LIMITED SERVICES PRACTICE: THE VETERINARY PROFESSION IS A CARING PROFESSION
WE NEED THE PUBLIC TO KNOW THIS – Dr Taryn Bright

IN SHORT HOW DID SHE GO ABOUT IT

I basically just identified a small building located on the premises of a well known animal shelter
located in a good area. I altered the building to meet the minimum requirements, bought the required
equipment and put out the word that I only do sterilisations and at a competitive rate. Clearly the only
sterilisations part of that message was totally ignored as I was soon treating kennel cough, snuffles,
Parvo, biliary, skin issues, GiT problems etc as well as offering the run of the mill advice on training,
feeding, flea control, deworming etc. Just because I had opened as a clinic that only did spays and
neuters did not mean that the animals I saw to sterilise as well as other pets in the household did not
suffer from the common maladies that affect our pets.

WHAT WENT WRONG/WHY DIDN’T IT WORK

I think it didn’t work because the pet owning public expect that if you can sterilise their pet then you
should be able to fix the GiT issue Fluffy has or remove the little lump that has suddenly popped up or
treat the other dog they have brought with that has hair loss or recently gone from being a good doer
that never gave a day’s problem to being a picky eater with horrific breath. Ie: sterilise their pet at a
good price but you should also be a GP Vet who they can turn to for first line companion animal
health care. I had people just rocking up with an animal in poor health condition and they took it as a
given that I should be able to fix it.

I think some colleagues went along with restricting their surgical spectrum to sterilisations to also do
vaccinations and that’s it. I think that maybe its seen as being a way to easily earn a living as all you
need is a spay set or two, an anaesthetic machine and to order in a few boxes of vaccines and some
syringes and needles and you are all set to go but the reality is that the public don’t perceive a
spay/neuter clinic as only that. They, in my case, perceived it as a place to refer their friends and
family to, to sterilise their pets to curb unwanted pregnancies but to also get basic health care for their
pet.

I have heard some worrying cases of colleagues who offer limited services doing spays and neuters
during normal working hours and being unavailable after hours for follow ups or advice. Veterinary
medicine is not a nine to five job with no weekend work. I feel very strongly that if you did the work
then it’s your responsibility to fix any potential complications which may arise (which always happen
the early hours of Saturday morning in my case). Complications happen to even the best specialist
surgeons but you need to fix it, not the vet down the road who does answer their phone on a
weekend.

When I first started thinking about opening a spay/neuter clinic, I did a lot of research and contacted a
number of spay/neuter clinics in the USA about how they work and how they are funded etc. They
have a very different model in that many of their spay/neuter clinics are funded by the County or State
they are located in, who reimburse them for the discounted sterilisations they do. I think they have a
very different way of living there with much better funding models that allow these sorts of clinics to
keep running. Incidentally, most clinics did not have a permanently employed vet but have different
vets who come in only one or two days a week on their off day at their normal clinic or hospital who
often volunteer their time for free or at a token cost.

I think it’s fine to have a special interest in sterilisations and to do a lot of what you are passionate
about but I quickly learnt that it’s not only healthy animals that get presented for sterilisations. I have
had animals with severe mange, biliary, snuffles and in one case, a broken leg which came to the
A spay/neuter clinic needs so much more than a couple of spay sets, an anaesthetic machine and some consumables. Spays in particular are invasive abdominal surgery and nothing can go quite as wrong, quite as fast, as a spay. I certainly don’t think that by choosing to offer limited services, that you should have limited experience or limited equipment. You still need to conduct a basic clinical and collect a minimum database to ensure that your patient is fit and suitable for surgery. I certainly feel that a microscope, refractometer, centrifuge and probably a biochem analyser is basic equipment along with the standard equipment a clinic would have.

DEDUCTIONS/CONCLUSIONS/ADVICE; WHAT WOULD SHE LIKE TO SEE-IN THE RULES

I discovered that people are happy to find a Vet that does cheaper sterilisations but they also want that Vet to do general run of the mill GP work. Maybe it’s all about educating people about what services you do offer but I feel that if a sick animal presents to you and it’s not specialist work, you should do the work, mostly for the welfare of the animal. Turning people away, I worry creates a perception that we as Vets don’t care about their animal and in turn, I worry that owner then think why they should?

I would like to see all limited services clinics still having a full complement of equipment and drugs. You may choose to turn away a patient but in an emergency, you need that equipment and drugs. Limited services should not mean limited hours or limited willingness to do afterhours or weekends. If you are going to have limited hours and refer and possible complications to another clinic, I think a written agreement and proof thereof should be provided on registration to the SAVC to ensure that no Vets suddenly find themselves perpetually on call for a colleague they know nothing about.

My advice is maybe just accept that you are going to have to do some GP Vet work, you can have a special interest and place a heavy emphasis on sterilisation and make it something that you do lots of but people turn to Vets when they have a sick animal and I feel now, that by turning them away, that we may send out the wrong impression. We already struggle with poor owner compliance for even basic preventative care and by turning someone away who has taken the trouble to bring a sick animal in, we may be sending out the wrong message and the health and welfare of that animal may be compromised.

What is your opinion? Please write to the SAVC at: legaldirector@savc.org.za