Letters to the Editor

Thoughts on refocusing veterinary public health

Veterinary public health is about to become irrelevant unless the profession makes some long overdue changes. We all have limited resources. The private sector does a better job managing limited resources. Public health veterinarians need to focus on real needs and do this with the help of private, for-profit practitioners.

The major purpose of veterinary public health is to promote and deliver health to mankind. What are the health priorities today? Chronic diseases, especially diabetes mellitus type 2 precipitated by obesity, is at the top of the list. Still, too many of us are spending too much effort on traditional diseases such as rabies. I am not saying we should ignore rabies; I'm saying we need to shift some of those resources spent on rabies to diseases such as human diabetes mellitus type 2 and obesity. If we are not careful, rabies will be the albatross of the veterinary public health profession. We need to move on to more important issues that will benefit more of the population that pays the bills.

This will be difficult because it will require a culture change. The one health initiative, as proposed by AVMA President Roger Mahr, may be the best option if it can be managed appropriately. Private sector leadership is needed in all areas of public health.

Many complain that clinical practitioners run the AVMA. Clinical practice is the front line of veterinary medicine, and veterinarians in private practice are the ones who can carry the delivery of public health forward. Private sector incentives are what the clinical practitioner relies on to encourage delivery and implementation of technology. Unfortunately, traditional public health and preventive medicine delivery do not usually rely upon direct monetary rewards or even receive adequate reimbursement for their efforts. Our leaders in preventive medicine and public health have documented this for years.

Refocusing veterinary public health from rabies to diabetes mellitus type 2 and obesity in humans is realistic. Don't we have an epidemic of obesity in both humans and pets? What vehicle and incentives do we need to be part of the solution? Certainly, small animal clinical practitioners could be an asset. Of course, they will need support from the public health veterinarians. It needs to be a team approach.

Joseph Butterweck, DVM, DACVPM
Friant, Calif

The difference between state public health veterinarians and state veterinarians

The National Association of State Public Health Veterinarians (NASPHV)[1] appreciates the thorough summary of the public health roles for small animal practitioners in the February 15, 2007, *JAVMA*.[2] However, in the description on page 495 of the duties of veterinarians at state health departments, the term state veterinarian is used. This term is reserved for the state veterinarians at agriculture departments who have different but equally critical roles in disease management. Veterinarians at state health agencies are referred to as state public health veterinarians, as the authors indicate elsewhere. When acting as public health responders in natural disasters, they are usually not responsible for medical response and public safety, as indicated on page 496, but instead are responsible for epidemiologic investigation, risk assessment, primary prevention, and sanitation. Confusion between these important roles and responsibilities confounds the ability of small animal practitioners to seamlessly interact with their state agencies.

Compounding the general confusion regarding the distinction between state veterinarians and state public health veterinarians is the fragmented animal disease reporting system as cited on page 498. Contrary to the information on page 496, veterinarians are rarely obligated to notify their state public health veterinarian of zoonotic diseases. However, reporting of animal diseases (not necessarily zoonotic diseases) to state agriculture departments is clearly established for most states by law. The occurrence of diseases like West Nile virus infection and avian influenza that have implications for people, domestic animals, and wildlife has highlighted the need for more formal disease reporting from private practice veterinarians for public health surveillance. This issue has been recognized at many levels and was the subject of an expert panel convened last fall by the Office of Science and Technology Policy, Executive Office

Instructions for Writing a Letter to the Editor

Readers are invited to submit letters to the editor. Letters may not exceed 500 words and 6 references. Not all letters are published; all letters accepted for publication are subject to editing. Those pertaining to anything published in the *JAVMA* should be received within one month of the date of publication. Submission via e-mail (*JournalLetters@avma.org*) or fax (847-925-9329) is encouraged; authors should give their full contact information including address, daytime telephone number, fax number, and e-mail address.

Letters containing defamatory, libelous, or malicious statements will not be published, nor will letters representing attacks on or attempts to demean veterinary societies, their committees or agencies. Viewpoints expressed in published letters are those of the letter writers and do not necessarily represent the opinions or policies of the AVMA.

of the President. It is interesting to note that in a recent survey,[3] 42% of veterinarians said they would notify a public health agency about a companion animal patient with an unusual infectious disease. This seems to indicate an understanding of the need for reporting to public health officials, even without current requirements to do so.

Given the issues mentioned, it is important to note that in the same *JAVMA* issue, Dr. Robert Groskin[4] expressed his concern that last November the AVMA Executive Board voted against funding President Roger Mahr's one health initiative. The NASPHV shares Dr. Groskin's concern. The AVMA has been fortunate on a number of occasions to have presidents who have interest in public practice and public health issues, and Dr. Mahr is carrying on that laudatory position. We hope that in this time of zoonotic-related bioterrorism and emerging diseases, the AVMA can be in a leadership position rather than on the sidelines for resources, input, and responsibility. Members of the NASPHV are also ideally positioned to provide the state public health veterinarian perspective to these efforts.

Millicent Eidson, DVM, DACVPM
President, National Association of State Public Health Veterinarians
Guilderland, NY

1. The National Association of State Public Health Veterinarians Inc (NASPHV). Available at: www.nasphv.org. Accessed Mar 29, 2007.
2. Wohl JS, Nusbaum KE. Public health roles for small animal practitioners. *J Am Vet Med Assoc* 2007;230:494–500.
3. Kahn LH. Confronting zoonoses, linking human and veterinary medicine. *Emerg Infect Dis* 2006;12:556–561.
4. Groskin R. Comments on the one health initiative (lett). *J Am Vet Med Assoc* 2007;230:491.

The authors respond:

We thank Dr. Eidson for clarifying the appropriate terminology and duties of state public health veterinarians and state veterinarians and apologize for any confusion created by our commentary. We also appreciate Dr. Eidson's comments regarding the roles the National Association of State Public Health Veterinarians and the AVMA can play in defining the profession's importance in public health.

James S. Wohl, DVM, MPA
Department of Clinical Sciences
Kenneth E. Nusbaum, DVM, PhD
Department of Pathobiology
College of Veterinary Medicine
Auburn University
Auburn, Ala

The importance of distinction between Pembroke and Cardigan Welsh Corgis

I wish to express a concern of mine that occasionally comes up when reading articles in the *JAVMA*, as well as other veterinary material. The *JAVMA* seems to be one of the best ways to get the message to the larger veterinary population. We go to a lot of trouble in many of our research articles to list the prevalence of a disease, syndrome, or other problem in specific breeds of dogs (or other species) so that other veterinarians can be on the lookout for trends within a certain breed. I frequently find that the two breeds of Corgis are not separated (ie, the breed is just listed as Corgi or Welsh Corgi, but it is not specified as to whether the dog in question was a Pembroke or a Cardigan). This seems like a minor issue; however, these are two genetically distinct breeds of dogs and, as such, can be expected to have differing breed susceptibilities to disease. We will never be able to pick these trends out if we all persist in referring to them as a single breed.

For example, in the article[1] on the incidence of keratoconjunctivitis sicca in dogs treated with etodolac, there was one Corgi listed. The Pembroke Welsh Corgi and Cardigan Welsh Corgi are as genetically distinct as any of the other breeds listed in the study and, in some cases, likely more so. The Belgian Malinois was specified as distinguished from the other Belgian sheepherding breeds, even though some of these breeds can be found in a single litter. The Chesapeake Bay Retriever and the Flat-Coated Retriever, both listed, originated from the same stock in the mid to late 1800s, according to the American Kennel Club. The Pembroke and Cardigan Welsh Corgis originated from separate stocks in the early 1200s, although there was interbreeding as late as the mid-1800s. Since that time, there has been no cross-breeding, and puppies within a litter are clearly of one breed or the other. As professionals, we do a disservice by not making this distinction. If there was a tendency toward a specific disease within, say, the Cardigan Welsh Corgi but not within the Pembroke Welsh Corgi, any statistician trying to detect a trend would be unable to do so if both breeds were included in the analysis. We as veterinarians would fail to do our job in helping breeders to identify and address a trend that could lead to permanent damage to the health of dogs of that breed. It seems like a minor distinction, but the consequences could be large. While it is not only *JAVMA* that makes this mistake, the journal could set an example that would have wider influence.

Julie C. Keene, DVM, PhD
Veazie Veterinary Clinic
Veazie, Me

1. Klauss G, Giuliano EA, Moore CP, et al. Keratoconjunctivitis sicca associated with administration of etodolac in dogs: 211 cases (1992–2002). *J Am Vet Med Assoc* 2007;230:541–547.

The authors respond:

We acknowledge and concur with Dr. Keene's comment regarding accuracy in data reporting. A recognized constraint of the referenced study was the retrospective nature of the data collection. Data for this study were compiled from two sources, one of which was adverse events in dogs receiving etodolac that were reported directly to Fort Dodge Animal Health by owners as well as by veterinarians. In this study, breeds were listed to the level of refinement as stated by the reporting individual. For example, one dog's breed was listed as Corgi and, therefore, was recorded as such. Lack of uniformity of data recording is a common shortcoming of retrospective studies. Nonetheless, we agree that veterinarians and veterinary researchers should strive to report data as accurately as possible, including information on specific breeds, to increase the validity of data in scientific literature.

Gia Klauss, DVM, DACVO
Veterinary Clinical Science Department
College of Veterinary Medicine
University of Minnesota
Saint Paul, Minn

Elizabeth A. Giuliano, DVM, MS, DACVO
Cecil P. Moore, DVM, MS, DACVO
Jeff W. Tyler, DVM, DACVIM
Department of Veterinary Medicine and Surgery
College of Veterinary Medicine
University of Missouri
Columbia, Mo
Charles M. Stuhr, DVM, DACVO
Kelsie E. Fitzgerald
Animal Eye Clinic
Wilton, Conn
Stacy L. Martin, DVM
Debra A. Crawford
Fort Dodge Animal Health
Overland Park, Kan

The effects of insurance on the medical profession

There is no subject about which physicians I know are more angry and frustrated than the way human health insurance has become a hindrance to their practice of medicine. So much of physicians' resources are expended on getting approvals for tests and procedures, properly coding their submissions so that they actually receive payment, negotiating fees and making sure that money retained by the insurance company until all the claims are paid out actually comes through to the doctor (hold backs), and represcribing medications because the original one is not approved by that plan. Physicians are drowning in documentation and waste. Their efforts reap smaller and smaller benefits for them.

The direct relationship of doctor to patient now has an intermediary that reduces the quality of care to the patient and reduces the income of the doctor. How can it possibly be more efficient to have a huge, profit-making insurance bureaucracy interposed between patients and their doctors than to have a direct relationship?

The idea of spreading out risk over a large number of patients so that an individual's catastrophic illness will be covered does still happen, but there is no longer any reason to hold down costs to premium payers because the insurers are no longer nonprofit organizations as they started out to be. Shareholders are the vested interest of the insurers, not patients or even doctors. Profit is the motive, not patient care.

Veterinarians have been spared this detriment to their practices so far.[1] Companies with veterinary insurance options have not attempted to control the cash flow of the profession yet, but unless we are very careful, we may evolve slowly and insidiously into a profession like that of our physician counterparts.

The current status of veterinarians who explain their thought process to an owner so that there is agreement with the logic of the testing and treatment process and approval of the costs involved is empowering to both the veterinarian and the client. In human medicine, the lack of need (or desire) to explain things thoroughly to patients is a huge pitfall.

The idea that I need to give away some of my hard-earned profit to belong to a network or insurer's group so that they will send patients my way means that I would work longer and harder, see more patients, and earn less. Even a poor businessman can see the error in that logic.

Even if many clients view their pets as family members and want the best medicine and surgery available for their pets, there is no reason to follow the lead of the human health professions into the quagmire of insurance. Veterinary medicine is vastly more productive and efficient because people must pay for our services out of their own wallets; thus, we have a vested interest in keeping our own costs down. Affordability means we continue to work and make a living. We are our own best cost containers.

Peter W. Farrell, DVM
The Burnt Hills Veterinary Hospital, PC
Burnt Hills, NY

1. Burns K. Pet health insurance gains ground in North America. *J Am Vet Med Assoc* 2007;230:634–637.

More on the root cause of pet overpopulation

I agree with Dr. Hines[1] that public education is key to decreasing pet overpopulation. For literally decades, many have attributed the problem of pet overpopulation to the high cost of the sterilization surgery, and veterinarians have been asked to do inexpensive or pro bono procedures, which many of us continue to do. But this has not solved the problem and never will because it is the values of the pet-owning public that need to be changed. The way to do that is through educating and reminding pet owners of their responsibility.

Unfortunately, the massive television and radio ad campaigns suggested by Dr. Hines are very expensive. Perhaps a coalition of all industries involved with pets' veterinarians, pet food manufacturers, pet product manufacturers, and retailers, for example, could find an affordable way to deliver a repetitive spay and neuter message to the general public. One possibility would be the addition of such a message to all packages of pet food, similar to the warning labels now found on cigarettes and alcohol.

I believe it is incumbent on all of us who derive our living from pet-related products and activities to contribute to the solution of this very sad problem, especially because the problem remains even after decades of reduced-cost sterilization surgeries. Perhaps we veterinarians could reach out to our counterparts in the allied industries to save literally millions of lives.

Marilyn Millman, DVM
Scottsdale, Ariz

1. Hines S. Thoughts on the root cause of pet overpopulation (lett). *J Am Vet Med Assoc* 2007;230:658.