

The above also applies to veterinarians who are confronted with persons who forgot their pets’ chronic medicine when travelling and then want a veterinarian to dispense that medicine based on the treating veterinarian’s prescription. The “second” veterinarian should confer with the treating veterinarian and request that available test results be submitted to him/her so as to satisfy him/herself that the administration of the medicine is justified.

6.2 SUPERSESSION

See Rule 11

Definition:

Supersession - is when veterinarian (A) assumes responsibility for the diagnosis and treatment of a case previously under the supervision of another veterinarian (B) without a referral from the other veterinarian (B) or without letting (B) know that the case has been brought to (A) by the client for another opinion.

6.2.1 The ethical considerations in respect of supersession apply mutatis mutandis as for second opinions and referrals.

6.2.2 If a client with whom he/she is not acquainted or to whom no previous service has been rendered approaches a veterinarian, it is advisable that he/she conducts himself/herself by word and action as if the patient has been referred by a colleague. He/she should try to ascertain by careful questioning whether the client has consulted another veterinarian and, if so, determine the veterinarian’s name, diagnosis and treatment.

6.2.3 The veterinarian, if made aware that the patient is currently under treatment by another veterinarian, must contact the original veterinarian to discuss the case and obtain information relevant to the case. The appropriate professional and ethical approach for (A) is to notify and acquire information from veterinarian (B) at the earliest convenience and preferably to obtain the information before he/she examines the case.

6.2.4 When it becomes clear that the client prefers a change of veterinarian, the attending veterinarian (B) has no right to decline to release the case and may not approach the client directly or indirectly in an effort to persuade him/her otherwise. Furthermore, the attending veterinarian (B) should not refuse to supply records, whether requested or not, which may influence the welfare of the animal. However, veterinarian (B) is entitled to retain diagnostic images and laboratory results until the account has been settled.
6.3 CLIENTS DISTANT FROM THE PRACTICE

Veterinarians with particular expertise with regard to an individual species, clinical condition or type of preventive medicine, may be called upon to treat animals or advise a client many kilometres away. There is nothing improper in agreeing to provide such services, but the following points must be borne in mind:

6.3.1 A veterinarian offering a particular service for a client must attempt to contact the client's usual veterinarian in advance. This ensures that the incoming veterinarian is aware of relevant matters that may affect the service to be provided. It also ensures that the usual veterinarian is aware of the procedures to be performed and facilitates the arrangement of any subsequent services necessary.

6.3.2 Where a visit is made to premises distant from the practice in order to treat an individual animal or group of animals, consideration must be given to the possibility of subsequent complications arising or of further help being required at short notice. If it would not be practical for the veterinarian concerned to respond within the required time scale, he/she must make arrangements in advance with a colleague closer at hand to act on his/her behalf, should the need arise.

6.3.3 The client should also be made aware of the difficulties that may arise as described in 6.3.2, and of the provisional arrangements made to deal with such a situation.
CHAPTER 7 RESPONSIBILITIES ARISING FROM THE USE OF VETERINARY MEDICINAL PRODUCTS

See Section 34 of Act and Rule 10.

Introduction

Cognisance should be taken of the publication “Veterinary Drug Control and Management for the Practitioner in South Africa” (2004) edited by Dr R Sykes and Prof G E Swan. This publication is available to veterinarians, whether they be members or non-members, from the South African Veterinary Association.

7.1 EXTRA-LABEL USE OF PHARMACEUTICAL PRODUCTS

Definition: Extra label use - the use of pharmaceutical products in animals in different species for conditions, or in dosages and administration routes other than those indicated on the labels of these medicines.


The Registrar of Medicines advised that the Medicines Control Council (MCC) was of the opinion that the MCC cannot advocate the off-label/extra label use of medicines. However, in the light of international acceptable practice to use medicines in such a manner, the right/obligation for the off-label/extra label use of medicines by veterinary prescribers is recognised by the MCC. It must be noted that accountability, when this practice is applied, remains with the prescriber.


“Whether extra label use is justified is therefore not dependent on the manufacturer’s instructions but rather whether the veterinarian was acting in the best interest of the patient. Therefore, in the case of the veterinarian not complying with the instructions of the manufacturer it would be incumbent on the veterinarian to justify, preferably by scientific data with conclusive empirical evidence, that he/she acted in the best interest of the patient. In other words, the onus is on the prescribing veterinarian to be accountable when this practice is applied. Should Council find that acting contrary to the manufacturer’s instructions was not justified, and that the prescribing veterinarian had no grounds for extra label use, then this could be judged as unprofessional conduct.”

When a veterinarian considers the extra-label use of a pharmaceutical product the following guidelines should be considered:

7.1.1 Make sure that no alternative exists. There may be other registered medicines available.
7.1.2 Ascertain whether the animal is insured and what the implications may be should the animal die.

7.1.3 Obtain consent, preferably written, from the rightful owner.

**Veterinarian’s duty to inform owner of animal.** The amount of information that a veterinarian must give the owner of an animal in order to obtain a proper consent must be sufficient for the person to understand fully the nature and effect of the treatment or procedure consented to. This means that the veterinarian must inform the owner of an animal about all the “material risks” involved in the proposed treatment or procedure. Using an analogy from the medical profession, material risks are those that: (a) a reasonable person in the position of the owner of the animal would have regarded as significant, and (b) a reasonable veterinarian would have been aware that the owner of an animal, if warned of the risk, would attach significance to it.¹ Unlike in the medical profession where there may be scope for non-disclosure based on the “therapeutic privilege”,² in the case of veterinarians there can be no excuse for failing to make full disclosure to the owner of an animal concerning the risks involved in any particular treatment or procedure.

**Notes:**

1. These principles were adumbrated for the medical profession in Castell v De Greef 1994 4 SA 408 (C) 426. It is submitted that they should also apply to veterinarians and para-veterinarians because without such information the owner of an animal cannot be said to be fully informed.

2. A therapeutic privilege occurs in the medical profession where under certain circumstances the doctor need not inform a patient fully about the diagnosis because it might undermine the treatment: Castell v De Greef supra 418 426.” This principle does not apply to the veterinary profession.

(LAWSA First Re-issue Volume 30, Paragraph 233).

7.1.4 Make sure that a good veterinarian/client/patient relationship exists.

- The veterinarian has assumed responsibility for making veterinary judgements regarding the health of the animal(s) and the need for veterinary treatment and the client (owner or agent) accepts this and has agreed to follow the instructions of the veterinarian.

- The veterinarian has acquired sufficient knowledge of the animal(s) to establish a preliminary assessment of its/their clinical condition. Wherever possible, this means that the veterinarian has recently examined the animal(s) and is acquainted with its/their management and/or makes appropriate and timely visits to the premises where the animal(s) is (are) kept.

- The veterinarian is readily available or has made adequate arrangements for contact in the event of adverse reactions or failure of the regimen of therapy.

7.1.5 The veterinarian must demonstrate his/her responsibility to the community when prescribing or using pharmaceuticals for food animals to ensure appropriate withdrawal periods and the safety of the food products to man or other animals.
7.1.6 A veterinarian prescribing the extra-label use of medicines must comply with all the relevant legal requirements for the supply, labelling and disposal of medicines.

7.1.7 When reviewing extra-label uses, the clinical pharmacology and safety of potential medicines should be considered in the context of their proposed use. The significance and consequences of varying the target species, dose rates, routes of administration and duration of treatment for formulations need to be evaluated.

7.1.8 Whether extra label use is justified is not dependent on the manufacturer’s instructions but rather whether the veterinarian was acting in the best interest of the patient. Therefore, in the case of the veterinarian not complying with the instructions of the manufacturer it would be incumbent on the veterinarian to justify, preferably by referral to scientific data and conclusive evidence that he/she acted in the best interest of the patient.

7.1.9 **GUIDELINES ON COMPOUNDING**

- Compounded medicines may not be used in food producing animals except for the treatment of individually diseased animals.
- Food producing animals include wildlife harvested for human consumption.
- A compounded veterinary preparation for food producing animals must either be compounded by the veterinarian for his/her own use or compounded by a registered pharmacist on prescription of a veterinary professional and, where applicable, only registered medicines or active pharmaceutical ingredients recognised from the Medicine Control Council, European Union or Federal Drug Administration may be used to compound the compounded veterinary preparation.

7.2 **IN VolvEMEnt OF vEtERINARIANs IN COMPANIES SUPPLYING vETERINARy PRODUCTS**

7.2.1 Veterinarians with pecuniary interests in Companies supplying veterinary products have an ethical obligation to act in the best interests of the clients and patients, regardless of any pecuniary conflict of interest.

7.2.2 In addition, regardless of pecuniary interest the veterinarian shall:

a) Recommend the use of the most suitable and cost effective product;
b) Avoid abuse or overuse of products for financial gain;
c) Consider more suitable or cost effective alternatives; and

d) Provide sound professional advice on suitable disease control measures that are not reliant on medicines (e.g. epidemiological measures like hygiene, ventilation, strategic grazing, etc)

7.2.3 A veterinarian should not promote the sale of products purely for a profit motive or for perverse incentives (e.g. sport event tickets, trips, volume related bonuses, discounts etc.). A professional person should be guided by professional scientific knowledge, client interest and affordability and patient welfare.

7.3 UNREGISTERED MEDICINE

A veterinarian may not use or supply any unregistered medicine without permission. Permission to use unregistered medicine can only be given by the Medicines Control Council (MCC) in terms of Section 21 of the Medicines and Related Substances Control Act, No 101 of 1965.

“Section 21. Council (MCC) may authorize sale of unregistered medicine for certain purposes

(1). The council may in writing authorize any person to sell during a specified period to any specified person or institution a specified quantity of any particular medicine which is not registered.

(2). Any medicine sold in pursuance of any authority granted under sub-section (1) may be used for such purposes and in such manner and during such period as the council may in writing determine.

(3). The council may at any time by notice in writing withdraw any authority granted in terms of sub-section (1) if effect is not given to any determination made in terms of sub-section (2).”

7.4 ADMINISTRATION OF MEDICINE BY LAYPERSONS

See Rule 10

As a general rule a veterinarian may delegate the administration of a medicine to an animal provided that the requirements of Rule 10 are met. However, veterinarians are not entitled to delegate the administration / prescribe the administration of any etorphine hydrochloride, thiofentanyl oxylate, fentanyl or other synthetic opioids (schedule 6 substances) and have to administer these substances personally as the effect of these substances are to anaesthetise animals.
CHAPTER 8 CONTINUING PROFESSIONAL DEVELOPMENT

Refer to the Regulations pertaining to CPD available on the website www.savc.co.za

These regulations clearly outline the CPD obligations a veterinarian shall be required to meet for continued registration. The following are a general guideline.

8.1 All registered veterinarians shall remain up to date in their knowledge of the science and art of veterinary medicine as required by the CPD Regulations and should know of the technical advances in the spheres in which they practice. 8.2

8.2 Veterinarians shall continually strive to improve their veterinary knowledge and skill. The spirit of CPD is not to merely fulfil Council's CPD requirements but to plan a personal CPD programme that updates skills in regular use and/or enables new skills to be acquired that are relevant to the veterinarian's current or future areas of interest and expertise 8.3

8.3 Newly graduated practitioners should be supported and assisted by senior colleagues until such time as they are able to provide unaided a full professional service to the public and their animals.

8.4 In the event of a major change in professional activity or after a career break, veterinarians should undertake training and update skills sufficient to provide a satisfactory professional service
CHAPTER 9 MISCELLANEOUS

9.1 CODE OF CONDUCT FOR VETERINARIANS EMPLOYED IN COMMERCE AND INDUSTRY

Veterinarians in the employ of Commerce and Industry have an obligation to report any adverse medicine reactions to the relevant regulatory authority in accordance with their requirements.

It is of great importance that no veterinary surgeon should speak or write disparagingly about a professional colleague to any third party. To do so not only undermines the standing of the colleague in question in the eyes of a member of the public, but reduces that person's confidence in the profession as a whole. See Rule 4.4(3)(e)(iv).

Veterinary science has become so wide in scope that the private practitioners make increasing use of specialised help. It is of mutual benefit to the private practitioner and the veterinarian employed by a commercial or industrial firm that professional relationships should be good. The veterinarians employed by commercial firms with their specialised knowledge, research initiatives, facilities and contacts with other workers, render good service to animals and clients, both directly and through the private practitioner.

The Rules and Code of Conduct of the SAVC provide clear guides to professional conduct and the optimal relationship between veterinarians. Adherence by all veterinarians to this Code, promotes optimal relationships between members of the profession, different disciplines and organisations (e.g. state, private, commercial, academic). The following points are highlighted with specific reference to the code and its relevance to veterinarians employed in commerce and industry.

9.1.2 Farm or other establishment visits

A veterinarian employed by a commercial or industrial firm should endeavour before visiting any farms or lay establishments, to advise the private practitioner normally in attendance of his/her intention to do so. If he/she is unable to advise the private practitioner in advance, he/she should attempt to contact him/her at the earliest opportunity.

If a complaint involving the product(s) of a company is received, the veterinarian employed by the company should enquire whether a private practitioner or another veterinarian has been consulted. If this is the case, it is desirable for the company veterinarian to attempt to inform his/her colleague of his/her intention to visit the farm and offer him/her the opportunity to consult at the same time.

A veterinarian may protect the interest of the firm that employs him/her by assisting in the investigation of complaints involving the firm's products. Generally speaking, any opinion he/she
forms should be communicated to his/her employers. However, it is, in some circumstances necessary to give some advice to the farmer. In such cases the veterinarian concerned should consider the following:

9.1.3.1 Has the farmer already been advised by his/her private veterinarian? This should be ascertained, whether the matter be one of disease, nutrition, management, or anything else which may affect the health of the animal. If the farmer has been so advised, then it is in the interest of all concerned, that the veterinarian already advising him/her should be contacted and the matter be conducted through him/her; rule 11 (supersession) applies;

9.1.3.2 If his/her normal veterinarian has not advised the farmer on the particular problem then the firm's veterinarian must consider whether the problem is wholly or partially a veterinary one. If, for example, it is matter of disease, then the farmer should be advised to call in his/her own veterinarian and the firm's veterinarian should communicate his/her diagnosis to him/her; and

9.1.3.3 The veterinarian may not prescribe scheduled medicines to the farmer for use on his/her animals, unless the animal/s are under his/her professional care and a client-patient-veterinarian relationship exists and that veterinarian practises from a registered veterinary facility, as it constitutes keeping an open shop in terms of section 34 of the Act.

9.1.4 Public meetings

9.1.4.1 Any veterinarian who intends addressing a public meeting on veterinary matters, should as a matter of courtesy, make the meeting open to all the veterinarians resident in the area.

9.1.4.2 Any advertisement relating to a public meeting that a veterinarian is to address shall be subject to the provisions of rule 13.

9.1.4.2.1 A company veterinarian required to give comment on branded products must discuss products objectively based on current scientific and professional knowledge, when advising laypersons.

9.1.5 Company issues

9.1.5.1 A veterinarian should train and educate the personnel of the firm that employs him/her as regards the qualities of that firm's products. Where a veterinarian is responsible for, or working in co-operation with, lay staff employed by his/her firm, he/she should ensure that the conduct of the staff is not such as will cause any break of professional relationship between him/herself and any other veterinarian.

9.1.6 Conducting of clinical and field trials

9.1.6.1 A veterinarian may undertake the evaluation of the products of a firm that employs him/her.
9.1.6.2 If the firm intends to make arrangements with a livestock owner to run clinical trials on his/her animals or conduct trials with feed or products of any other kind, the veterinarian representing the company or other body concerned ought first to approach the practising veterinary surgeon who normally attends to the animals of the livestock owner in order to fully discuss the proposed programme.

9.1.6.3 When undertaking trial, research or investigatory work on behalf of an employer, veterinarians in industry must ensure that all ethical and animal welfare requirements are satisfied.

9.1.6.4 Veterinarians are referred to a document currently in the final draft phase related to the use of animals in trial, research or investigatory work that is being developed by the South African Bureau of Standards and is currently referred to as SANS 10386:2008. This document, once completed, will be available on the SAVC website.

A veterinarian employed in industry shall at all times uphold all other related veterinary ethics as prescribed in the Code of Conduct of the SAVC, the rules and regulations and the Veterinary and Para-Veterinary Professions Act 19 of 1982.

9.2 CODE OF CONDUCT FOR THE WILDLIFE VETERINARIAN

9.2.1. Knowledge required

9.2.1.1 Wildlife veterinarians should have a sound knowledge of:

a) Legislation relative to the control of animal diseases;

b) Basic epidemiology of infectious diseases of domestic animals and free-ranging wild animals;

c) Basic ecological principles of management of healthy and diseased populations of wild animals;

d) Mechanical and chemical capture techniques; and

e) Medicines used in the capture of wild animals.

9.2.1.2 Wildlife veterinarians should always maintain professional standards with regard to clinical procedures and interaction with game capturers and other professionals involved in game capture operations, but should not teach them, or be party to teaching them, to execute procedures or use scheduled medicines listed for the use of veterinarians only.

9.2.1.3 The health and welfare of wild animals remain at all times the responsibility of the veterinarian, while under his/her care. The veterinarian should continually strive to improve knowledge and develop techniques that minimise injury, illness and mortality of the animals under his/her care.
9.2.2 Responsibilities/proposed duties of veterinarians employed by conservation agencies

9.2.2.1 The diagnosis of disease in animals

The veterinarian is the only professional person legally charged with the responsibility of diagnosing disease (in the widest possible sense of the word) in animals. Diseases in animals are caused in many different ways and the training of veterinarians allows them to follow a sound, systematic approach in diagnosing disease. The basic methodologies in diagnostics are history taking, physical examination and the employment of diagnostic aids. Diagnostics in free-ranging animals is particularly challenging and emphasis is placed on epidemiological data, anamnesis, observation, autopsies and specimen analysis.

9.2.2.2 The treatment of animals

Only a qualified veterinarian can prescribe treatment with designated scheduled medicines for sick or traumatised animals as well as perform certain procedures. A person other than a veterinarian may, however, treat an animal as prescribed by the veterinarian under his/her supervision. See paragraphs 7.4, 9.2.1.2 and 9.2.2.4.1.

9.2.2.3 The control of disease

Disease may be controlled by the introduction of preventive measures, curative programmes or methods to contain the disease. The control of disease often necessitates the enforcement of prescribed legal procedures and requirements in consultation with the regional state veterinarian.

9.2.2.4 Responsibility for the health and welfare of immobilised/anaesthetized animals

(1) 9.2.2.4.1 The veterinarian is responsible for the optimum care of immobilised/anaesthetized animals. The immobilisation/anaesthesia of free-ranging wild animals is especially challenging since they are immobilised/anaesthetized without a prior physical examination, without knowledge of their exact body mass and often under less than optimal conditions. The veterinarian is responsible for the choice of medicine or medicine combination, calculation of dose, the method of administration of medicines and the monitoring of animals until they are fully recovered from the effects of the medicine. To tranquilise, sedate, chemically immobilise or anaesthetise wildlife, any schedule 5 or 6 medicine to be administered parenterally, must be administered by a veterinary professional personally.

Selection of acceptable weather conditions for game capture requires veterinary judgment.
9.2.2.5 Responsibility for the health and welfare of animals in transit

The veterinarian should, as far as possible, provide guidelines conducive to the safe and humane transport of animals whether by road, air or sea. Particular emphasis is placed on feeding, watering, construction of enclosures, appropriate enclosure sizes, tranquillisation where necessary and optimal handling procedures.

9.2.2.6 Animal welfare

This is primarily the responsibility of the veterinarian. Public concerns have to be met and controversy pre-empted. The veterinarian must allow for species differences in response to stress.

9.2.2.7 Responsibility for research

The veterinarian may not be responsible for research, but depending on his/her job description, time schedule and specific needs, he/she should initiate research projects and participate in other projects. The veterinarian should form an integral part of all projects that involve animals. When and wherever animals are handled, this should be done with the full knowledge, co-operation and approval of the veterinarian (who remains responsible for the health and welfare of all animals in the park). The veterinarian plays a fundamental role in Animal Ethics Committees that investigates the ethics of projects where animal manipulation occurs.

9.2.2.8 Responsibility for the establishment of a veterinary health team

The veterinarian may have to accept the responsibility for establishing a veterinary health team to assist him/her in his/her duties but still retain full responsibility for the activities of such a team. This will have to be planned within the constraints of the law and the particular park and may include training in the gathering of information and in basic as well as more advanced techniques.

9.2.2.9 Responsibility for the release, relocation and rehabilitation of wild animals

Participating veterinarians should ensure that the release, translocation and rehabilitation of wild animals are conducted in such a way as to optimise the chances of survival and reproduction of these animals in suitable habitats for the species involved.

9.3 CODE OF CONDUCT FOR EMBRYO TRANSFERRERS

Veterinarians will be expected to take on the responsibilities for an embryo collection and transfer team.

Advances in animal breeding technology, such as embryo transfer (ET) impose an additional responsibility on veterinarians in respect of:

a) their professional relationships with colleagues;

b) compliance with legal controls; and

c) above all ensuring the welfare of animals involved.
All veterinarians named as team leaders are expected to have gained sufficient experience and attained a high level of competence in the techniques involved in ET. Veterinarians involved in developing ET techniques and applying them in cattle practice are expected to follow the Code of Conduct and Practice in order to assure high standards of animal welfare. Although the Code applies specifically to ET in cattle, the same general principles apply to other species.

9.3.2 **Code of practice for embryo collection and transfer in cattle**

9.3.2.1 A good ethical relationship must be maintained between veterinarians. Arrangements must be made well in advance of the operation and the responsibilities of all veterinarians have to be agreed upon. In the event of disputes the name of the profession must be protected and, when necessary, the Council should be consulted. Veterinarians cannot make any claim to specialist or consultant status unless their names have been entered on the list of specialists held by Council.

9.3.2.2 Prescription only medicines can only be supplied for use in animals under the care of the prescribing veterinarian. Similarly, a veterinarian may only instruct someone to use a prescription only medicine for animals under his/her care.

9.3.2.3 The selection of the type and number of embryos to be implanted and the selection of the recipient should be such as to minimise the risk of dystocia and the need for caesarean section.

9.3.2.4 Aseptic precautions must be applied.

9.3.2.5 All measures should be taken to control pain or other forms of discomfort whichever route of transfer or collection is used. Collection and implantation of embryos per vagina must be carried out either under epidural or general anaesthesia. Epidural anaesthesia can only be performed by a veterinarian or by a person authorised by Council.

9.3.2.6 The authority and control of the team veterinarian must be effective at all stages of the procedure. Team veterinarians must ensure that any other veterinarian acting on their behalf is experienced and properly informed so that they can exert their authority and be responsible for the team members.

9.3.2.7 Direct and continuous personal supervision of technicians is expected in the early stages of training. Supervision of technicians, entailing the presence of the veterinarian will be necessary at all stages of embryo collection. Supervision will also be required during implantation until such time as the veterinarian can be reasonably certain that the technician can work under direction.

9.3.2.8 Collection of embryos from the donor by technicians shall be under the supervision of veterinarians, and transfer to the recipient shall be under veterinary direction.

9.3.2.9 Veterinarians should not supervise or direct more technicians than would reasonably be expected to be within their effective control. It is unlikely that any one veterinarian could effectively supervise more than three technicians or direct more than ten at any one time.
9.3.2.10 Arrangements must be made for a veterinarian to be on call when technicians perform embryo transfer. Veterinarians should be able to respond to an emergency sufficiently quickly to avoid unnecessary suffering.

9.4 CODE OF CONDUCT RELATING TO CO-OPERATION BETWEEN VETERINARIANS AND ANIMAL WELFARE SOCIETIES

Welfare and private or state veterinary practices should be complementary and not antagonistic. It must be borne in mind by all parties that the welfare of animals should be of prime importance. All parties must behave in a professional manner.

It is important for all veterinarians to realize that “Animal Welfare” and the “Welfare of Animals” should not be two separate issues. As veterinarians the welfare of animals should be our prime motivating factor no matter what field we are in.

Veterinarians must not to abrogate their responsibility as professionals and then bemoan the fact that “Animal Welfare” is in the hands of laymen.

Veterinarians and welfare societies must recognise that the veterinarian’s first responsibility in terms of his/her professional conduct is to the SAVC. Welfare societies that employ veterinarians part-time or full-time should not expect them to behave in a manner that transgress the Rules Standards of professional behaviour and relationships in the Animal Welfare field are the same as in all other circumstances.

Where a welfare society does not employ a full-time veterinarian, it should spread the work equitably between all veterinarians who are prepared to offer their services.

Veterinarians in private practice should be willing to alleviate immediate pain and suffering of an injured stray animal before transferring it to the welfare society, even if there is no hope of financial compensation. (See paragraph 4.4.1 supra) The profession should see this as a gesture of goodwill and a contribution toward the “Welfare of Animals”. In cases where it is obvious that an animal will have to be destroyed, the veterinarian should proceed with euthanasia rather than subject the animal to further stress and pain. (Refer to the Animal Protection Act supra). Should a veterinarian wish to negotiate with their local Town Council to receive remuneration for their services on behalf of stray animals he/she can do so.

All veterinarians should be aware of the basic tenets of the Animal Protection Act and Performance Animal Protection Act so as to recognise what constitutes an offence under these Acts. These Acts are both available on the web. (See paragraph 1.4 supra). Any veterinarian encountering a contravention of these acts shall report the matter to a welfare society or to the police. If such a veterinarian is not prepared to give evidence in court, he/ she must contact a welfare veterinarian immediately so that such a veterinarian can take responsibility for the case.

At present there are areas in the R.S.A. where veterinary services are not available. For health care to reach animals in these areas, welfare societies will have to make use of laypersons. However, the welfare societies must be prepared to have such laypersons trained according to standards determined by the SAVC. Examinations for such courses will be set and invigilated by the SAVC. Authorisation of these persons will specify the type of work that they can do, in which
geographical area they may work and whether they may be re-employed if they leave the employ of the welfare society. The onus will be on welfare society employing such people to demonstrate that they have been unable to find veterinary or para-veterinary staff prepared to undertake the work. Queries in this regard are to be referred to the Registration and Authorisation Committee of the Veterinary Council.

Welfare societies should conduct their business in such a way as not to threaten the livelihood of private practitioners in their geographical area. An Almoning system should identify genuinely indigent and needy individuals. Almoning “cut-offs” should be negotiated with the practices most likely to be affected and/or with the local veterinary branch groups, as economic circumstances are not uniform throughout the country. Criteria for the almoning system should be thoroughly investigated and it is expected of the welfare societies to diligently apply the agreed criteria.

All veterinarians should work towards solving the problems caused by pet over-population.

9.5 CODE OF CONDUCT FOR POULTRY VETERINARIANS

It is the role of the Poultry Veterinarian in co-operation with animal scientists and production personnel to advance the science of poultry production for the benefit of the bird and mankind.

9.5.1 It is further the role of the Poultry Veterinarian to identify and rectify procedures that are cruel and contrary to the well-being of poultry.

9.5.2 Production personnel with or without Veterinary supervision carry out most procedures in poultry production. It is the responsibility of Poultry Veterinarians to assist producers in training staff to acquire the necessary skill to perform these procedures and it is further the responsibility of the producer to ensure his/her employees are sufficiently trained to perform any given procedure without unnecessary suffering of the bird.

9.5.3 It is recommended that the South African Poultry Association Code of Conduct is adhered to at all times.
CHAPTER 10 ALTERNATIVE VETERINARY THERAPY, COMPLEMENTARY VETERINARY THERAPY AND THERAPEUTIC OPTIONS

10.1 INTRODUCTION

There are a host of modalities that can be grouped under the above heading. They present an unconventional approach to the treatment of conditions and diseases in animals and humans. The list of modalities given below is by no means complete:

- Acupuncture
- Aromatherapy
- Botanical Medicine (Herbal medicine)
- Cell therapy
- Chiropractics
- Homeopathy
- Holistic veterinary medicine
- Magneto therapy
- Massage
- Myofascial therapy
- Naturopathy
- Nutraceutical medicine
- Osteopathy
- Physical therapy
- Reiki
- Shiatsu
10.2 DESCRIPTION OF MODALITIES

For the benefit of the profession some of these modalities are briefly described. These descriptions are quoted from the American Veterinary Medicine Association guidelines.

10.2.1 Acupuncture and Acutherapy

Veterinary acupuncture and acutherapy involve the examination and stimulation of specific points on the body of non-human animals by use of acupuncture needles, moxibustion, injections, low-level lasers, magnets, and a variety of other techniques for the diagnosis and treatment of numerous conditions in animals. Veterinary acupuncture and acutherapy are now considered an integral part of veterinary medicine. These techniques should be regarded as surgical and/or medical procedures under veterinary practice acts. It is recommended that veterinarians undertake educational programs before they are considered competent to practice veterinary acupuncture.

10.2.2 Veterinary Chiropractic

Veterinary Chiropractics is the examination, diagnosis, and treatment of non-human animals through manipulation and adjustments of specific joints and cranial sutures. The term 'Veterinary Chiropractic' should not be interpreted to include dispensing medication, performing surgery, injecting medications, recommending supplements, or replacing traditional veterinary care. While sufficient research exists documenting efficacy of chiropractic in humans, research in veterinary Chiropractic is limited. Sufficient clinical and anecdotal evidence exists to indicate that veterinary Chiropractic can be beneficial. It is recommended that further research be conducted in veterinary Chiropractic to evaluate efficacy, indications, and limitations. The assurance of education in veterinary Chiropractic is central to the ability of the veterinary profession to provide this service. Licensed veterinarians should perform veterinary Chiropractic; however, at this time, some areas of the country do not have an adequate supply of veterinarians educated in veterinary Chiropractic. Therefore, it is recommended that, licensed chiropractors educated in veterinary chiropractic be allowed to practice this modality under the supervision of, or referral by, a licensed veterinarian who is providing concurrent care.

10.2.3 Veterinary physical therapy

Veterinary physical therapy is the use of non-invasive techniques, excluding veterinary Chiropractice, for the rehabilitation of injuries in non-human animals. Veterinary physical therapy performed by non-veterinarians should be limited to:

- The use of stretching;
- massage therapy;
- stimulation by use of:

  (a) low-level lasers;

  (b) electrical sources;

  (c) magnetic fields; and

  (d) ultrasound;

- rehabilitative exercises;
- hydrotherapy; and
- applications of heat and cold.

Veterinary physical therapy should be performed by a licensed veterinarian or by:

a) a licensed, certified, or registered veterinary or animal health technician educated in veterinary physical therapy or

b) a licensed human physical therapist educated in non-human animal anatomy and physiology.

Veterinary physical therapy performed by a non-veterinarian should be performed under the supervision of or referral by a licensed veterinarian who is providing concurrent care.

**10.2.4 Massage therapy**

Massage therapy is a technique in which the person uses only their hands and body to massage soft tissues. A licensed veterinarian, with education in massage therapy, should perform this modality on non-human animals or it should be performed by a graduate of an accredited massage school who has been educated in non-human animal massage therapy. When performed by a non-veterinarian, massage therapy should be performed under the supervision of or referral by a licensed veterinarian who is providing concurrent care.
10.2.5 Veterinary homeopathy

Veterinary homeopathy is a medical discipline in which conditions in non-human animals are treated by the administration of substances that are capable of producing clinical signs in healthy animals similar to those of the animal to be treated. These substances are used therapeutically in minute doses. Research in veterinary homeopathy is limited. Clinical and anecdotal evidence exists to indicate that veterinary homeopathy may be beneficial. It is recommended that further research be conducted in veterinary homeopathy to evaluate efficacy, indications, and limitations. Since some of these substances may be toxic when used at inappropriate doses, it is imperative that veterinary homeopathy be practised only by licensed veterinarians who have been educated in veterinary homeopathy.

10.2.6 Veterinary botanical medicine

Veterinary botanical medicine is the use of plants and plant derivatives as therapeutic agents. It is recommended that continued research and education be conducted. Since some of these botanicals may be toxic when used at inappropriate doses, it is imperative that veterinary botanical medicine be practised only by licensed veterinarians who have been educated in veterinary botanical medicine. Communication on the use of these compounds within the context of a valid veterinarian/client/patient relationship is important.

10.2.7 Nutraceutical medicine

Nutraceutical medicine is the use of micronutrients, macronutrients, and other nutritional supplements as therapeutic agents. Communication on the potential risks and benefits from the use of these compounds within the context of a valid veterinarian/client/patient relationship is important. Continued research and education on the use of nutraceuticals in veterinary medicine is advised.

10.2.8 Holistic veterinary medicine

Holistic veterinary medicine is a comprehensive approach to health care employing alternative and conventional diagnostic and therapeutic modalities. In practice, holistic veterinary medicine incorporates, but is not limited to the principles of acupuncture and acutherapy, botanical medicine, Chiropractice, homeopathy, massage therapy, nutraceuticals, and physical therapy as well as conventional medicine, surgery, and dentistry. It is recommended that holistic veterinary medicine be practised only by licensed veterinarians educated in the modalities employed. The modalities comprising holistic veterinary medicine should be practised according to the licensure and referral requirements concerning each modality.
10.3 GUIDELINES FOR PRACTICING THESE MODALITIES

10.3.1 Rule 2 of the Rules promulgated in terms of the Veterinary Act reads as follows:

(1) “For the purposes of the Act the following shall be deemed to be services which pertain specifically to the veterinary profession, which only a registered veterinary professional may render:

(a) the diagnosis, prescribing treatment, advising on measures for the prevention of, or advice on a disease, physiological or pathological condition in an animal;

(b) chemical restraint of an animal, which includes general, standing, and/or regional anaesthesia, chemical immobilisation or sedation;

(c) any dental, medical or surgical procedure on an animal;

(d) the prescribing or dispensing of medicine or the administration of a diagnostic substance to an animal;

(e) the use of any veterinary device or apparatus on an animal, that is limited to use on an animal that is either sedated or anaesthetised, or that poses a risk to the public or is used specially in the provision of veterinary procedures;

(f) use of alternative, and integrative therapies on an animal;

(g) use of any procedure for reproductive management, including but not limited to the diagnosis or treatment of pregnancy, fertility, sterility or infertility; or

(h) determination and certification of the identity, health, fitness or soundness of an animal.”

It is therefore clear that the practising of the aforementioned modalities on animals constitutes the practising of the veterinary profession. It is imperative for a registered veterinarian to become trained in performing these modalities before offering their services to clients and patients.

10.3.2 If a client is to be referred by a registered veterinarian to a non-veterinarian who practices alternative therapy, it is advisable to refer them to a person registered with the Chiropractors, Homeopaths and Allied Health Services Professions Council of South Africa or the Health Professions Council of South Africa (Physiotherapists).
10.3.3 It is however, important under these circumstances that the referring veterinarian provides concurrent care.

10.3.4 These modalities should be offered in the context of a valid veterinarian/client/patient relationship.

10.3.5 The veterinarian must inform the client of his/her intention to treat the animal in an alternative way and obtain their consent.

10.3.6 The veterinarian must pertinently inform the owner of the animal about the nature and possible side effects of the treatment.

10.3.7 The veterinarian who practices alternative or complimentary therapy is subjected to all the acts and rules regulating the practise of a veterinary profession. In the case of a complaint lodged with the Council the veterinarian will have to explain his/her conduct as a veterinarian and not as a person qualified to perform therapeutic alternatives. The veterinarian will also be expected to furnish the Council with documentary proof of his/her qualifications in this field.

10.3.8

CHAPTER 11 THE VETERINARIAN AS AN EXPERT WITNESS

Definition: An expert witness is a person, who by reason of education or specialised experience possesses advanced knowledge in respect of a subject about which persons, having no particular training, are incapable of forming an accurate opinion or deducing correct opinions without expert guidance.

Bearing the definition in mind, veterinarians can be classified as experts with regard to animal care, restraint, production, animal welfare, or any other animal related subject by reason of their veterinary education and experience. Veterinarians testifying as experts are there to assist the Court in forming an accurate opinion. The expert usually does not have any firsthand knowledge of the matter in question but gives evidence by expressing an opinion based on his/her knowledge and experience.

Guidelines when giving testimony as an expert

1. Veterinarians should know their subject and review all pertinent materials before the trial.

2. Be confident, co-operative, courteous and calm. Do not get upset on gruelling cross-examination.

3. Speak so as to clearly distinguish between fact and expert opinion.

4. Be honest and make concessions if justified. Do not support the party who has called you as an expert witness unless you are sure that their contentions are true. If you do not believe in
the case or if the facts make it difficult to strongly support or oppose a party’s contention, decline to testify. Be objective!

5. When notes are needed, take them along to court and use them. Bear in mind that the opposite side will be entitled to inspect these notes.

6. If statements are quoted sources request to inspect them to review the material for date of publication, validity and context of the quote.

7. The professionalism of the expert must be maintained and his/her actions, dress, speech and behaviour must reflect this.
ADDENDUM A: PROCEDURES PERFORMED ON ANIMALS

This addendum has been included to assist veterinarians and give guidance on which procedures performed on animals:

A Are to be performed by only veterinarians and, if their rules permit it, para-veterinarians

B May be performed by non-veterinarians under certain circumstances; and

C Should not be carried out at all.

This addendum should be read in conjunction with the rules pertaining to the para-veterinary professions.

1. EQUINES

1.A Procedures to be performed by a veterinarian only or if permitted by their rules, para-veterinarians:

(1) Artificial Insemination and embryo transfers in equines

(2) Blood samples, taking thereof

May also be carried out by a para-veterinarian under the direction of a veterinarian.

(3) Caslicks

Shall be performed by a veterinarian only since it requires epidural or local infiltration. Inappropriate surgical technique may result in disfigurement of the vulva necessitating subsequent invasive surgical procedures to create a proper seal.

(4) Castration

(5) Dental procedures

(a) Wolf tooth removal

Shall be performed by a veterinarian only as:

· Sedation of the horse is advised;
· Requires special apparatus; and
· The wolf tooth may be fractured and the palatine artery may be severed if the person performing the procedure is not competent
(b) **Removal of hooks and large dental overgrowths by specially designed apparatus.**

Shall be performed by a veterinarian only as it may cause dental fractures.

(c) **Tooth extraction**

Shall be performed by a veterinarian only, as it requires general anaesthesia or sedation and is an invasive technique.

(6) **Perineal lacerations**

Major traumatic lesions require the intervention of a veterinarian due to the requirement for anaesthesia and advanced surgical techniques.

(7) **Pregnancy diagnosis**

(a) **Palpation per rectum**

Shall be performed by a veterinarian only as:

- It is an invasive procedure with potential for a lethal rupture of the rectum
- It is a diagnostic procedure with a requirement to distinguish between normal pregnancy, and several diagnoses including twinning and pathological conditions with potential for false diagnoses. Only veterinarians may issue a pregnancy certificate

(b) **Diagnosis per rectum ultrasonographically**

Shall be performed by a veterinarian only for the same reasons as given in (a) above.

(8) **Vaccinations**

A registered veterinarian shall carry out all vaccinations where a certificate is required.

(9) **Uterine flushing**

The indications for this technique invariably include the requirement to diagnose or monitor ongoing uterine conditions necessitating therapeutic intervention that may be missed if not performed by a trained veterinarian. The technique requires strict asepsis and carries a major risk of iatrogenic introduction of infection. This procedure has the potential to cause injury to and infection in the reproductive tract through injudicious technique or introduction of the incorrect medicines and fluids. Possible consequences are infertility and death.

(10) **Nasogastric tubing**
Nasogastric tubing has inherent risks and shall only be performed by a registered veterinarian.

If nasogastric tubing is performed by lay persons an insurance company may not pay out an ensuing insurance claim.

1.B Procedures which may be performed by a non-veterinarian

(1) Dental procedures

The following dental procedures may be performed by a non-veterinarian, provided that the person demonstrates his/her competence and ability to do so with either a suitably recognised qualification or as a result of suitable training under the direction of a veterinarian:

(a) Examination of equine teeth

(b) Routine rasping (excluding the use of power or dental tools)

c) Removal of sharp enamel points and small dental overgrowths with manual rasps.

d) Removal of digitally loose deciduous cheek teeth ("caps")

(e) Removal of calculus that lies above the gum line.

1.C Procedures which if performed shall be regarded as unprofessional or improper conduct.

(1) Pin firing

No scientific proof exists for the validity of pin firing. It is an unethical procedure.

(2) Tail nicking/setting/straightening

These cosmetic operations are painful and not in the interests of the animal. They are unethical procedures.
(3) **Vesicants**

Lack of scientifically proven benefit condemns vesication as unethical.

(4) **Neurectomy**

Neurectomy in horses as a means to relieve or abolish chronic pain must only be considered after a thorough and complete diagnostic workup has been performed. It may be considered provided that:

i) All other less drastic treatment options have been attempted and have been unsuccessful;

ii) That the owner of the horse is fully informed of the consequences and complications; and

iii) That the procedure is irreversible.

2. **FARM ANIMALS**

2.A Procedures to be performed on farm animals by a veterinarian only or a para-veterinarian if their rules permit it.

**Certification**

Is a veterinary procedure to be carried out by a veterinarian only, e.g.

- Tuberculosis (TB) and Brucellosis (CA);
- Certifying of animals for breeding purposes;
- Pregnancy certification; and/or
- Udder soundness certification.

(2) **Dehorning Goats and Cattle**

Usually done in adult goats and therefore requiring to be done under proper sedation/restraint and local or general anaesthesia.

Bovines over 4 months of age as the same requirements apply.

(3) **Embryo Transfer**

May only be performed by registered veterinarians or person registered with the Registrar of the Animal Improvement Act as a reproduction operator
In trans abdominal procedures appropriate anaesthesia must be used.

In trans vaginal procedures appropriate anaesthesia should be used.

Endoscopy

(5)Epidural anaesthesia

May be carried out by a veterinarian only. However, registered animal scientists may perform epidurals only when permitted to do so in performing embryo transfers.

(6)Laparoscopy

To be performed by a veterinarian with appropriate anaesthesia.

(7)Nose rings

Usually done in mature animals. Must be done by a veterinarian under sedation and proper restraint. To apply a local anaesthetic is impractical and can be more painful than the procedure itself.

(8)Pregnancy diagnosis

The per rectum manual palpation and/or the per rectum ultra sound examination of the production animal reproductive tract with the aim of making a pregnancy diagnosis/diagnosis of pathology is a veterinary procedure.

The diagnostic aim is to:
  - Diagnose the stage and status of a pregnant, or non pregnant, reproductive tract or
  - Diagnose genital tract and/or ovarian pathology

The diagnostic objective is to certify the stage of pregnancy or prescribe a treatment schedule and/or prognosis in the case of non-pregnancy.

2.B May be performed by non-veterinarians under certain circumstances and on animals under a specified age. After the age specified the procedure shall be done by a registered veterinarian under sedation and local or general anaesthetic.
(1) Identification procedures

(a) Hot brand

(b) Freeze brand

(c) Tattooing

(d) Ear tagging

(e) Ear notching

(f) Micro chips

(2) Electric immobilisers

May only be used for minor procedures as stated under (1) above. May under no circumstances be used for advanced or invasive procedures.

(3) Uterine flushing

(4) Artificial insemination

Persons registered with the Registrar, Livestock Improvement Act.

(5) Claw care

Age restricted procedures

(6) Castration - cattle

(a) Open method Under 3 months

(b) Burdizzo Under 8 months
(7) **Dehorning - cattle**

(a) **Hot iron**  
Under 4 months

(b) **Disbudding and hot iron**  
Under 4 months

(8) **Supernumerary teat removal – cattle**  
Under 3 months

(9) **Castration – sheep and goats**

(a) **Open method**  
Under 2 months

(b) **Burdizzo**  
Under 3 months

(c) **Elastrator**  
Under 6 months

(10) **Tail docking – sheep**

Should be docked at the third palpable joint so that the healed tail will protect the vulva from the effects of sunlight.

(a) **Open method**  
Under 2 months

(b) **Elastrator**  
Under 6 weeks

(11) **Mulesing**  
Under 3 months

(12) **Pizzle drop**  
Under 12 months
2.C Procedures that should not be performed on farm animals

(1) Castration of cattle – elastrator at any age
(2) Dehorning – chemical or elastrator at any age
(3) Tail docking in adult bovines
(4) Teeth grinding in small stock
(5) Tongue amputation in calves.

3. SMALL ANIMALS

3.A Procedures to be performed only by a veterinarian or a para-veterinarian if permitted by their rules.

(1) Caudectomy in dogs

It is unethical for a veterinarian to ever perform this procedure for cosmetic only reasons. It is non-therapeutic, serves no purpose and causes unnecessary suffering and exposure to risk.

Caudectomy for genuine therapeutic purposes may be performed only by a veterinarian, irrespective of the age of the animal, under suitable sedation, local or general anaesthesia and appropriate analgesia.

(2) Onchectomy in dogs (dew claw amputation)

Irrespective of the age of the animal may be performed only by a veterinarian under suitable sedation and local or general anaesthesia and appropriate analgesia.

(3) Onchectomy in cats

Only a registered veterinarian shall perform this procedure under suitable general anaesthesia and appropriate analgesia.

The most common reason people want their cats declawed, is for scratching and damaging furniture. There are several options owners can consider when they have such a problem e.g. providing adequate and suitable scratch posts and having a behavioural assessment done by a veterinary behaviour practitioner to deal with any abnormal / excessive behaviour. Therefore, if nothing else has helped (i.e. the owner should have sought behavioural advice and applied it) and the owner is considering euthanasia, this procedure may be considered as a last resort.

However, the resulting risks should also be considered i.e. the cat’s inability to defend itself from predators (usually dogs) as it will not be able to for example climb up a tree to escape or use its claws in a fight, and of course it is a very painful procedure that would require proper pain management. There is also a product available “soft paws” which one can stick onto a cat’s nails to reduce their sharpness. However, this product has the same potential risk as the onychectomy but without the pain of the surgery.
The following criteria should therefore be complied with before this procedure is performed:
- All other reasonable alternatives to solve the problem have been unsuccessful and/or
- The owner is considering having the animal euthanized.

(4) **Surgical alteration of genetic defects in small animals**

*See Paragraph 4.8 supra.*

(5) **Surgical sterilization of small animals**

(6) **Ventriculo-chordectomy in dogs**

Only a registered veterinarian shall perform this procedure under suitable general anaesthetic and appropriate analgesia.

This procedure should be discouraged and the following criteria should be complied with before the veterinarian considers performing this procedure:

(i) All reasonable alternatives to solve the problem have been unsuccessful and/or
(ii) the owner is considering having the animal euthanized.

The veterinarian must also make the client aware that in most cases the noise factor is only lowered and/or altered and not abolished.

### 3.C Procedures that shall not be performed on small animals

(1) **Caudectomy in dogs**

For cosmetic only purposes.

(2) **Ear cropping in dogs**

This is an unethical procedure and should not be performed by veterinarians under any circumstances.

Removal of all or part of a pinna for therapeutic reasons is acceptable (e.g. cancerous pinna).

### 4. AVIAN

#### 4.A Procedures performed by a veterinarian or para-veterinarian if permitted by their rules.

(1) **Euthanasia of birds by injectable barbiturates**

(2) **Bleeding by cardiac puncture**

(3) **Pinioning of birds**
This procedure should be restricted to ground dwelling birds at the preferred age of 3-5 days. Can be done up to 3-4 weeks. Pinioning of arboreal birds such as parrots is strongly discouraged.

4.B.1 Procedures that can be performed on commercial poultry flocks by a trained non-veterinarian

(1) **Toe trimming**
By removal of the last digit with a hot iron bar  
Day old

(2) **De-spurring**
Males only – hot wire method or scissors  
Day old

(3) **Spur-trimming**
Rounding/shortening of spurs  
Any age

(4) **Dubbing**
Removal of comb of male birds by hot wire method or scissors  
Day old

(5) **Beak trimming**
By rounding the tip of the upper beak with a hot plate  
7-14 days
(Later in production a follow-up could be undertaken if necessary).

(6) **Weighing**
Individual or in crates  
Any age

(7) **Bleeding**
Vein  
Any age

(8) **Vaccination**
Eye drop/drinking water/aerosol spray/injection  Any age

(9)  **Euthanasia**

CO2  Any age
Cervical dislocation/decapitation  Any age
Pipped or unhatched eggs or chicks – CO2/high speed maceration/crushing.

(All unhatched chicks must be dead before disposal).

(10) **Identification**

Leg bands/wing tags  Any age

(11) **Research activities**

Trials that will lead to pain/adverse effects shall have a veterinarian responsible for the welfare of the birds.

**4.B.2 Procedures that may be performed by qualified sexers**

(1) **Vent method**  Day old

(2) **Feather method**  Day old

**5. PIGS**

**5.A Procedures that may be performed only by a veterinarian or para-veterinarian if permitted by their rules.**

(1) **Castration of mature boars**

(2) **Caesarian section**
(3) Intravenous injections or blood/serum collection

(4) Manual per-vaginal examination and manual traction of piglets in cases of dystocia in sows

(5) Vasectomy operation

5.B Procedures that may be performed on pigs by a non-veterinarian

(1) Application of dips, disinfectants and insecticides

(2) Basic wound care

(3) Castration*

By the open surgical method using a scalpel blade up to the age of 7 days.

Problems can arise if disinfection and hygiene are not adequate or in the case of inguinal hernias.

Production pigs are castrated to prevent “boar taint” in the carcass when they are slaughtered. Farmers would prefer not to castrate male pigs because the androgenic hormones produced by an entire male are natural anabolic steroids that result in better growth and feed conversion. However, farmers are often penalized by the classification system at abattoirs if they market uncastrated males.

(4) Claw care

Routine cleaning and trimming of claws as part of a preventative health care programme.

(5) Epididectomy

By open cutting of the epididymus under the age of 7 days.

(6) Injections both intramuscularly and subcutaneous
(7) **Identification procedures***

(a) **Ear tagging**

(b) **Ear tattooing*** Before the age of 21 days

(c) **Ear notching*** Under the age of 7 days

(8) **Pregnancy testing of sows by non invasive techniques**

Doppler or ultrasonic techniques.

(9) **Preputial flushing of boars**

Routine flushing of the preputium and diverticulum, especially of those boars providing semen for artificial insemination, as part of a preventative health care programme.

(10) **Semen collection and dilution**

(11) **Tail docking***

By removing approximately one half to two thirds of the tail by using side cutter pliers up to the age of 7 days. If the tail is cut too short the chance of infection increases and it may contribute to rectal prolapse.

Tails are docked (not routinely on all pig farms) to help prevent the vice of tail biting when the pigs are older. Other preventative methods can be taken to prevent tail biting so that tail docking is not necessary.

(12) **Teeth clipping***

The tips of the canines of both jaws are clipped by using side cutter pliers. May be performed up to the age of 3 days. The teeth may shatter causing subsequent infection and the sharp edges of the teeth may traumatize the tongue and cheek that impedes successful nursing by the piglet.

Piglets are born with “needle” teeth (canines) and these are clipped (not routinely on all farms) to prevent damage to the sow’s udder. However, if the sow is providing sufficient milk for the piglets in her care, clipping the needle teeth is not necessary.

* **Piglet processing:**
Piglets are born with almost no circulating antibodies and derive passive immunity from colostrum within the first 6 hours of life to gain passive immunity. It is only at this stage that the piglet will have sufficient circulating antibodies to protect it from wound infections. However by 10 days of age the passive immunity is already decreasing. Piglet processing should therefore be completed well before the piglets are 10 days of age. The recommendation regarding piglet processing is therefore:

Do not process on the day of birth.

Let the piglet recover from the rigors and stresses of the birth process.

Process piglets when they are 2-3 days old for optimum protection by colostral antibodies.

Do not process piglets after they are 7 days of age. Piglet processing is only permitted at 2-7 days is also based on welfare considerations because no sedation or anaesthesia is used.