THE SPIRIT OF PROFESSIONAL POLICY GUIDELINES

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”.

To be a good veterinarian requires a life-long commitment of sound professional, moral and ethical practice, based on an overriding dedication to the improved 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 ethical policy guidelines to guide and direct the practice of veterinarians. These guidelines form an integral part of the standards of professional conduct against which a complaint of professional misconduct will be evaluated.

[Note: The term “veterinarian” in these guidelines refers to persons registered with, and authorised by the SAVC]

Code of Conduct and Practice for Veterinarians

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FOREWORD

The aim of the code is to make a user-friendly document available to members supplementary to 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 serve as an additional aid to practice management on a high ethical and moral level.

It is impossible to make provision in this code for every possible incident which may occur, and it should rather be regarded as a dynamic guide which may be updated on a continuous basis at the request of the members. It is also fitting at this stage to thank the members and groups that made contributions towards the second revised edition. There are always those persons who take the responsibility for adapting and incorporating all the inputs into a final document. In this regard the profession wishes to thank in particular colleagues Peter Ardington, Stuart Varrie and our registrar, Ms Hanri Kruger as well as the administrative staff.

It is recommended that you consult the code on a continuous basis, as some of the guidelines included in the code have been formulated in response to complaints by the public against the profession. The SAVC therefore aims to update and supplement the code electronically on an ongoing basis as the need arises. The profession will also be informed continually, via the SAVC newsletter, of any changes or additions to the code. Finally, any suggestions from colleagues which may further promote and enhance the profession will always be welcome.

Professor Sybrand van den Berg

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 dien as 'n addisionele hulp om praktykvoering 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. Dit is voorts gepas om lede en groepe wat bydrae gelewer het tot die 2de hersiene uitgawe te bedank. Daar is altyd diegene wat die verantwoordelikheid neem om die insette te verwerk en saam te 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 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 puliek teenoor ons beroep. Die SAVR beoog daarom om die kode deurlopend elektronies aan te vul soos die behoefte daartoe nodig word. Die professie sal en word ook voortdurend in die SAVR nuusbrief ingelig oor aanvullings. Voorstelle uit die professie wat die beroep verder kan bevoordeel word verwelkom.
CHAPTER 1 INTRODUCTION

1.1 PURPOSE OF THE CODE

This Code is provided to the profession as an indication of what the Council considers to be proper ethical conduct.

Members should be aware that in the case of a complaint Council 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 is invited to contact and consult Council before going ahead.

1.2 COMMENT

Comments are invited and should be addressed to:

The Registrar, SAVC, P O Box 40510, Arcadia, 0007 or e-mailed to 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; and

“should” denotes a strong recommendation.

1.3.2 “Emergency treatment” is interpreted as the alleviation of immediate pain and suffering.

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 persons side or in the same room when the directions are carried out; and

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.

1.3.4 Veterinarians will notice that there are inserted, in the text of the Code, excerpts from various pieces of legislation. 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, Regulations and Rules.

All of the above are to be found on the Veterinary Council website at 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. This is in terms of Council’s general obligation to regulate the professions in terms of Section 3 (a) and (c) through (g) of the Veterinary and Para-veterinary Professions Act.

In general laws, like the Veterinary Act, are written to set out frameworks while Rules and Regulations are designed to fine-tune the provisions of the 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:

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)
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)

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 @ http://www.info.gov.za/documents/acts/index.htm

The Medicines and Related Substances Control Act and its Regulations are available on the Medicines Control Council website @:
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.

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 provided by the aforementioned 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 it is therefore not a matter that needs to be dealt with in the Code of Conduct. Veterinarians looking for information are referred to Sections 31, 32 and 33 of the Veterinary and Para-Veterinary Professions Act and part IX of the Rules. (To effect changes to the procedure would 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 4

3.1.1 General comments

This rule 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. The subject matter of this rule encompasses so much that only pertinent points will be raised here.

The veterinarian/client/patient relationship forms the golden triangle of our profession. As veterinarians we all too often regard ourselves as the hub of our business, whereas at most we are but one side of the golden triangle, for without clients and patients there would be no need for veterinarians.

A. 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 and 

i) Objectivity with no perverse incentives or conflicts of interest influencing judgement, evaluation, treatment or advice. 

B. As a further side of the golden triangle the veterinarian is entitled to make a living in order to provide for him/herself, his/her employees and his/her dependents. 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 making a good living is accepted, there are certain constraints that should be borne in mind, such as: 

a) Economic justice towards employees; 

b) Freedom to compete with other veterinarians and to accept competition; and  

c) Dedication to animals and clients. 

It must be borne in mind that the veterinarian fulfils four important functions: 

a) Healer; 

b) Counselor; 

c) Businessperson and 

d) Economic manager and consultant - especially in the case of farm animals. 

C. The last side of the golden triangle is the animal and although unable to lobby for itself or to make demands, it is as important as the other two sides. The welfare of the animal/patient is paramount. 

Civilised society demands that veterinarians, in performing their duties, must always bear the following in mind: 

a) The patient cannot speak for its self;
b) Animals feel pain and can suffer;

c) They are morally bound to be kind and humane towards their patients;

d) That 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 in so far as it is professionally and/or personally acceptable but should never be allowed to suffer unduly.

3.1.2 Client relationships

Very often clients 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 can be regarded as the more common problems involving client relationships and can be considered as part of the 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.

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.

d) Potentially troublesome clients

Must be handled diplomatically as they can easily sour veterinarian/client relationships.
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.

3.1.4 Fees

Please refer to the Guideline of Tariffs issued by the Council.

3.2 FREEDOM OF CHOICE

3.2.1 Introduction

A veterinarian has the right to freedom of association as allowed for in the Constitution but this is not absolute. 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 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.

If a veterinarian elects not to practice his/her profession he/she is entitled to do so. However, if a person opts to practice the profession of a veterinarian, registers a veterinary facility and opens the doors for business the veterinarian is then obliged to render veterinary services to all clients/treat all patients who enter the practice unless the refusal to do so can be justified.

Veterinarians shall base their personal and professional conduct thereon that they shall, as far as it is within their professional ability, not refuse treatment to an animal unless the refusal to do so can be justified.

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 is 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;

(e) less restrictive means to achieve the purpose.

(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 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) When a veterinarian wishes to give notice to a client that he/she proposes to cease working for him/her the veterinarian should do so in writing, keeping full records of, and reasons for, such notification.

f) Initial emergency treatment shall always be given regardless of client history of non-payment;

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

h) Where the treatment required falls outside the ability that may reasonably be expected of the veterinarian. In an emergency a veterinarian must render a service to the best of his/her ability until the animal can be referred to a more capable colleague or institution;

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

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

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*).

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

3.2.2 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 BONA FIDE CLIENTS

3.3.1 A bona fide client may be defined as:

- the owner of a patient which has been treated by the veterinarian at any time during the past three years; and

- an owner who has not indicated that he/she no longer wishes to make use of the particular veterinarians’ services
3.3.2 By implication a person may be a bona fide client of more than one practice (e.g. in the equine industry where horses move to different centres.)

3.3.3 The onus rests on the veterinarian to exercise utmost caution (considering the above constraints) when addressing correspondence to particular clients. Should they not be bona fide clients of his/hers, this may constitute canvassing.

3.4 CERTIFICATES

See Rule 5

3.4.1 General

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

The requirements noted with regard to record keeping (Rule 26) should also be applied to certificates. Certificates are a form of record with important special professional and legal status. They often undergo scrutiny by the public and by civil servants, whereas normal clinical records rarely do.

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

3.4.2 Bull and Ram Certificates:

- The SAVC wishes to bring to the attention of veterinarians the Board of Directors of the South African Veterinary Association [SAVA] endorsed Certificate and Manual for Bull and Ram certification.

- The above is officially approved by Council and will in future serve as a preferred but not prescriptive method by which certification should be done.

3.5 OPTIONS FOR TREATMENT OF ANIMALS AND COMMUNICATION WITH CLIENTS

See Rule 14

3.5.1 Before performing major veterinary procedures upon an animal, the attendant veterinarian should, where possible, fully discuss the available options for treatment, their associated costs, prognosis and possible complications with the owner. It is always prudent to recommend the most appropriate treatments for the animal, make the client aware of the costs and prognosis, and allow him/her to make a decision regarding the treatment. Do not use euphemisms when discussing a patient with a client.

3.5.2 The client should always be made aware that, even if the optimal method of treatment is used, it is both 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. Also, refusals of more optimal courses of diagnosis or treatment should be documented in patient records.

3.5.3 It is advisable, where a number of options for treatment are available and the common options have been discussed with the client, that these should be listed on either a consent form or clinical record, indicating which the preferred option is and which option/s are not recommended. The consent of the client or his/her agent to any particular procedure should be obtained, documented and clearly agreed to by his/her dated and witnessed signature; this is particularly important when the treatment chosen by the client may be less than satisfactory or different to that primarily recommended by the veterinarian or involves greater complexity, risk or cost.

3.5.4 Despite having been provided with unqualified consent to proceed with surgery, it remains incumbent upon the veterinarian to attempt to contact the owner and to inform him/her of any substantial complications discovered during initial surgery which requires the veterinarian to perform more extensive surgery than was originally envisaged. Should it occur that the owner couldn’t be contacted, it will then fall within the veterinarian's professional discretion to decide whether or not to proceed without having apprised the owner of the complications. It is recommended that, in instances where a substantial increase over and above the price originally quoted for the surgery is anticipated or a profound change in the complications, risks and prognosis of the case has occurred, these should serve as a guide to the veterinarian in electing whether or not to halt the operation until the owner has been contacted. It is furthermore recommended that 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 on that basis.

3.5.5 On the question as to what action a veterinarian should take upon being confronted during initial surgery by the need to undertake far more extensive and complicated surgical procedures than were originally envisaged, if he/she is not qualified to undertake surgery of such magnitude, it is recommended that in such circumstances 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 and, by doing so, he/she is acting in the best interests of the patient and his/her client.

3.5.6 In cases other than emergency situations, veterinarians should at all times uphold their personal and professional integrity by being candid with their clients as to their professional limitations. Ultimately, what is important is not whether the surgery required is a specialist procedure or not but whether the owner was fully informed by the practitioner with regard to the complexity of the procedure and his/her qualification to undertake the procedure. Veterinarians should continue to update their knowledge in this regard as this will be of great assistance should they ever be called upon to explain their conduct in performing any veterinary procedure.

3.5.7 Proper documentation should be kept in case of a dispute arising.

3.5.8 Veterinarians should communicate in clear precise unambiguous language and avoid the use of jargon or scientific terminology that the client may not
understand. This is particularly important when the client is illiterate or has a poor knowledge of the language/s used by the veterinarian.

3.6  **TELEPHONIC/VERBAL ADVICE TO CLIENTS**

3.6.1 A client should be informed that personal examination of an animal by the veterinarian is essential before any conclusive diagnosis can be given and is always preferably when requested to prescribe treatment.

3.6.2 The veterinarian must at all times 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.

3.6.3 Verbal advice should be as accurate and precise as these circumstances allow; the veterinarian should attempt to ascertain whether the client understands the information given.

3.6.4 It would be prudent to rather not express an opinion than provide inappropriate advice, in cases where uncertainty exists.

3.6.5 Veterinarians are advised to make a record of telephone calls, and all directives, advice and in particular medicines and dosages suggested to clients. Discussions may be noted in a patient’s medical record, or in a diary kept specifically for this purpose. Discussions may even be taped if that facility is available. (Veterinarians are advised that this advice is given in their own interests and is not designed to make their situation more onerous).

3.6.6 Veterinarians are entitled to charge for telephonic advice. Please refer to the Guideline of Tariffs issued by Council.

3.7  **POST-MORTEM EXAMINATION**

3.7.1 To avoid a conflict of interest when a client requests a post-mortem examination where an animal has died under the veterinarian’s care the veterinarian concerned should advise the client that alternative arrangements with a pathologist or another veterinarian should be made if practical.

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

3.7.2 The client should be advised of the financial implications and also that the results may prove inconclusive.

3.7.3 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.

3.7.4 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 should apply.
3.7.5 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 i.e. no evidence should be destroyed until the owner is satisfied.

3.7.6 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.

3.7.7 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.

3.7.8 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.

3.7.9 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 a full post mortem performed, if practical, by a specialist pathologist.

3.8 CHANGE OF VETERINARIAN BY CLIENTS

See Rule 11(d)

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

When a request is received from a client to close his/her account, it is advisable to remove such a client from the mailing list of the practice to prevent future complaints pertaining to canvassing or touting.

3.9 UNPAID ACCOUNTS-RETENTION OF ANIMAL

It is appreciated that release of an animal without payment being offered, except in obvious cases of hardship, could lead to other clients also attempting to escape payment. It is, therefore, recommended that attempts should be made to obviate this situation from arising by offering credit card facilities, discussing the fee in advance, accepting genuine offers of payment by instalments, etc. The interest of the animal should be considered as the most important factor in all such cases. However, it should be recognised, that there is little to be gained by retaining an animal pending payment, since additional costs will simply accrue while the animal is being housed
and fed by the practice, while public sympathy may also be mounting for the owner. It may be preferable to release the animal and pursue the matter of the outstanding fees through normal legal channels.

3.10 REQUIRING DEPOSITS

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

1) It avoids unseemly confrontations with clients unwilling or unable to pay for such treatment;

2) It avoids the abandoning of animals at clinics;

3) It allows the broaching of the subject of fees and gives the owner the immediate option of choosing an alternative and/or cheaper treatment;

4) It avoids the veterinarian having to pay for medicines and materials used, as well as the frustration and costs of 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 evaluation of a patient is a holistic continuum consisting of some or all of the following parts:

- Taking a history

- Clinical examination

- Detailed and more specialised examination (e.g. neurological/rectal).

- Clinical pathology

- Diagnostic procedures (e.g. radiology, ultrasound)
A veterinarian must follow a systematic, familiar approach to a clinical examination that is in routine use. A basic examination consists of that information that can be readily obtained using the senses, a thermometer and a stethoscope. The mass of the animal should be determined where practical. 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 modalities, is a matter of professional judgement depending upon many variables (species, breed, age, gender, previous disease history, continued open diagnosis signs indicating a possibility 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 further evaluation of renal function prior to the anaesthetic.)

4.1.6 Evaluation during anaesthesia is a special case and some form of automatic monitoring of at least respiration with a warning device is desirable for all but brief procedures. Additional evaluation and monitoring are necessary at regular intervals depending on the trend of the animal's condition (worsening or improving) and other compromising variables (e.g. blood loss.)

4.1.7 Post-operatively the animal should be under observation all the time until extubation is indicated and completed. Vital signs should be monitored until a definite positive trend to normality has been established. A final assessment is made prior to discharge to ensure the patient is in a condition to be discharged. At this time animals should be standing and ambulatory unless a condition not related to the anaesthetic prevents this (e.g. paresis/paralysis.) See Rule 28 (17) and (18) and Paragraph 4.11.

4.2 RECORD KEEPING.

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 well being of animals is paramount.

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 report abnormalities in the report. Care should be taken however with the measurable parameters of temperature, heart rate, respiratory rate and mass. Respiratory and heart rate are affected (can exhibit great variation) by disease and environmental factors when the organs themselves are normal (e.g. respiratory rate in metabolic acidosis/alkalosis.) Normal parameters may be significant diagnostically and prognostically 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 in the short term and, in the case of mass, in the long term. They should therefore be recorded in all cases that are not simple straightforward cases. Initials, abbreviations and personal types of shorthand are acceptable provided staff are familiar with them and they can be interpreted by colleagues.

4.2.4 Greater care should be taken and detail recorded in the following circumstances:

- The diagnosis remains 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 chronic condition in addition to the presenting complaint
- The animal has defects that are high risk factors (e.g. pronounced brachycephaly)
- The animal dies especially as a result of suspected malicious incident, poisoning or when the prognosis has previously been fair/good and the death is 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
- A certificate of any sort has to be completed and signed.
4.3 ABSENCE OF OWNER, PROFESSIONAL SERVICES

In the case of an animal admitted to a facility it is recommended that at the time of admission every effort should be made to acquire from the owner, or an agent acting on behalf of the owner, alternative contact details.

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 implemented or 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 should 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 supra)
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 agent acting on behalf of the owner.

4.4 EMERGENCY SERVICES

See Rule 4(1)(e)

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. In any event it is likely that, in the absence of any threat of harm to the veterinarian, the courts would find that the legal convictions of 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
g) considerations of professional ethics.”

4.4.2 A veterinarian shall provide immediate alleviation of pain and suffering within his/her capabilities on presentation of an animal.

4.4.3 In the matter of what ethically constitutes Minimum Emergency Care a decision has been made that the guidelines will be used as a non-prescriptive guide. This document is available on the SAVC website.

4.4.4 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.

4.4.5 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 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, canvassing and touting, treatment of species not normally dealt with, etc.

4.4.6 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 euthanase etc. The manner in which this is done is left up to the integrity and discretion of the veterinarian and should be conducted with common sense and compassion. The Animal Protection Act provides for anyone, including lay or professional people, to euthanase 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).

4.4.7 In a situation where the owner of the presented animal is unable to pay for treatment 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, in consultation with the owner, the best interests of the animal are addressed. The
manner in which this is done is left up to the integrity and discretion of the veterinarian and should be conducted with common sense and compassion.

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 any 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 euthanase 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 in fact dead.

g) It is up to the veterinarian to decide what method of euthanasia to use. When using barbiturates care should be taken to ensure that the carcass does not end up being used as a source of food for other animals or humans.

h) If a firearm is used all safety rules must be adhered to.

i) The veterinarian should always strive to allow clients to make their own informed, rational and voluntary decisions about a sensitive issue like 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 have been alone with the animal before and/or after euthanasia.

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 if there is time. 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 made. 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 completely healthy animal, to refuse the owner’s request for euthanasia if they sincerely believe that the animal may be helped or placed with another owner so long as they believe that such a decision is in the interests of the animal.

b) Should the owner not accept such a refusal to euthanase then the attending veterinarian must refer him/her to another veterinarian or animal welfare organisation.

c) If the owner accepts the advice not to euthanase but wants nothing further to do with the animal the veterinarian must realise that he/she is then responsible for the future welfare of the animal.

d) The veterinarian is advised to ensure that the person requesting euthanasia of an animal is not a minor. If that person is a minor then the parent’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 owners consent. The provisions of the Animal Protection Act would apply. See Paragraph 4.5.3, Section 5 (3) of the Animal Protection Act.
4.5.3 Without the owner's 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 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 alive, and that to summon a police officer or follow the procedure prescribed in this section would have occasioned unreasonable delay and unnecessary suffering to such animal."

Taking cognizance of the above the veterinarian should apply the following:

a) A client should give her/his permission to euthanase 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

Only euthanase as a last resort and make sure the action can be justified.

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 owners 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 only in the presence of an established veterinarian/client/patient relationship where a veterinarian has treated a patient or performed surgery on a patient. The 24-hour service obligation extends only to the post treatment or post operative period. In this regard the veterinarian shall ensure that clients have 24-hour access to veterinary services. A veterinarian is therefore not obliged to be available 24 hours a day on the off chance that a member of the public may need the services of a veterinarian with whom no post treatment or post operative patient-veterinarian relationship exists. In the case of an emergency where there is a life threatening condition causing severe suffering or distress which
needs immediate attention the veterinarian should, as far as possible, not refuse to treat such an animal.

Therefore, taking the above introduction into account, the veterinarians’ 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 go out at night to see an unknown client with whom the veterinarian does not have an established professional relationship.

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 able to be 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, seven days a week. 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. The situation of many rural practitioners is clearly recognized. Where there is not another practice in close proximity the Council would encourage veterinarians to cooperate with each other in order to meet their 24-hour service requirements in the most advantageous manner for their patients and themselves. Referral to a distant practice or a veterinarian in another town merely because certain veterinarians do not get along will be viewed in a very serious light by the Council.

4.6.4 It is also strongly recommended that clear lines of communication are established and maintained between colleagues. This is both in the interests of the patient and to facilitate the ability of a veterinarian to meet his/her 24-hour service obligation without undue inconvenience.
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 shall 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 shall be obtained.

4.7 INVOLVEMENT 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.

4.7.5 It is unwise and may be regarded as unethical conduct if an unwary veterinarian should involve him/herself with reports 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 SURGERY TO ALTER OR DISGUISE GENETIC DEFECTS/CONFORMATION/ SURGERY FOR COSMETIC EFFECT.

See Rule 13
Veterinarians may be requested to carry out surgery upon an animal either with a view to conforming it more closely to breed standards or simply to alter the conformation or the appearance of the animal in accordance with the wishes of the owner. It is considered that, if such surgery may have the result of deceiving show judges or is performed merely for cosmetic effect it would be unprofessional to perform the surgery under any circumstances. If the surgical intervention is requested simply to alter the animal's appearance to please the owner, such a request should not be complied with. Surgery may of course be done to correct conformational defects for the welfare of the animal (e.g. hip dysplasia, herniation).

4.8.1 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. Refer to Rule 13.

The following section is inserted due to its application in matters of professional secrecy and professional confidentially. It is included to give background information, as a reference and as a guideline. However, in all instances where the veterinarian is uncertain it is strongly recommended to contact Council and request legal advice.

Rule 13 “Professional secrecy.—(1) A veterinary professional shall treat all information obtained by him/her in the course of the practice of his/her profession, and which relates to an animal, as strictly confidential, irrespective whether that information has been obtained as a result of the examination, diagnosis or treatment of that animal, or has been disclosed to him/her by another person.

(2) Information referred to in rule 13 (1):—

(a) may subject to the provisions of rule 13 (2) (b) and 13 (2) (c) only be revealed to another person with the consent of the owner of the animal concerned;

(b) shall be revealed by the person concerned if he/she is directed thereto by a court, or is obliged thereto under some or other law; and

(c) may be revealed by the person concerned if he/she is of opinion that the public interest outweighs his/her obligation to the owner of the animal concerned.”

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 condition of the animal (for example a race horse), the owner may have an action in delict for any foreseeable patrimonial loss suffered.
As in the case of the medical profession, it would be a good defence to an action for breach of confidentiality for veterinarians to show that they:

(a) Were ordered by a court of law to make the disclosure;

(b) Were 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.

4.8.2 Correction of defects in animals

It is unethical to perform any surgical procedure on, or administer medical treatment to, a 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.

4.8.3 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 be rendered incapable of reproduction.

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**IMPORTANT RECOMMENDATION TO VETERINARIANS**

Registered veterinarians must continuously endeavour to discourage clients when requested to perform surgery merely for cosmetic reasons.

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.

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**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. Further, 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 and should be formulated at the discretion of the individual veterinarian/practice – with the proviso that it is reasonable.

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.

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**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 it's survival is obligatory.

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

4.11 GENERAL ANAESTHESIA

See Rule 28

4.11.1 All veterinarians or para-veterinarians responsible for the anaesthetic 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 provision for endotracheal intubation should be made. For longer and invasive procedures intubations 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 manufacturers specifications. This means that all equipment should be serviced, calibrated and repaired as recommended. See Rule 28(15).
4.11.5 Evaluation during anaesthesia is a special case and some form of automatic monitoring of at least respiration with a warning device is desirable for all but brief procedures. Additional evaluation and monitoring are necessary at regular intervals depending on the trend 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 observation all the time 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 to ensure the patient is in a condition to be discharged. At this time animals should be standing and ambulatory unless a condition not related to the anaesthetic prevents this (e.g. paresis/paralysis). See Rule 28 (17) and (18).

4.11.8 Further to Rule 28 (18):

4.11.8.1 Rule 18 (a) In canines and felines the animal should be able to maintain its normal homeostasis as an animal that can swallow can still be severely compromised.

4.11.8.2 Rule 18 (b) In equines the horse should be able to stand and balance.

4.11.8.3 Rule 18 (c) In ruminants regular observation should be done until the animal is capable of standing and walking.

4.12 ANALGESIC AND ANTI-INFLAMMATORY THERAPY

4.12.1 The efficacy of current analgesics 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 provided sufficient and appropriate analgesia is provided. 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 enabling the animal to train, work or compete under the action of the therapy or with the knowledge that the owner intends to use the animal for the above. This is particularly so when rest is indicated for the condition and/or there is a risk of aggravating an existing condition, causing a new injury, delaying healing or exacerbating degenerative conditions.

4.12.3 The use of such therapy to alleviate the pain and inflammation of an acute or chronic condition or of a surgical intervention is, of course, both acceptable and desirable, provided that the animal is not compelled to train, work or compete against its best interests and welfare and that appropriate professional advice is given with regards to suitable forms of exercise for its welfare.

4.12.4 Veterinarians should use analgesics in routine surgery.

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CHAPTER 5  RESPONSIBILITIES ARISING FROM THE VETERINARY PRACTICE

5.1 FACILITIES: GENERAL PRINCIPLES

*See Parts V - VIII of the Rules*

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 all attempts should be made 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 fire extinguishing apparatus. It is advisable to have fire drills from time to time and to install smoke detectors.

5.1.1.7 Where practical 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 advisable, where applicable and possible to create facilities (waiting rooms, wards) for separate species.

5.1.1.9 Adequate storage facilities should be available.

5.1.1.10 It is advisable that all practical 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 the necessary equipment to ensure protection 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 The rendering of veterinary services and care should be provided in a competent and humane manner. All aspects of veterinary services must be performed 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 subscribe to an atmosphere of excellence by maintaining high standards of dress, cleanliness 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 the hazards of 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 potentially dangerous diseases.

5.1.2.8 As responsible professionals and employers veterinarians should address safety issues that affect their employees.

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

5.1.2.10 As responsible employers veterinarians should have contracts with their employees that should include job descriptions.

5.1.2.11 Practice owners should have a policy of encouraging 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 for reference and should be utilised as visual explanatory material when advising clients.

5.1.3 Diagnostic Imaging

*See Rule 27*

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-time developing graph)
- 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 exposure factors should be kept for all cases. Correct safe lighting.

5.1.3.2 Positioning and views

A veterinarian must have a reasonable knowledge of the various standard views required for each body part. (Refer to text book or student notes).

Radiography requires a minimum of 2 views for any body part. For certain structures, the minimum views may be more e.g. Equine carpus needs at least 5 views; for small animal metastatic views a left lateral, right lateral and VD of the thorax are required.

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.

The exposures are different for the thorax and abdomen and one should centre to 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 which the quality is appropriate for diagnostic purposes.

Images must be stored for at least 3 years and must be backed up on a separate memory facility at least on a weekly basis.

5.1.3.5 Radiation Safety

- All workers must have dosimeters registered with the SABS
- 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 performed to the area of suspect pathology
- 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

The client pays for the opinion and the images belong to the practice where they must be filed and kept for at least 3 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 and not because the owner wants them. Signed out images is entirely the owner’s responsibility until once again in the possession of a veterinarian or veterinary facility.

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 must be made only

a) in the immediate post treatment or post operative period – this time frame cannot be defined as it will vary from case to case but the concept of reasonableness will apply and

b) if the client is unable to present such a patient to the veterinarians facility for reassessment. (In the later 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 the circumstances dealt with in the introduction veterinarians should take the following into consideration when faced with the request for a house call:

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 15

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 at the earliest possible opportunity from the Council.

5.3.1 Origin and purpose

In drafting the provisions of this Code, the Council has sought to ensure that the right of veterinarians to advertise will be exercised fairly and responsibly, and never in such a way as to put at risk either the interests of the animals which are, or may be placed under their care or endanger the good name and reputation of the profession for providing veterinary services and the highest levels of skill and competence in a caring and ethical manner.

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 or be in a form or be published or circulated in a way 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 while retaining a proper professional tone.

5.3.3.5 No limitations other than those set out in the Rules will be placed upon the format or size of newspaper advertisements or the literary or artistic style in which they should be presented. Advertising veterinarians should, however, recognise that unduly large or garish advertisements or presentations involving material of a non-professional nature are capable of diminishing the respect in which the individual veterinarian and the profession in general are held and should therefore be avoided.

5.3.3.6 Advertising material transmitted by radio, television or electronic media, will be subject only to the general rule that it should accord with the provisions of the Rules, be professional in tone, content and presentation, and should not diminish the regard in which the profession is held by members of the public.
5.3.4 Honesty

5.3.4.1 Advertisements should be worded in such a way that they do not abuse the trust of members of the public or exploit their lack of experience or knowledge of matters of animal health and/or 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 may not contain generic or trade names.

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

5.3.5 Fees

5.3.5.1 In view of the fact that fees for veterinary services will require consideration of such factors as the health, size and age of the animal, possible follow-up treatments, and the complexity of the particular case, fees should not be the subject of an advertisement.

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.

5.3.6 Identification

An advertisement in print, writing or other visual form should always be so designed and presented that it will be clear at once to, and without detailed inspection by, anyone reading or seeing it that it is an advertisement.

5.3.7 Confidentially

See Rule 13 and the Section on Confidentiality included in Section 4.8.1.

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

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 or all other veterinary practices. In this context the use of any comparative adverb or adjective is clearly unacceptable.

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 15.8.

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 15.9.

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

5.4.1 General

5.4.1.1 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.
5.4.1.2 Clients whose animals are treated at such events may not necessarily constitute bona fide clients of the veterinarian.

5.4.1.3 Sponsorship may be allowed if in good taste and in compliance with the relevant rules.

5.4.2 GREEN HUNTING AND VETERINARY SAFARIS.

5.4.2.1 Green hunting has, with immediate effect [1 June 2010], 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.

5.4.2.2 Further the 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.

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, or

b) 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 on the one hand and the degree of difficulty of the
procedure on the other.

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 therefore 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 any medical treatment or minor surgery (not involving entry into a body cavity) to an animal, provided the animal is under the care of a registered veterinarian; the medical treatment or minor surgery 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 variously liable for the actions of any employee including veterinary nurses.

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.

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 vicarious liable for the actions of any of his/her employees.

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, they are acting to the detriment of the profession and such conduct shall be regarded as unprofessional.

5.10 VETERINARY RELATED BUSINESS

See Rules 6.8 and 16.

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.

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 would expose his/her surgery to clients who are not bona fide clients of his/her practice.

5.11 WASTE DISPOSAL

General Comments

Veterinarians are responsible for any waste they generate until it has been taken over either by people or a firm qualified to dispose of it safely and legally, or disposed of it safely and legally by the veterinarian him/herself. Veterinarians must ensure that such people or firms they employ are qualified and equipped for the task and have appropriate credentials and a good reputation. Exemplary standards are expected in all matters that may affect the health and safety of humans and animals as well as the environment. It is not acceptable to knowingly employ an agent without such credentials who may dump waste illegally. Because national and local policy and legislation continue to evolve, veterinarians must adapt accordingly. Professional associations and the Council, who monitor such changes and 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, drugs or other pharmaceutical products or chemicals, swabs or dressings or 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 practise, investigation, treatment, care, teaching or research or the collection of blood for transfusion is waste which may cause infection 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 into a container to make them safe. Carcasses of small animals or part of carcasses should be stored, where practically possible, 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 disposal.

5.11.5 It is recommended that clinical waste be disposed of by incineration 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 the premises on which treatment has taken place for correct disposal.

5.11.9 Placentae, waste from dehorning and castration may be left on a farm, but the farmer or his/her representative should be advised on the disposal thereof.
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. 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 4.4.**

6.1 SECOND OPINIONS and REFERRALS

*See Rule 9 and 11*

**Definitions:**

**A second opinion** - is when a veterinarian or the client requests a second opinion from another veterinarian on a diagnosis or on a treatment with the intention of retaining the continued responsibility of the original veterinarian for treatment of the case. It however, remains the choice of the client, without hindrance, not to retain the original veterinarian for the case and to request the veterinarian giving the second opinion to take over full responsibility. *See paragraph 6.1.1 infra and Rule 11(d)*

**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 should not refuse a request by a client for a second opinion or a referral. A referral is merely a recommendation and the owner is still free to consult the veterinarian of his/her choice.

6.1.2 Obstructing an owner to seek and/or obtain a second opinion or a referral for any but sound welfare reasons (transport of animal may result in severe complications e.g. severely shocked animal, colic in horses) would not only be unwise, but may be unethical.

6.1.3 A client must be clearly informed of the difference (by definition) between a second opinion and a referral.

6.1.4 If special difficulties regarding diagnosis and/or treatment exist, the option of referral to a specialist or obtaining of a second opinion 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. It is recommended that the owner is informed of the approximate costs involved and agrees to the terms of payment.

6.1.6 Second opinions and referrals should be conducted in a spirit of professional co-operation between attending and referred to veterinarians so as to assure the confidence of the client in veterinary science.

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. Refer Rule 6 (1)(c)

6.1.8 Ideally, the arrangements for a second opinion or referral should be made by the attending veterinarian. He/she must in any event give his/her full co-operation in making the appropriate arrangements.

6.1.9 Once it has been agreed upon between the attending veterinarian and the client that a second opinion or referral is required, the referred to veterinarian must be contacted and his/her approval for acceptance of the case be requested. A full history, pertinent records and diagnostic images must be submitted, preferably before the animal is presented to the second veterinarian. Written reports and requests to prevent any confusion or misconceptions are advisable at all times. A clear indication must be given to the referred to veterinarian whether a second opinion or a referral is sought. Any supplementary information requested by the referred to veterinarian must be forwarded without delay.

6.1.10 The referred to veterinarian should be circumspect in avoiding any comments which might be interpreted by the client as conflicting with advice already received from the attending veterinarian. To criticise or disparage another veterinarian's service to a client is unethical. If the second opinion is at variance with that of the attending veterinarian, it should be discussed with him/her privately.

6.1.11 If it is clear to the referred to veterinarian that a case of negligence, animal abuse or professional incompetence is at hand, he/she is obliged and bound by law to report the case to the appropriate authorities. The referring veterinarian must be informed accordingly. (Please note that this is a matter of statute i.e. law and therefore the Code of Conduct cannot advise otherwise).

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 Under no circumstances shall a referred to veterinarian visit or communicate by any means directly or indirectly with the client of the referring veterinarian after discharge of the patient without the knowledge and consent of the referring veterinarian.

6.1.14 Under no circumstances should the owner of the patient be taken up on the mailing list of the referred to veterinarian.

6.2 SUPERSESSION

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 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 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 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 drugs.


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 or by 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 drugs 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. Unlike in the medical profession where there may be scope for non-disclosure based on the “therapeutic privilege”, 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: cf Castell v De Greef supra 418 426. *(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 drugs 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 scientific data or by conclusive empirical evidence that he/she acted in the best interest of the patient.

7.1.9 GUIDELINES ON COMPOUNDING.

- Compounded drugs 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 INVOLVEMENT OF VETERINARIANS IN COMPANIES SUPPLYING VETERINARY PRODUCTS

7.2.1 Consulting 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 rival alternatives; and

d) Provide sound professional advice on suitable disease control measures that are not reliant on drugs (e.g. epidemiological measures like hygiene, ventilation, strategic grazing, etc)
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 etorphine hydrochloride, thiofentanyl oxylate, fentanyl or other synthetic opioids (schedule 6 substances) and has 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.org.za
These regulations clearly outline the CPD obligations a veterinarian shall be required to meet.

The following are a general guideline only.

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 All veterinarians shall continually strive to improve their veterinary knowledge and skill.

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 a period of further training and updating of skills sufficient to provide a full and 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 drug reactions to the relevant regulatory authority in accordance with their requirements.

Presently, indications are that the veterinary profession is held in high regard by members of the public and it would be unfortunate if the actions of any member of the profession were to diminish that regard.
It is therefore of great importance that no veterinary surgeon should speak or write disparagingly about a fellow of the profession 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 will reduce that person's confidence in the profession as a whole. See Rule 4.4.

Veterinary science has become so wide in its scope that the private practitioner tends to make more and more use of specialised help. It is of mutual benefit to the private practitioner and the veterinarian employed by a commercial or industrial firm that this professional relationship should be on an amicable basis. The veterinarians employed by commercial firms with their specialised knowledge and with research and other facilities and contacts with other workers, can and do, render a considerable service to animals, both directly and through the private practitioner.

The Code of Ethics of the SAVC is a clear guide of professional conduct and the relationship between veterinarians. If every veterinarian would constantly keep in mind this Code, the relationship between members of the profession and the different disciplines would be most amicable, and no extra code is necessary. But 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 obviously essential in the interests of all concerned, that the veterinarian already advising him/her should be contacted and the matter be conducted through him/her; and

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.

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 15(7) and 15 (8).

9.1.4.2.1 A company veterinarian required to give comment on branded products must discuss products objectively based on his/her scientific and professional knowledge, when he/she is advising laypersons.

9.1.5 Company issues

9.1.5.1 A veterinarian should endeavour to 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.

In relation to the promotion of products and services please refer to **Rule 16**.

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 intended 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 StanSA SC 5140.38D. 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) Drugs 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 drugs 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 for perfection and for the development of techniques that will consistently result in zero 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 for sick or traumatised animals as well as effect certain treatment strategies. A person other than a veterinarian may, however, treat an animal as prescribed by the veterinarian under his/her control and responsibility. 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

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 drug or drug combination, calculation of dose, the method of administration of drugs and the monitoring of animals until they are fully recovered from the effects of the drug. However, the veterinarian need not necessarily perform the physical administration of the drug but as end user must be present at all times.

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 aspect is primarily the responsibility of the veterinarian. Public concerns have to be met and controversy pre-empted. The veterinarian must be sensitive to the animals' needs which vary from species to species.

9.2.2.7 Responsibility for research

The veterinarian may not necessarily be responsible for research, but depending on his/her job description, time schedule and specific needs, he/she should be strongly encouraged to initiate research projects and participate in other projects within the game park. Ideally, 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 the Animal Ethics Committee that investigates the ethics of each project 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.

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 animals welfare through sound technique and good professional behaviour. 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. Tendering, canvassing and supersession must be avoided, as must the use of any disparaging comments. 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 caesarian 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.

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9.4 CODE OF CONDUCT RELATING TO CO-OPTION 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 to all concerned. It behoves all parties to 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.

We must be very careful not to abrogate our responsibility as professionals and then bemoan the fact that Animal Welfare” is in the hands of laymen.

Veterinarians and welfare societies must recognize 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 will bring them into conflict with their professional body.

Veterinarians not in the employ of welfare societies must acknowledge that their colleagues who work in field of animal welfare are no less entitled to professional courtesy than those employed elsewhere.

Veterinarians employed in animal welfare must maintain the same standards of professionalism that they would, were they in private practice.

In towns where a welfare society does not employ a full-time veterinarian, it should endeavour to 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 efforts on behalf of the occasional stray animal they may treat 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 Act. 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 prepare a full report and present testimony in court.

The SAVC must concede that 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 a syllabus and standards laid down by the SAVC. Examinations for such courses are to 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. Hence the adoption of the Almoning system to 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 acknowledge the problems caused by pet over-population and should endeavour to work towards solving it.

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. A list of modalities are given below but is by no means comprehensive:

- 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 Chiropractic, 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:

“For the purposes of the Act-

2.1 the diagnosis, treatment or prevention of an infectious disease or organic disease or a pathological condition in an animal;

2.2 a surgical operation on an animal; and

2.3 the prescribing or administration of a veterinary medicine to an animal; shall be deemed to be services which pertain specially to a veterinary profession.”

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 being allowed to offer 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 Registered veterinarians are not permitted to advertise these modalities or such services but may communicate with their existing clients on their services in alternative or complimentary veterinary medicine.

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 first hand 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. Since nothing in medicine is 100% sure, phrase your answers accordingly.
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 as an expert. Above all else, 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 from books or journals request to inspect the books and journals to review the material for date of publication and the context of the quote.
7. The status 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 au fait with the anatomy.

(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 would 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 outcome through rupture of the rectum by the unwary
- 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 and as the interpretation of ultrasonographic images require a specialised knowledge of the normal uterine anatomy and pathological conditions.

(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 aseptic technique, sterile equipment and consumables and carries a major risk of iatrogenic introduction of infection that may affect the mare's subsequent fertility. This procedure has the potential to cause unnecessary injury to the reproductive tract through injudicious technique or introduction of the incorrect drugs and fluids that could result in lesions affecting the mare's subsequent fertility. It also has the potential for uterine perforation (particularly in periparturient mares) with a potentially lethal outcome.

(10) **Nasogastric tubing**

Nasogastric tubing has inherent risks including those that could result in a potentially lethal outcome and as such shall only be performed by a registered veterinarian.

It is important for veterinarians to take note that if nasogastric tubing is performed by lay persons and there is an insurance claim the insurance company may not pay out the 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**
Since no scientific proof exists for the validity of this procedure and considering advanced diagnostic apparatus and therapeutic knowledge available to the veterinarian, it is reasonable to ban this procedure outright and regard it as an unethical procedure.

(2) Tail nicking/setting/straightening

Since this is solely a cosmetic operation serving no purpose other than satisfy certain breed standards it must be regarded as an unethical procedure causing unnecessary pain to the animal.

(3) Vesicants

No controlled clinical or experimental studies are available to substantiate the efficacy of vesication.

(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:

- All other less drastic treatment options have been attempted and have been unsuccessful
- That the owner of the horse is fully informed of the consequences and complications
- That the procedure is irreversible.

2. FARM ANIMALS

2A 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
- 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 animal scientists registered with the Registrar of the Animal Improvement Act.

In trans abdominal procedures appropriate anaesthesia must be used.

In trans vaginal procedures appropriate anaesthesia should be used.

Endoscopy

(5) Epidural anaesthesia

Is a veterinary procedure to be carried out by a veterinarian only. However, registered animal scientists may perform epidurals in performing embryo transfers but are restricted to this application.
(6)Laparoscopy

To be performed under proper restraint and 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 is a veterinary procedure as it involves the making of a diagnosis.

The diagnostic aim will be to:

- Diagnose the stage and or status of a normal pregnant, or non pregnant, reproductive tract or
- Diagnose uterine pathology and/or ovarian pathology of the non pregnant reproductive tract.

The diagnostic objective will be to certify the stage of pregnancy at that given point 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.
Caudectomy in dogs

It will be considered as unethical conduct for a veterinarian to perform this procedure, at any age, for cosmetic only reasons. As a cosmetic procedure it is non-therapeutic, serving no purpose and causing unnecessary suffering and exposing the animal to needless risk of surgery and anaesthesia.

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.

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.

Onchectomy in cats

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

The following criteria should 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 euthanased.

Surgical alteration of genetic defects in small animals

*See Paragraph 4.8 supra.*

Surgical sterilization of small animals

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 euthanased.

The veterinarian must also make the client aware that in most cases the noise factor is only lowered and/or altered and not abolished.
3C 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.

The procedure of ear cropping must be differentiated from the partial or complete removal of the ear pinna for genuine therapeutic reasons.

4 AVIAN

4A 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.

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4 B 2 Procedures that may be performed by qualified sexers
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 therefore must suckle 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 foreign matter that enters the wound sites resulting from ear notching, teeth clipping, tail docking, castration etc. The passive immunity steadily decreases with time and the piglet only starts its own active immunity from about 3 weeks of age. By 10 days of age the passive immunity is already quite low which can be demonstrated by the fact that 10-day-old piglets often start getting diarrhea and other infections. 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 of the day of birth as one is not sure whether the piglet has suckled sufficient colostrum yet.

It also needs time to settle down and adapt after the rigors and the stress 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 because their colostral antibodies are declining.

The recommendation that piglet processing is only permitted up to the age of 7 days is based on scientific logic that will benefit the pig farmer. It is in line with welfare considerations that piglets should be processed at as early an age as possible in view of the fact that no sedation or anaesthesia is used.

3 October 2006